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Mission Statement

The Department of Otolaryngology of SUNY Downstate Medical Center, recognizing its medical, ethical and social obligations to Brooklyn and adjacent communities, is committed to the delivery of comprehensive, compassionate and cost-effective otolaryngologic care. Towards this end, the department working as a team with hospitals and the community is dedicated to the following:

1. Ongoing provision of medical and surgical treatment for diseases of the ear, nose, throat, head and neck;
2. Ongoing provision of diagnosis, intervention and therapeutic treatment for all communicative disorders;
3. Excellence in medical student, resident and postgraduate education;
4. Pursuit of high quality scientific research by all departmental staff and its full integration into the resident training program;
5. Dissemination of otolaryngologic information to patients, their families, primary care physicians and all members of the Brooklyn and adjacent communities.

State of the Department 2014

Richard M. Rosenfeld, MD, MPH
Professor, Chairman, and Program Director

The 2013-2014 academic year marked the 23rd anniversary of the Department of Otolaryngology at the State University of New York (SUNY) Downstate Medical Center and affiliated hospitals. Formed initially from existing services at Long Island College Hospital (LICH) and University Hospital of Brooklyn (UHB), the current academic structure for resident and medical student education includes affiliations with Kings County Hospital Center (KCHC), the Brooklyn Veterans Administration Medical Center (VAMC), Maimonides Medical Center; SUNY at Bay Ridge Ambulatory Surgery Center (SUNY Bay Ridge), and New York Methodist Hospital (NY Methodist). LICH has regrettably closed its doors after 156 years of service.

Synergy

Last year I wrote about the challenges imposed by the closure of UHCH. Yet one year later I can state with confidence our department is stronger than ever, bristling with new faces, top-notch faculty, a fabulous residency training program, and unbridled growth in patient volume, academic faculty, and research productivity. How can this be?

Our success lies in one simple word: synergy. As a cohesive department bound together by a passion for resident training and excellence in patient care we have been able to achieve – and withstand – far more together than could ever been done apart. This synergy transcends the unique talents and ambitions of our individual faculty, who differ in focus, training, personality, and practice location, yet somehow rise above these differences to put teaching, research, and patient care front and center.

Synergy allows us to embrace change and resulting opportunities. We not only have new sites for ambulatory and inpatient activity at SUNY Bay Ridge and NY Methodist Hospital, but have managed to preserve and grow volume at UHB and other core locations. At both new sites we thrive as a unified department, with outstanding resident physicians and a full spectrum of fellowship trained specialists, providing the coverage, capacity, and volume that justifies major equipment purchases, operative block time, and the logistical and administrative support to ensure success.

A particularly gratifying aspect of our expansion has been the consistently positive feedback I receive from others about our department. Our residents and faculty have been warmly embraced because they excel not only in patient care, but in professionalism and interpersonal skills. The same applies without hesitance to our clinical and administrative staff. My ability as chairman to negotiate for institutional resources and support is deeply enhanced by the synergy of one-stop, full-service, innovative patient care from a unified department committed to excellent care and resident education.

Our success this past year can be attributed to the quality and commitment of our faculty, residents, and staff. We have not only retained all core faculty but have added new faces and new recruits. Our faculty have stepped up to challenge, and opportunity, of new practice sites with poise and gusto. Similarly, our residents have embraced change, quickly adapting to new settings and procedures, yet always representing our department responsibly and professionally. Our surgical volume and caseload continues to grow, with of our graduating chief residents exceeding training requirements for all key indicator operative cases. Our staff is the glue holding our massive enterprise together despite seismic logistical changes, rising to each new challenge with solutions, not complaints.

In 1956, shortly after the cornerstone was set for the Basic Science Building at 450 Clarkson Avenue, Alfred E. Neuman (Mad Magazine) immortalized 3 simple words: “What, me worry?” This phrase has graced the magazine cover ever since, and should perhaps be a motto for our department in the mad times we now face. I cannot speak for all others, but as chairman and program director I can say with confidence that I worry very little about our departmental future, a gift inherited from the power of synergy. Let us all continue to harness the power of synergy as we move into a new era of greatness.
Serving Brooklyn with Quality Care

Of the three pillars that support academic medical departments – research, teaching, and patient care – it is the ability of a department to serve the community with quality care that most affects the daily lives of the patients and families. With this in mind, I will briefly summarize the current state of our varied clinical programs.

