

THE TRIOLOGICAL SOCIETY

THESIS SUBMISSION GUIDELINES EFFECTIVE April 1, 2022

Submission deadline is August 15, 2022

Fellowship in the Triological Society brings the distinction of being elected to the most prestigious society in otolaryngology. Active Fellowship is achieved by presenting a thesis in the field of otolaryngology considered acceptable to a panel of peers. A candidate's thesis should be a carefully written, comprehensive and scholarly paper relevant to the specialty of otolaryngology-head and neck surgery.

Information contained in this document is outlined below. Please review all materials thoroughly.

I. CANDIDATE FIRST (THESIS SECOND)

- ✓ Candidate for Fellowship is the first step
- ✓ Fellowship Process and timeline

If you have not applied for and been approved as a candidate by your Section and the Council, you are not eligible to submit your thesis.

II. ROLE OF SPONSORS

III. RESOURCES

- ✓ Thesis Seminar
- ✓ Thesis Advisory Committee
- ✓ Award winning theses available for your review

IV. THESIS PREPARATION

- ✓ Thesis categories and review criteria
- ✓ General guidelines
- ✓ Thesis general structure and information

V. SUBMISSION OF FINAL THESIS

- ✓ Important steps prior to submission
 - Proofread
 - Sponsor review
 - Sponsor approval
- ✓ Thesis submission in final form
 - Electronic submission only to DropBox
 - File 1
 - File 2

VI. THESIS AWARDS

VII. PUBLICATION OF THE THESIS

Please note - The Council does not permit presentation of a thesis or subject thereof at any meeting prior to its acceptance by the Council; nor does it allow submission or publication of the thesis prior to its official acceptance or release by the Council.

Please contact the Administrative Office if you have a change of address or email after you submit your thesis. We can be reached via email at colleen@triological.org and bethfaubel@triological.org or at 402-346-5500.

CANDIDATE FOR FELLOWSHIP (step prior to submitting a thesis)

The first step in becoming a candidate for Active Fellowship is proposal for Fellowship by two voting Fellows of the Society (Active, Senior or Emeritus, who will serve as your sponsors. Candidate Otolaryngologists must be certified by the American Board of Otolaryngology or the Royal College of Physicians and Surgeons, have been in practice, teaching or research for at least three years post-training, have published a minimum of two papers in peer refereed journals, met the meetings attendance requirement, *including attendance at a Triological Society meeting*, as well as other requirements for candidacy. New Candidate materials are processed once per year and are due no later than October 1st of each year. Guidelines and materials are [available here](#).

The following is the Fellowship process and timeline:

- October 1 Formal proposal for candidacy (materials completed)
- November/December Review of candidate materials by admissions committee
- January Candidate materials presented at Section business meetings
Review by Council of committee and Section recommendations
Proposed candidate to attend Thesis Seminar
- February/March Notification of candidate/authorization to write thesis (per Council)
- August Theses due in administrative office
- Oct/Nov/Dec Thesis reviews by Thesis Committee/Decisions
- January Council review and vote on Thesis Committee recommendations
- April/May Successful candidates inducted as Active Fellows (at Spring meeting)

New active candidates have the option of submitting a thesis in August of the year in which they were authorized to prepare their thesis, or the first official deadline which is August of the following year. If the candidate finds that preparation of a good thesis is not possible the first year it is best to wait until the following year. **The deadline for receipt of theses to be approved by the Council in January, 2023 is August 15, 2022.** Candidates whose theses are approved by the Council in January 2023 will be inducted as Active Fellows at the Annual Meeting at COSM in the Spring of 2023.

I. ROLE OF SPONSORS

When choosing two sponsors who will nominate you as a candidate for Fellowship, it is important to choose Triological Fellows who can assist you with development of your thesis and whom you can depend upon to mentor you throughout the process. ***When your thesis is finalized and ready for submission, the proposer and seconder must submit letters stating that they have reviewed the final copy of the thesis for content, format, and structure against the guidelines for submission. They must attest that there are no major violations, the thesis is submitted in the correct category, IRB/IACUC is present (if appropriate), the work is anonymous in presentation, methodology are sound, and data supports the conclusions. Additional information follows.***

II. RESOURCES

THESIS SEMINAR

It is highly recommended that candidates attend a Thesis Seminar held annually at the Triological Combined Sections meetings in January each year. This seminar will assist you by providing information regarding finalizing topics and drafting your thesis. A PowerPoint presentation by the Thesis Chair, Daniel Deschler, MD, is [available here](#)

THESIS ADVISORY COMMITTEE

A Thesis Advisory Committee has been established to assist candidates in vetting and development of thesis topics. Advice should be sought from your sponsors and/or the Thesis Advisory Committee throughout the development of the thesis. The formal role of this committee is to:

