**Laryngology Position at Bastian Voice Institute**

Bastian Voice Institute is looking for a fellow and/or third physician to join our private, full-service, adult laryngology practice. We want to find a person who matches both our mission and our current personnel.

Our stated mission is: to provide the highest quality medical, surgical, and behavioral care and consideration for persons with voice, swallowing, and airway disorders. The three pillars of this mission are patient care, educational activities, and research projects.

**The spectrum of laryngology practice**

Laryngology can be done in very different ways in different places. To get a big-picture understanding of Bastian Voice Institute, it may be helpful to consider the range of ways in which laryngology is practiced, and then to see where our practice fits on those continuums. Polarities are stressed somewhat artificially below, for clarity.

1. **TYPE OF PRACTICE**
   a. **Academic** laryngology: focused on patient care, education, research, and (optionally) ALA, AAO, courses, etc.
   b. **Private Practice** laryngology: can be equally focused on patient care, education, and research, but possibly a little more nimbly and entrepreneurially (in the noble sense) on the crucial business underpinnings that support the mission.

   Bastian Voice Institute is, in the service of our patients, entrepreneurially focused on patient care above all, as well as education and research. As for the business side, we take delight in efficiency and providing what we believe to be leading-edge value to our patients. Our physicians are encouraged to focus on all three parts of our mission as fits with their talents and interests.

2. **SCOPE OF CLINICAL PRACTICE**
   a. **Partial-service** laryngology: focused more narrowly on patient care in the areas of, for example, vocal fold microsurgery, recurrent respiratory papillomatosis, vocal fold paralysis, spasmodic dysphonia, acid reflux, and so forth. The head and neck component (larynx cancer, especially, and also tracheal resection/reanastomosis, esophagology, etc.) might be excluded by a laryngologist’s personal choice, or by a particular institution’s culture or tradition that cancer is done by the “head and neck” surgeons rather than primarily by laryngologists.
   b. **Full-service** laryngology: patient care that encompasses all of the above, as well as cancer (including partial and total laryngectomy), neck dissections (but not free flaps), nonorganic disorders, bronchoesophagology, and so forth.

   Bastian Voice Institute is a full-service laryngology practice, with potential for further development.
3. APPROACH TO VOICE AS AN INDEPENDENT SOURCE OF INFORMATION
   a. The responsibility of the speech-language pathologist: In this case, the physician focuses only on medicine and surgery of the larynx.
   b. Both physician and SLP: the physicians are permitted and even encouraged to also understand voice as a powerful source of diagnostic information.

   At Bastian Voice Institute, both physicians and SLPs work diligently with patients’ voices, believing that the phenomenology of elicited voice provides crucial diagnostic information that sometimes equals the usefulness of history and videoendoscopy in the initial encounter and in follow-up visits.

4. ADMINISTRATIVE INVOLVEMENT
   a. Strictly prescribed: in academic environs, the administrative involvement required of a physician is often pre-determined and limited, at least until one obtains a vice-chair, residency director, or chairperson role.
   b. Flexible: in other settings, a physician may be freer to participate in the administrative work as desired and suitable.

   Bastian Voice Institute is more flexible in the administrative involvement asked of physicians. If desired, however, one could be deeply involved in the business side, such as by being the point person for opening a satellite, or by driving the practice’s educational side.

5. NATURE OF EMPLOYMENT
   a. Employed academic physician
   b. Employed private practice physician
   c. Partner

   Bastian Voice Institute would warmly invite and encourage a new physician well-matched to our mission and team to work toward partnership. However, staying on indefinitely as an employed physician may also be an option.

Our hospital relationships
We work in the largest hospital consortium in Chicago (Advocate Healthcare), but by choice go to only one of its hospitals. We did this to avoid diffusing our energy commuting across a wide geography. If we established a satellite, it would be for diagnostics and follow-up. Our thulium and KTP laser cases, vocal fold injections, biopsies, etc. would likely continue to be done at the flagship office. Furthermore, surgical and inpatient work would come from both flagship and satellite to Advocate Good Samaritan Hospital for inpatient surgery, and to Midwest Center for Day Surgery, for outpatient surgery.

Our technology
We are committed to being “leading edge.” For example:
   - We obtained the Olympus TNE immediately upon opening our doors in 2003. By contrast, at the university, it took more than two years and multiple committees to get the Olympus TNE.
   - We obtained the first thulium laser in North America used for laryngology.
   - We purchased what we believe was likely the 3rd or 4th pulsed-KTP laser in North America used for laryngology.

As far as we know, none of the universities in the area has both a thulium and a pulsed-KTP laser.
**Our caseload**
Though we are located two-thirds of the way out to the western edge of Chicagoland, 20 miles from the downtown, we do 90 or more Botox injections per month, more than 50 medialization laryngoplasties per year, and have the largest caseload of cricopharyngeal myotomies in the state of Illinois. In addition, we do a lot of in-office laser procedures. So far we have seen patients from 46 states and several foreign countries. Mostly, however, we are a regional practice. Both Dr. Bastian and Dr. Richardson see potential for a third physician to grow overall caseload significantly.

**Room to grow**
All of what we have established to date can be built upon and exceeded once we have more person-hours to do the work. It would not happen instantly, however; a new physician would have to understand that it would take a few years to ramp up. Dr. Bastian and Dr. Richardson plan to work for quite a few more years. Still, there is ample caseload to spin off a third practice, but this must be done prudently, so as not to damage the loyalty of both patients and referral sources. The new person would be introduced to the Chicagoland community, “earn away” a piece of the existing practice, then grow the practice as a whole, in a planned way.

**Finding the right fit**
It matters deeply to us that we be a good match for a potential Doctor 3. A good person could be frustrated in a wonderful enterprise like ours if it just didn’t match his or her strengths and modes of operation. To help find a good fit, we are using the Kolbe System when we encounter a serious candidate.

**Training**
It seems most logical to find a newly finished resident to train for a year, with PGY6 salary + incentive, because that introduction to our enterprise culture would be the most natural foundation from which the individual could build and differentiate him or herself. However, we’ve explored ways to teach phenomenology and other key BVI concepts “behind the scenes” for a fellowship-trained individual. We don’t expect that future doctors do things the way we do, but we do think it wise for them to begin their work knowing our concepts and approaches, particularly our voice-inclusive diagnostic model.

If Chicago is truly a desired destination, and if you are looking for a stable workplace where you would be welcomed and helped into eventual partnership, then please contact Dr. Bastian or Susan Leibforth, our practice manager, using the addresses below.

Practice Manager, Susan Leibforth: susan.leibforth@bastianvoice.com
Founder and Medical Director, Dr. Robert Bastian: robert.bastian@bastianvoice.com