Facial plastic and reconstructive surgery has shown continued growth and expansion through the leadership of Sydney Butts, Alla Lin, and Richard Westreich, who cover all aspects of trauma, cosmetic, craniofacial, otologic, and reconstructive surgery. The division continues to blossom, benefiting from an expanded referral base and new practice sites. Our clinical services and training opportunities will be further enhanced in September 2014 when Eli Gordin joins our department as a full-time faculty member.

Head, neck, and skull-base surgery remains a focal point of our department under the leadership of Krishnamurthi Sundaram, Natalya Chernichenko, Alla Lin, and Michael Weiss, with additional expertise provided by Gady Har El, Jesse Lin, Victor Lagmay, and voluntary faculty. Areas of active growth include microvascular surgery, cranial, robotic surgery, and minimally invasive surgery. Endocrine surgery remains a center of excellence, including minimally invasive thyroid and parathyroid surgery.

Otolaryngology and neurotology remain vibrant through the leadership of Matthew Hanson, Neil Silverman, Michael Preis, with contributions from our neurosurgery and otoneurology faculty. The division offers comprehensive otologic services, ranging from ambulatory surgery to complex procedures with our neurosurgical colleagues. Abraham Shulman continues to help patients worldwide cope with tinnitus, as one of the few full-time tinnitusologists in clinical practice.

Pediatric Otolaryngology remains a highlight of the program with leadership by Nira Goldstein, Joshua Silverman, and Richard Rosenfeld, and additional contributions by Sydney Butts, Paul Vastola, Ari Goldsmith, Mauro Ruffy, and voluntary faculty. We continue to offer a full spectrum of clinical services, including advanced airway reconstruction, voice restoration, and endoscopic surgery. Our cleft team continues to grow in scope and volume, offering surgical and rehabilitative services for children with cleft lip, cleft palate, microtia, velocopharyngeal insufficiency, micrognathia, and craniofacial syndromes.

Laryngology and neurotology are well covered under the leadership of Boris Batsanov and Joshua Silverman, with substantial additional contributions from our pediatric otolaryngology, head and neck surgeons, and voluntary faculty. A full range of operative and office interventions are available to improve voice-related quality of life for children, adults, vocal professionals, and head and neck cancer patients.

General otolaryngology, allergy, and rhinology continue to expand through the leadership of Marina Boruk who performs advanced endoscopic sinus surgery, complex image-guided procedures, and balloon sinus surgery. The department continues to grow in size and treatment, including sublingual immunotherapy. Additional contributions come from Victor Lagmay and many of our superb voluntary faculty. Surgery for sleep disorders includes treatments for obstructive sleep apnea, obstructive sleep apnea, and obstructive sleep apnea.

Communicative disorders continue to grow through the efforts of John Weigand, Irena DiStasi, and Sal Saleh. Patients with cochlear implants have been well served by our collaboration with the Auditory Oral School of New York, which provides state-of-the-art mapping and support services, including participation in our monthly cochlear implant team meeting. New opportunities exist for patient referrals through oversight services provided at affiliate sites.

Research, Education, and Teaching

The Annual Research and Resident Research Day featured keynote speaker Howard Francis, from Johns Hopkins University, and alumni speaker Ramon Franco Jr., from the Massachusetts Eye & Ear Infirmary. In addition to showcasing our resident and faculty research, our invited presentations included cochlear implantation, innovation in laryngology, and managing spontaneous cerebrospinal fluid rhinorhea. Please review the full Research Day Agenda later in this report for the full agenda.

Nira Goldstein continues as Director of Research, ably coordinating a rich palette of faculty, resident, and medical student projects. She is an incredible resource for navigating the intricacies of funding, IRB approval, and statistical analysis. Nira is assisted by Richard Kolmar, who serves as Director of Basic and Translational Research, and Richard Rosenfeld, who mentors residents in biostatistics, study design, and systematic review. Natalya Chernichenko continues to build her lab and accrue pilot data for grant applications to study perineural invasion of head and neck cancer using a zebrafish model. Krishnamurti Sundaram and Joshua Silverman continue their funded research on laryngeal nerve regeneration using a rat model.

Nicole Fraser, our educational coordinator, remains an invaluable resource as she coordinates the current state of our varied clinical programs.

The conference agenda is reproduced later in this report and we are particularly grateful for the continued support of Gady Har El, Jesse Lin, Victor Lagmay and many of our superb voluntary faculty. Surgery for sleep disorders includes treatments for obstructive sleep apnea, obstructive sleep apnea, and obstructive sleep apnea. The department continues to grow in size and treatment, including sublingual immunotherapy. Additional contributions come from Victor Lagmay and many of our superb voluntary faculty. Surgery for sleep disorders includes treatments for obstructive sleep apnea, obstructive sleep apnea, and obstructive sleep apnea.