- Provide assistance to candidates in developing a successful thesis topic
- Vet a candidate's submitted thesis topic to assure:
 - ✓ Viability and feasibility of the topic
 - ✓ Appropriate focus

Advisory Committee Members and contact information by subspecialty/category:

Alternative Science (ORL status and trends/Historical perspectives/Procedure Development)

Rick Pillsbury, MD, Committee Chair, UNC Chapel Hill, hcp@med.unc.edu

David Steward, MD, Univ. of Cincinnati, stewardd@ucmail.uc.edu

Head and Neck

Robert Ferris, MD, Univ of Pittsburgh, ferrrl@upmc.edu

Laryngology/Bronchoesophagology

Gaelyn Garrett, MD, Vanderbilt Univ., gaelyn.garrett@vanderbilt.edu

Peak Woo, MD, New York, NY, peakwoo@peakwoo.com

Otology-Neurotology

Rick Pillsbury, MD, Committee Chair, UNC Chapel Hill, hcp@med.unc.edu

Craig Buchman, MD, Washington Univ. St. Louis, BuchmanC@ent.wustl.edu

Michael Hoffer, MD, Univ. of Miami, michael.hoffer@miami.edu

Pediatric Otolaryngology

Earl Harley, MD, Georgetown University, earlharleymd@aol.com

Margaretha Casselbrant, MD, Children's Hosp. Pittsburgh, margaretha.casselbrant@chp.edu

Rhinology/Allergy/Sleep

Robert Kern, MD, Northwestern University, rkern@nm.org

Timothy Smith, MD, Oregon Health & Science, Portland, OR, smithtim@ohsu.edu

AWARD WINNING THESES AVAILABLE FOR REVIEW

Several award winning theses are available for your review and reference prior to preparing your thesis. The list of theses and links to those published in *The Laryngoscope* or *Laryngoscope Investigative Otolaryngology* are [available here](#).

III. THESIS PREPARATION

THESIS CATEGORIES AND REVIEW CRITERIA

The thesis topic should fall into one of six main categories for which *appropriate review criteria* have been developed. These criteria, in addition to strict adherence to the general structure and preparation guidelines presented here, will be used to evaluate the thesis. The six categories, which will be identified by the candidate upon submission of the thesis are listed below. A list of theses submitted in these categories is [available here](#) to assist with identification of your topic. Please review the Thesis Categories and Reviewer Guidelines [available here](#) used by the committee so you understand the point system for adjudication of structure, format and content of the thesis.

- Clinical Research
- Basic Science Research
- Health Services Research
- Otolaryngology Status and Trends
- Technology and Procedure Development
- Historical Perspectives

GENERAL GUIDELINES

Theses must adhere to general standards:

- Adherence to all format requirements: page, length, structure, components (as appropriate to category)
- Maintenance of anonymity in presentation (including IRB/IACUC, if applicable)
- Absence of major deficiencies, errors, omissions
- Clear of any non-disclosed conflicts of interest
- Original project

Candidates may use previously published or presented work as long as it is not the thesis in totality; previously published or presented work can be used as adjunctive, complementary or preliminary data to answer a new or different question and that must be clear in presentation, study design and conclusions. Case reports, *per se*, are not considered thesis material, but they may be included as data in support of a concept in an appendix. Candidates such as those who have been in practice and/or on faculty for many years, may use work representative of a career contribution providing that it has not been previously published in totality and will be presented anonymously.

No direct or indirect indication of authorship, institution or location is permitted either in the thesis manuscript itself, on the attached data, illustrations, and figures or in the references. Inclusion of such identifying material will disqualify the thesis. The candidate must maintain anonymity when referencing his or her own data in the text of the thesis submission. If it is necessary to refer to one's own previous work, it should always be done in the third person. For example:

- Improper: "In our previous work, we demonstrated that head and neck cancer is better treated surgically than by chemotherapy." Ref (specific author).
- Proper: "Previous work has demonstrated that head and neck cancer is better treated surgically than by chemotherapy." Ref (specific authors may be listed since the statement is made in the third person).

GENERAL STRUCTURE AND INFORMATION

The thesis should be self-contained, no more than 40 pages *inclusive of tables and figures*, and suitable for submission to *The Laryngoscope* or *Laryngoscope Investigative Otolaryngology*. The List of References is limited to 50 and does not contribute to the 40 page text limit. **Appendices are not required** but may be attached if they materially add to the overall value of the thesis. Video and other digital media may be submitted as an Appendix if applicable to the material presented in the thesis.

