Objectives: Much attention has been brought to the influence of the pharmaceutical industry’s policies on physicians’ prescribing behavior. A previous study has compared otorhinolaryngologists’ opinions to their department policies and guidelines regarding this interaction. Study Design: Online survey questionnaire Methods: Faculty from eight otolaryngology departments disseminated online surveys to their respective residents and faculty. Programs chosen represented various geographic locations, department sizes, and academic focus. Results: Eighty-six responses were received, with thirty-seven responses collected from residents and faculty from otolaryngology residents and faculty members then answered a follow-up survey. Results: Eighty-six responses were received, with thirty-seven responses collected from residents and faculty members then answered a follow-up survey. Results: Eighty-six responses were received, with thirty-seven responses collected from residents and faculty members then answered a follow-up survey.

DISCUSSION AND CONCLUSIONS

1. Otolaryngology residents and faculty have a generally favorable view of the pharmaceutical industry.

2. However, residents have a skewed view when describing the influence on their prescribing behavior; only 7% believe that they are influenced by pharm-reps, but 47% believe that others are influenced by pharm-reps. This is important to address as the behavior and prescribing pattern of otolaryngologists, a group of highly specialized physicians, may influence the behavior of other, non-specialized groups such as general pediatricians and family medicine physicians.

3. Institutional practices are variable amongst programs and departments, and residents may be unfamiliar with many of these policies. There is a need for standardized education programs for residents.

4. The behavior of other specialties may influence resident prescribing behavior, but residents may not be aware of these interactions. There is a need for more education on this topic.

5. Residents may not be aware of the financial implications of their interactions with pharm-reps, and there is a need for more education on this topic.

6. Residents may not be aware of the ethical implications of their interactions with pharm-reps, and there is a need for more education on this topic.

7. Residents may not be aware of the potential conflicts of interest of their interactions with pharm-reps, and there is a need for more education on this topic.

8. Residents may not be aware of the potential impact of their interactions with pharm-reps on the pharmaceutical industry, and there is a need for more education on this topic.

9. Residents may not be aware of the potential impact of their interactions with pharm-reps on patient outcomes, and there is a need for more education on this topic.

10. Residents may not be aware of the potential impact of their interactions with pharm-reps on their personal and professional development, and there is a need for more education on this topic.

11. Residents may not be aware of the potential impact of their interactions with pharm-reps on the future of medical education, and there is a need for more education on this topic.