Recognizing Our Faculty and Staff

Since our last report there have been many notable accomplishments, which are fully described in the pages that follow. Some events worthy of emphasis, however, are listed below.

Notable Faculty Accomplishments

• Marina Boruk was nominated to receive a Doctors’ Day Award at KCHC
• Marina Boruk was appointed to the AAO-HNS Core Otolaryngology and Practice Management Education Committee
• Sydney Butts participated in the Face the Future Mission to Rwanda
• Sydney Butts, along with her two sisters, delivered the 5th Annual Helen D. Dickens Commemorative Lecture in Medicine at the University of Pennsylvania
• Natalya Chernichenko joined the executive committee of the NY Head & Neck Society
• Nira Goldstein was promoted to Professor of Clinical Otolaryngology

• Christopher Goldstein was nominated scientific program chair for the 2015 ASPO meeting
• Victor Lagmay was promoted to seated staff member at the University of Texas Southwestern

• Victor Lagmay was the voluntary faculty honoree at our Resident Graduation Dinner
• Alice Lin joined the department as a full-time faculty member after a fellowship in head and neck oncology, microvascular reconstruction, and skull base surgery at Harvard University – Massachusetts Eye and Ear Infirmary
• Frank Boruk became an emeritus member of the American Laryngological Association
• Michael Preis has expanded opportunities for resident training in otology at Maimonides Medical Center, including endoscopic, transoral surgery
• Abraham Shulman was recognized as one of the top experts in the U.S. in the field of tinnitus research and treatment by Expertise

• Chris de Souza and Neil Spering published a state of the art text on otosclerosis from Pural Publishing, including a full-color atlas and DVD of stapedectomy procedures
• Chris de Souza edited a text on laryngology from Thieme Medical Publishers
• Richard Rosenfeld was the full-time faculty honoree at our Resident Graduation Dinner
• Richard Rosenfeld was recognized as one of the top 10 world’s leading experts in the field of sttis media research and treatment by Expertise
• Joshua Silverman was an honoree at the Children’s Hospital of Pittsburgh Festschrift for Margaretta Casselbrant
• Krishnamurti Sundaram and Alice Lin were certified in transoral robotic surgery (TORS) and performed the first TORS procedures in Brooklyn
• Krishnamurti Sundaram became site director of our new educational program at NY...
Notable Resident, Study, and Other Accomplishments

- Anthony Alessi received the SUNY Downstate College of Medicine Class of 1898 Prize for achieving the highest level of academic performance, first in his class.
- Anthony Alessi received the SUNY Downstate College of Medicine award for Outstanding Medical Student Performance in Otolaryngology.
- Marisa Earley, Elizabeth Floyd, and Colleen Plein participated in the AAO-HNS annual leadership and advocacy conference.
- Sean Lewis became a resident member of the AAO-HNS Patient Safety and Quality Improvement Committee.
- Colleen Plein became a resident member of the AAO-HNS Media Relations Committee.
- Anita Konka was awarded a second place prize at the annual Triological Meeting for her poster on submucosal inferior turbinateplasty.
- Niv Mor was nominated to receive a Doctors’ Day award at KCHC.
- Nicole Fraser was the staff honoree at our Resident Graduation Dinner.
- Funding and space was secured for a new, state-of-the-art, temporal bone laboratory that will also provide resident training in microvascular surgery and facial plating.
- The SUNY Downstate Department of Otolaryngology was selected to participate in the AAO-HNS Academic Bowl based on superior performance on the home study course.
- Major equipment purchases for the operating room have enhanced the surgical experience for faculty and patients at SUNY Bay Ridge and NY Methodist.
- We have greatly expanded our presence at SUNY Bay Ridge, rising rapidly to become one of the busiest departments at the site.
- We have developed inpatient and operative services at NY Methodist, bringing tertiary otolaryngologic care to the institution while obtaining a new patient referral base.
- SUNY Downstate broke ground on a seven-floor, 100,000 square foot building for the School of Public Health with space for research, simulation, and multipurpose teaching.

A Bright Future

We are delighted to welcome our three new PGY-1 residents, Anthony Alessi from SUNY Downstate in Brooklyn, George Ferzli from SUNY Downstate in Brooklyn, and Sandra Ho, from Jefferson University in Philadelphia.