Title Page: A title page should contain only the title of the thesis and the thesis category. Do not include any identifying information such as the Candidate's name or institutional/practice affiliation. **The thesis may not have co-authors or acknowledgements named on the title page or within the text.** Co-authors and acknowledgements may be made at the time of submission for publication to the *Laryngoscope* or *Laryngoscope Investigative Otolaryngology*, upon acceptance of the thesis.

Abstract: A summary abstract must precede the formal text. The abstract should contain no more than 500 words. The structured abstract should contain each of the following sections, in order, with sections labeled: Objectives/Hypothesis, Study Type, Design (randomized, prospective, etc.) or Category, Methods, Results, and Conclusions. Provide up to five key words or terms that will assist indexers in cross-referencing your thesis.

References: References are to be listed on a separate page(s) and should be formatted according to *The Laryngoscope* and *Laryngoscope Investigative Otolaryngology* guidelines (below). The author is responsible for the accuracy and completeness of the references. References should be formatted according to *American Medical Association Manual of Style* (10th ed.) Each reference should be identified in the text in numerical order and should be identified by superscript Arabic numerals. Do not use "Endnotes" or similar programs for entering references. When formatting references, provide all authors' names when fewer than seven; when seven or more, list the first three and add et al. Any articles that are not in English must be translated. See Cumulative Index Medicus for abbreviating journal titles
<http://www2.bg.am.poznan.pl/czasopisma/medicus.php?lang=eng>.

Guidelines for references - *The Laryngoscope* and *Laryngoscope Investigative Otolaryngology*.

Examples of correct form of references are:

Journal Article

Domenick NA, Johnson JT. Parotid tumor size predicts proximity to the facial nerve. *Laryngoscope* 2011; 121:2366–2370.

Online Journals

Friedman SA. Preeclampsia: a review of the role of prostaglandins. *Obstet Gynecol* [serial online]. January 1988;71:22–37. Available from: BRS Information Technologies, McLean, VA. Accessed December 15, 1990.

Book Chapter

Todd VR. Visual information analysis: frame of reference for visual perception. In: Kramer P, Hinojosa J, eds. *Frames of Reference for Pediatric Occupational Therapy*. Philadelphia, PA: Lippincott Williams & Wilkins; 1999:205–256.

Entire Book

Webster NR, Galley HF. *Anaesthesia Science*. Oxford, UK: Blackwell Publishing, Ltd.; 2006.

Database

CANCERNET-PDQ [database online]. Bethesda, MD: National Cancer Institute; 1996. Updated March 29, 1996.

Software

Epi Info [computer program]. Version 6. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Web Sites

Gostin LO. Drug use and HIV/AIDS [JAMA HIV/AIDS Web site]. June 1, 1996. Available at:<http://www.ama-assn.org/special/hiv/ethics>. Accessed June 26, 2012.

Tables: The same information should not be included in both tables and figures. Tables should be numbered consecutively beginning with Roman numeral I. A table must have at least two columns. Lists are to be incorporated into the text. **Place each table into the text at the appropriate location when discussed.**

Figures: **Place each figure and explanatory figure legend into the text in the appropriate location when discussed.** Explain all symbols used in the figure. For photomicrographic material, indicate stain and magnification or use an internal scale marker. All figures/figure legends should be numbered consecutively with Arabic numerals in the order in which they appear in the text. Line drawings, graphs, and charts should be professionally drawn, or computer-generated.

Appendices: Appendices are not required and should be used only if complementary to the body of work presented. Incorporate figures and tables into the body of the appendix using the guidelines described for the main text. Number the appendix according to the description below. For example, if Supplemental Methods and/or Results are the first section of the Appendices, it would be numbered Appendix II. It is not necessary to have all five appendices.

- **Appendix I:** Supplementary Literature Review. Review the previous pertinent work and literature on the subject. You may include tables and figures and references following the guidelines for the main text. A second set of references will follow all the appendices and be numbered A1, A2, A3.
- **Appendix II:** Supplementary Methods and/or Results. Include any additional material supporting data presented in the main text.
- **Appendix III:** Case Studies. The problems and purposes should be described appropriately. Appropriate procedures for de-identifying patients must be followed.
- **Appendix IV:** Additional information such as digital media may be added as necessary.
- **Appendices References.** References are to be cited in the text by an A and Arabic numerals and parentheses and numbered in the order in which they are cited (A1), (A2), (A3). The reference sections should be typed, double-spaced, at the end of the appendices, following sample formats given above. The number of Appendix references is not limited.