We are proud of our three departing chief residents and wish them health, happiness, and success. Anita Konka begins a fellowship in facial plastic and reconstructive surgery with Ed Farrior in Tampa, Florida; Miguel Mascaro begins a fellowship in facial plastic and reconstructive surgery with Andrew Blitzer in New York, NY; and Niv Mor begins a fellowship in facial plastic and reconstructive surgery with Daniel Rousso in Birmingham, Alabama; and Niv Mor begins a fellowship in facial plastic and reconstructive surgery with Andrew Blitzer in New York, NY.

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Evolution of Otolaryngology Training in Brooklyn

A 40 year personal perspective

Frank E. Lucente, MD
Professor and former Chairman

In 1974 I arrived in NY and quickly became employed in all 5 boroughs (Staten Island for USPHS, teaching at Mt Sinai in Manhattan, at Bronx VA and shortly thereafter at Elmhurst in Queens). My only Brooklyn experience in 1974 was working briefly in 2 Medicaid clinics (since my federal salary of $18K was insufficient to support NY lifestyle).

The NY setting for academic otolaryngology was vastly different from the setting at Washington University where there was a huge department with strong central control. In NY academic otolaryngology was not university-based but private office-based, including John Day at NYU, Richard Bellucci at MEEH, Daniel Baker at Columbia, James Moore at Cornell and others. The only arrival of Hugh F. Biller to replace the office-based Joseph Goldberg at Mt Sinai changed the course.

At this time Brooklyn had 2 programs, one at Long Island College Hospital and one at SUNY. While I was at Mt Sinai was asked by Ira Polisar at LICH to give some talks and to consider succeeding him. His program had 2 excellent residents, Drs. Santos and Ruffy but was small. Simultaneously Abraham Shulman ran a program at SUNY with small, talented staff including, a resident named Krishnamurthi Sundaram. Interestingly, the Brooklyn Eye and Ear Hospital had opened in 1869 as a philanthropic clinic for indigent patients and closed in 1976.

During the 1980’s there was more focus on university hospitals as training sites. What had happened earlier elsewhere finally happened in Brooklyn. In 1984 the merger of the SUNY and LICH ENT programs allowed recruitment of a division chief, Yosef Krespi, in and eventually a chair in 1990. At the same time services at Methodist and Maimonides grew. The support from excellent practitioners in Brooklyn and surrounding areas (including Drs. Kantor, Brownstein, Pincus, Chaudhry, Saro, Cohen, Habib, Finn, Finger and their successors) was critical.

My initial attraction to Brooklyn was based on availability of hard money for salaries from Federal, State and Municipal sources, along with 2 private hospitals (then LICH and Staten Island University Hospitals). Times have changed but we still have federal, state, and city hospital and 2 private hospitals (now Maimonides and Methodist).

During the past 25 years we have seen our program grow through recruitment of full-time MD’s, expansion of residency sub-specialty training, and addition of affiliates- most recently Methodist. The otolaryngology training program is unquestionably the best in Brooklyn.

Throughout this period we have avoided town-gown issues as much as possible– even though our priorities may occasionally differ. The reason is two-fold. First, those in the university realize that they must practice optimal private and public patient care in order to survive financially. Secondly, those in private sector genuinely like to teach and do it very well. A mutually beneficial arrangement has evolved.

One of the main highlights of the program has been the constant increase in the strength and talent of the residents who have been recruited, since residents are important teachers of students, each other and ultimately the faculty. The continued evolution of residents as teachers is one of my greatest joys.

The current threat to training is the influx of the competitors from other boroughs who would like to recruit the paying patients and leave the rest behind. I encourage all of you to be aware of this and to work hard to keep the patient base secure, not through legislation but through motivation.

It is interesting to note that evolution of training in Brooklyn parallels the evolution of otolaryngology as a profession with the emergence of subspecialties such as rhinology, otolaryngology, head and neck oncology, maxillofacial surgery, pediatric otolaryngology, neurotology and otolaryngic allergy. It also parallels the evolution of Brooklyn as a vibrant and diversified city that rivals the best in the country. I hope for a very bright future for ENT training in Brooklyn and am delighted to have had the opportunity to play a small role.

Thanks.

Frank E. Lucente, MD

Professor and former Chairman

July 2014
## Table of Attending Staff for Educational Programs

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## Faculty

The faculty of the Department of Otolaryngology is comprised of a variety of individuals who's clinical and research interests encompass the ever-increasing scope of this specialty. For the 2013 to 2014 academic year, the department had fourteen full-time academic faculty, four full-time affiliate faculty, six part-time faculty, thirty voluntary faculty and contributing physicians, three audiologists, and two PhD.

### Full-Time Academic Faculty

**Richard M. Rosenfeld, MD, MPH**  
Professor, Chairman, and Program Director of Otolaryngology at SUNY Downstate, editor-in-chief of Otolaryngology – Head and Neck Surgery. Dr. Rosenfeld graduated the Otolaryngology Residency Program at Mount Sinai Medical Center and completed a two-year fellowship in Pediatric Otolaryngology at Children’s Hospital of Pittsburgh with a Master’s Degree in Public Health. He received the AAO-HNS Distinguished Service Award (three times), the SENTAC Robert Ruben Award for Excellence in Pediatric Otolaryngology, and the JAPI Award for Worldwide Contributions to Pediatric Otolaryngology. Dr. Rosenfeld is the Senior Advisor for Guidelines and Quality at AAO-HNS and has chaired numerous national committees in the AAO-HNS and ASPO. He is the author, coauthor, or editor of 5 books and over 280 scientific publications and textbook chapters, including chapters in “Bailey” and “Cummings” on understanding data and medical literature. Dr. Rosenfeld has given over 650 scientific presentations and is an international authority on guideline development, evidence-based medicine, and otitis media. He is president of the International Society for Otitis Media, past-president of ASPO, and serves on the Board of Directors for the AAO-HNS, ASPO, Guideline International Network, ISOM, and the Auditory-Oral School of Brooklyn. Dr. Rosenfeld has been listed in Castle Connolly’s “Best Doctors in America” since 1999 and in New York Magazine’s “Best Doctors in New York” since 1996.

**Frank E. Lucente, MD**  
Professor and former Chairman. He is a graduate of Yale University School of Medicine and residency at Washington University. In 1990 he became Chairman at SUNY Downstate and LICH. He was recently President of the Triological Society. He has been Vice President and Coordinator for Instruction Courses for the AAO-HNSF. He has served as President of the Triological Society and the SUO-HNS. He has been Guest of Honor for the American Broncho-Esophagological Association, American Laryngological Association and the American Society of Geriatric Otolaryngology. He has been on the Executive Editorial Board of The Laryngoscope. He is the author, coauthor or editor of 17 books and 200 scientific publications and chapters. Dr. Lucente served on the ACME RRO Otolaryngology and has been Chair of the AMA’s CME Advisory Committee. Dr. Lucente serves as Vice Dean for Faculty and Educational Affairs for SUNY Downstate UHS @ LICH and Director of the Medical Student Career Advisement Office at SUNY. He has also received the SUNY Chancellor’s Award for Distinction in Teaching and in 2001, was honored with the Teacher of the Decade Award from the Department of Otolaryngology. In 2008 he received the Grayson Award from the Franciscan Friars of the Atonement for his service to that organization.

**Krishnamurthi Sundaram, MD**  
Dr. Sundaram is a graduate of the Otolaryngology Residency Program of State University of New York-Health Science Center at Brooklyn and is Clinical Professor of Otolaryngology. After completion of medical school he did a two year fellowship in surgical oncology at the Cancer Institute, Chennai, India. Prior to starting his Otolaryngology residency he completed a straight surgical internship at Church Hospital Corp (Affiliate of Johns Hopkins University) in Baltimore, MD, and 3 years of residency in General Surgery at The Methodist Hospital of Brooklyn. After residency he was a junior attending/fellow/residency coordinator in the department of Otolaryngology at SUNY Downstate Medical Center. Subsequently he served
as Chief, Division of Otolaryngology at the Methodist Hospital and Chief of Otolaryngology at the Brooklyn Hospital Center. After 1992, he has been actively involved with the residency program at SUNY Downstate Medical Center. His areas of interest include head and neck oncology, thyroid, parathyroid, sinuses, skull base and larynx.

Dr. Sundaram is Vice-Chairman of the Department of Otolaryngology at SUNY Downstate Medical Center. His clinical practice is based at University Hospital of Brooklyn and the NY Methodist Hospital where he has been appointed as the residency site director and Director of the Center for Head, Neck and Skull Base New Surgery.

Boris Bentsianov, MD
Dr. Bentsianov completed his medical school training at Downstate Medical Center. He continued his clinical training at Downstate Medical Center, Long Island College Hospital as an intern in General Surgery followed by a residency and chief residency in Otolaryngology-Head and Neck Surgery. He then went on to do a fellowship in Laryngology and Neuro-Otolaryngology at Columbia University/St Luke’s-Roosevelt Hospital-New York Center for Voice and Swallowing Disorders. After becoming a diplomat of the American Board of Otolaryngology-Head and Neck Surgery, he rejoined the faculty at Downstate June in 2003 as assistant professor in the Department of Otolaryngology and Neuro-Otolaryngology. His areas of interest include the management of congenital craniofacial anomalies, adult and pediatric maxillofacial trauma, vascular malformations, local/regional flap surgery, scar revision surgery, rhinoplasty and functional endoscopic sinus surgery. His current research interests include neurologic disorders of the larynx, diagnosis and treatment of dysphagia and swallowing disorders.