Structure: Manuscripts must fit on 8 1/2" x 11" paper

- Double-spaced 11 or 12 point Times New Roman/Arial/Calibri/Helvetica font
- One inch margins on all sides
- Pages should be numbered sequentially on top right or bottom center of each page

IV. SUBMISSION OF FINAL THESIS TO ADMINISTRATIVE OFFICE

PRIOR TO SUBMISSION OF THESIS

1. **PROOFREAD** the manuscript carefully, correcting errors in spelling, grammar, and typing. Remove any indication of author and author institution. Such errors result in point reduction in the review process and can compromise acceptance.
2. **SPONSOR REVIEW** - The candidate must forward the final thesis to the sponsors who must read and perform a final editorial screening for content, general appearance, spelling, and grammatical accuracy. This should include screening for inappropriate references or identification of the author or his/her institution or acknowledgements of any contributing authors or others assisting with the thesis research. The content of sponsor letters is noted below. If the thesis is found to be significantly out of compliance with the guidelines, the sponsors should return the thesis to the candidate with suggestions for bringing the thesis into compliance with the guidelines.
3. **SPONSOR APPROVAL (LETTERS)** - The two sponsors must submit letters stating that they have reviewed the final copy of the thesis for content, format, and structure against the guidelines for submission. They must attest that there are no major violations, the thesis is submitted in the correct category, IRB/IACUC is present (if appropriate), the work is anonymous in presentation, methodology are sound, and data supports the conclusions.

The final thesis, which has been reviewed and approved by the sponsors must be submitted by August 15, 2022, per instructions below. The **letters of approval** from sponsors should be submitted with your thesis documents (preferable) or sent/mailed to the administrative office. ***Theses will not move forward in the review process if the letters of approval by sponsors are not submitted by the deadline of August 15, 2022.***

The thesis documents (in 2 PDF files) must be uploaded to DropBox. **Emailed or paper documents will not be accepted.**

File 1:

This file, containing only your thesis, IS anonymous. It will be used by the Thesis review committee during the review process. Identification of the author or his/her institution or acknowledgements of any kind in any part of this file ***is strictly prohibited.***

- Make one continuous document beginning with the title page containing only the thesis title and thesis category. Place the thesis manuscript and all accompanying photographs, tables, figures, appendices, etc. directly behind the title page forming one continuous document.

File 2:

This file contains only the author and sponsor letters and is NOT anonymous. The administrative office uses the information in this file to communicate with the author.

- A letter **on letterhead from the author** containing the 1) thesis title, 2) category of thesis, 3) candidate/author name, address and contact information, and 5) **a statement that the candidate is personally responsible for 70% or more of the text and 70% or more of the research.**
- Letters from sponsors (preferably on their letterhead) addressed to the Executive Vice President, Myles L. Pensak, MD, stating they have reviewed and approved the final thesis according to the **SPONSOR REVIEW AND SPONSOR LETTERS** guidelines above. If not available at the time of thesis submission, the sponsors may email their letters to colleen@triological.org or fax to 402-346-5300. The sponsor letters must be received by August 15, 2022.

CLICK HERE TO REQUEST UPLOAD LINK

Please State in Subject Line "Upload Link for My Triological Thesis"

V. THESIS AWARDS

The following awards are conferred by the Triological Society Council at the Annual Meeting of the Society, held during the Combined Otolaryngology Spring Meetings (COSM):

The Mosher Award, named for Harris P. Mosher, MD

Awarded for outstanding clinical research

The Fowler Award, named for Edmund Prince Fowler, MD

Awarded for outstanding basic research

The Hannley Award, named for Maureen Hannley, PhD

Awarded for outstanding alternative science category

With Distinction and Honorable Mention Awards

VI. SUBMISSION TO AND PUBLICATION OF THE THESIS IN *THE LARYNGOSCOPE* or *LARYNGOSCOPE INVESTIGATIVE OTOLARYNGOLOGY*

Upon acceptance of the thesis by the Triological Society Council, the thesis manuscript becomes the property of The Triological Society and its official journal(s). It is required that accepted theses be submitted to *The Laryngoscope* or *Laryngoscope Investigative Otolaryngology*. **All theses are subject to strict peer review by *The Laryngoscope* or *Laryngoscope Investigative Otolaryngology* and acceptance for publication is not guaranteed.** We request that accepted theses be submitted to a Triological Society journal after March 1 and before July 1 of the year it is accepted. Additional materials, including appendices, video or animation can be made available online. **Publication guidelines will be forwarded upon approval of theses.** Additional details regarding publication can be found on the Society's website www.triological.org.

The Council does not permit presentation of a thesis or subject thereof at any meeting prior to its acceptance by the Council; nor does it allow submission or publication of the thesis prior to its official acceptance or release by the Council.

By submitting a final thesis, the candidate indicates his/her acceptance of all conditions stated above and in the Bylaws of the Society.



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