Marina Boruk, MD
Dr. Boruk, Assistant Professor of Otolaryngology, joined the Department at the State University of New York – Downstate Medical Center in July of 2010. Dr. Boruk is a graduate of the College of Medicine at State University of New York Downstate Medical Center, Brooklyn, where she also completed her residency in Otolaryngology – Head and Neck Surgery. She continued her training with an American Rhinologic Society accredited fellowship in Rhinology and Skull Base Surgery at Vanderbilt University in Nashville, Tennessee, under the direction of Dr. James Duncavage. Dr. Boruk’s clinical interests are in the medical and surgical management of the nose and paranasal sinuses, head and neck tumors, and the reconstruction of craniofacial structures. Her expertise includes both minimally invasive and traditional surgery of the nasal cavity and sinuses, endoscopic repair of CSF leak and base of skull defects as well as skull-based tumors. Dr. Boruk also has additional training in the field of allergy and provides allergy testing and immunotherapy for her patients.

Sydney Butts, MD
Dr. Butts serves as the chief of the Division of Facial Plastic and Reconstructive Surgery at University Hospital of Brooklyn/SUNY Downstate and Kings County Hospital Center. After graduating from the Yale University School of Medicine, Dr. Butts completed a residency in otolaryngology at the Albert Einstein College of Medicine/Montefiore Medical Center. Dr. Butts then completed fellowship training in facial plastic and reconstructive surgery at SUNY Upstate Medical University in Syracuse. She then joined the faculty of the department of otolaryngology at SUNY Upstate. Dr. Butts has clinical expertise in congenital craniofacial surgery including cleft lip and palate surgery and craniofacial dysostosis surgery. Her clinical focus includes the management of congenital craniofacial anomalies, adult and pediatric maxillofacial trauma, vascular malformations, local/regional flap surgery, scar revision surgery, rhinoplasty and managing other soft tissue lesions that require a reconstructive approach. She has written several book chapters and journal articles, presented research at national academic meetings, and been a guest faculty and invited lecturer on multiple reconstructive topics. Dr. Butts currently serves as the faculty coordinator for the Grand Rounds Program, supervising scheduling of faculty speakers and educational content. She is also the faculty coordinator for the annual Frank E. Lucente Alumni and Resident Research Day.

Natalya Chernichenko, MD
Dr. Chernichenko serves as an Assistant Professor of Otolaryngology and Chief of Head and Neck Surgery. Her clinical expertise lies in the diagnosis and management of benign and malignant tumors of the head and neck, including salivary gland, thyroid and parathyroid, oral cavity, pharynx, larynx, sinuses, skull base and skin. Her goal is to provide patients with advanced surgical care for head and neck cancer with an emphasis on quality-of-life issues. Dr. Chernichenko earned her medical degree from SUNY Downstate Medical Center. Following residency in Otolaryngology-Head and Neck Surgery at Yale-New Haven Hospital, Dr. Chernichenko pursued additional Head and Neck Surgical Oncology Fellowship training at Memorial Sloan-Kettering Cancer Center. Dr. Chernichenko’s research interest is focused on exploring the molecular mechanisms of nerve invasion by human carcinomas with the goal of identifying novel therapeutic targets. She is a recipient of the Young Investigator Award from the American Head and Neck Society.

Nira A. Goldstein, MD, MPH
Dr. Goldstein, Professor of Otolaryngology, joined the Department of Otolaryngology in 1998, as a full-time pediatric otolaryngologist in the division. She is a graduate of the New York University School of Medicine and the Otolaryngology Residency Program at the New York University Medical Center. Dr. Goldstein completed her fellowship in Pediatric Otolaryngology at the Children’s Hospital of Pittsburgh where she also served as the Hamburg Research Fellow. She was an instructor at the University of Pittsburgh School of Medicine as well as staff physician at the Children’s Hospital of Pittsburgh. She received her Master of Public Health degree at SUNY Downstate in May 2010. She serves as the Associate Residency Program Director, Director of Medical Student Education and Director of Clinical Research in the department and Clinical Assistant Dean in the Medical School. Dr. Goldstein has authored over 40 articles and 20 chapters on various topics in otolaryngology and has presented at numerous national and international conferences. Her clinical and research interests include pediatric obstructive sleep apnea, eotts media, and sinusitis.

Eli Gordin, MD
Dr. Eli Gordin, Assistant Professor of Otolaryngology, earned his undergraduate degree from the University of Pennsylvania and his medical degree from Thomas Jefferson University. He completed his residency in Otolaryngology – Head and Neck Surgery at Thomas Jefferson University Hospital and was named a Medical Director of Otolaryngology, Head and Neck Surgery within the Baylor Health System under the supervision of Dr. Yadro Ducic in Dallas/Fort Worth, Texas. Dr. Gordin’s clinical expertise lies in the reconstruction defects within the face, head, and neck, ranging from oncologic surgery from minor to severe, resulting from amputation, trauma, radiation, infection, and congenital malformation, including the use of microvascular free tissue transfer. Additionally he is trained in aesthetic surgery of the face and neck, including myoplasty, blepharoplasty, rhinoplasty, and other cosmetic procedures, as well as the excision of benign and malignant head and neck tumors. Dr. Gordin’s research interests focus on the reconstruction and repair of prior irradiated tissue in the context of defects following excision of recurrent cancer or radiation related complications. He is currently board certified by the American Board of Otolaryngology - Head and Neck Surgery.

Matthew Hanson, MD
Dr. Matthew Hanson, Assistant Professor and Chief of Otolaryngology and Neurotology, and Director of the Otolaryngology Service at KCHC. He has been involved in hearing disorders his whole life. Both of his paternal grandparents were congenitally deaf and he has over thirty deaf relatives. His father, equally fluent in American Sign and English, served as Director of Deaf Services for Vocational Rehabilitation for the State of Iowa for more than 35 years. Dr. Hanson attended medical school at the University of Iowa where he had the opportunity to do research in the early field of cochlear implantation. He went onto residency in Otolaryngology Head and Neck Surgery at Columbia University. After completion of his residency,
Richard Kollmar, PhD

Dr. Kollmar earned his Diploma in Chemistry at the Julius-Maximilians-Universität Würzburg, the Ludwig-Maximilians-Universität München, and the Max-Planck-Institute for Biochemistry in Martinsried. He earned his Ph.D. in Cell and Molecular Biology at the University of Wisconsin-Madison. His postdoctoral training in sensory neuroscience was with Dr. A. J. Hudspeth at the University of Texas Southwestern Medical Center at Dallas and at Rockefeller University in New York. After a stint as Assistant Professor of Molecular and Integrative Physiology at the University of Illinois at Urbana-Champaign, he returned to New York and joined SUNY Downstate Medical Center, where he is an Associate Professor in Cell Biology and an Assistant Professor and Director of Basic Research in Otolaryngology. His first research focus is to understand the mechanisms that underlie the development and maintenance of otoliths and otoconia, from the molecular to the organismal level. His group has identified several novel otolith proteins that are implicated in extracellular matrix formation. He is now investigating the function of these proteins both in vivo, using the zebrafish as an animal model, and in vitro. His second research focus is to develop treatments to restore recurrent-labyrinthine nerve function after injury. This is a translational research project in collaboration with Dr. Silverman and Dr. Sundaram as well as Dr. Stewart (Physiology & Pharmacology and Neurology). Dr. Kollmar also teaches the ear lectures for OHRP students and for second-year medical students during their neuroanatomy block and provides research opportunities in his laboratory for high-school to students.

Alice Liu, MD

Assistant Professor and Chief of Microvascular and Robotic surgery in the Department of Otolaryngology at SUNY Downstate, Dr. Liu completed her Otolaryngology residency at Northwestern University, Feinberg School of Medicine-McLaur Class Medical Center. She then graduated from fellowship at Massachusetts Eye and Ear Infirmary-Massachusetts General Hospital at Harvard Medical School in Head and Neck Surgery. Microvascular Reconstruction and Skull base Surgery. She has authored and coauthored numerous scientific publications and textbook chapters and given numerous lectures and scientific presentations. Her latest book chapters include a chapter on scalp reconstruction in “Facial Surgery: Plastic & Reconstructive.” Dr. Liu also teaches the ear lectures for OHRP students and for second-year medical students during their neuroanatomy block and provides research opportunities in his laboratory for high-school to students.

Abraham Shulman, M.D.

Dr. Shulman, Prof. Emeritus Clinical Otolaryngology, SUNY/Downstate, is a graduate of the Kings County Hospital Center Division of Otolaryngology – Residency Training Program. Following graduation, he completed a Fellowship with Julian Lampert at the Lampert Foundation and served as Lieutenant Commander in the USNRF as Chief of Otolaryngology at the Portsmouth Naval Hospital. His efforts as Acting Director (1975-1980) and Director (1980-1995) of the division of Otolaryngology and the Center for Communicative Sciences at Downstate and helped establish the then Department of Otolaryngology in 1995. Dr. Shulman’s clinical interests are hearing loss, tinnitus, and vertigo. Symposia, articles and courses and a recent text have identified Dr. Shulman as an international figure for the symptom of tinnitus. In 2010 SUNY/Downstate Medical Center included him in a celebration of achievement of 150 years of medical education in Brooklyn. In 2014 a US patent was received for ear targeted delivery of pharmaceutical compounds. His research interests include sensorineural hearing loss, electrical and ultrasonic frequency acoustical stimulation of the cochlear substratum, vestibular evoked response, mechanisms of tinnitus production, nuclear medicine imaging of brain in tinnitus patients, functional brain imaging – metabolic electrophysiology, and drug development for tinnitus relief for clinical type of tinnitus.

Joshua B. Silverman, MD, PhD

Dr. Silverman, Assistant Professor of Otolaryngology at SUNY Downstate and Director of Pediatric Otolaryngology, joined the faculty of SUNY Downstate in February 2011. After graduating from New York University School of Medicine with both a medical degree and a doctorate in Physiology and Neuroscience, Dr. Silverman completed the Harvard University Otolaryngology Residency Program. He then completed fellowships in Pediatric Otolaryngology at Children’s Memorial Hospital, Northwestern University, followed by a Laryngology & Voice fellowship at Massachusetts Eye and Ear Infirmary, Harvard University. Research interests include nerve regeneration, vocal fold immobility, and translation of basic science findings to the clinical arena. His clinical areas of interest include pediatric and adult laryngology, bronchoscopy/pharynx, voice and swallowing problems; treatment of pediatric head and neck masses; vascular malformations; and pediatric obstructive sleep apnea. He has authored manuscripts for both clinical and basic science journals, as well as several book chapters, and he is certified by the American Board of Otolaryngology.

Victor Lagmay, MD

Dr. Lagmay trained in general surgery and otolaryngology at New York University Medical Center. He completed a fellowship in Head & Neck Surgery at the Beth Israel Medical Center Institute for Head and Neck Cancer in New York. He is currently the division director for Head & Neck Cancer Surgery at the Maimonides Cancer Center in Brooklyn. He is the clinical director of the Endoscopic Dacyphagia Service at Maimonides Medical Center. Dr. Lagmay is board-certified in his specialty and is a Fellow of the American College of Surgeons. Dr. Lagmay maintains memberships in several professional societies, including The American Thyroid Association; The American Academy of Otolaryngology- Head and Neck Surgery; and New York Head and Neck Society. He has been acknowledged as a Castle Connolly Top Doctor in the New York Metro Area for several years. He serves as an Honorary Police Surgeon for the City of New York.

Michael Prols, MD

Dr. Prols, Assistant Professor of Otolaryngology, graduated from the Ben Gurion University of the Negev in Israel, trained in otolaryngology at the Rabin Medical Center, and completed a fellowship in neurotology at the University of Washington in Seattle. Her clinical interests include vertigo, hearing loss, chronic ear disease, and cholesteatoma. Dr. Prols received the Research Award from Rabin Medical Center and the Best Teacher Award from the University of Tel Aviv. Her clinical practice is based at Maimonides Medical Center where she trains SUNY Downstate Otolaryngology residents in otologic surgery including mastoidectomy, tympanoplasty, ossicular chain reconstruction, and hearing restoration procedures.

A. Paul Vastola, MD

Dr. Vastola, Clinical Assistant Professor, received his Otolaryngology training at Manhattan Eye, Ear and Throat Hospital. He received his fellowship training in Pediatric Otolaryngology at Baylor University School of Medicine and Texas Children’s Hospital in Houston, Texas. His clinical interests include pediatric airway reconstruction, pediatric sinonasal disease and cleft lip and palate surgery. He currently is the Director of Pediatric Otolaryngology at...
Maimonides Medical Center where he also serves as the Co-Director of the Cleft Lip and Palate Service. Dr. Vastola has collaborated with the Pediatric Pulmonary Service and published work related to airway manifestations of gastroesophageal reflux and is currently working with the Division of Oral and Maxillofacial Surgery to develop guidelines for assessing the pediatric airway in patients with craniofacial syndromes.

Michael Weiss, MD
Dr. Weiss, clinical Professor of Otolaryngology, graduated from the Albert Einstein College of Medicine and trained in Otolaryngology at New York University Medical Center. His particular area of clinical interest is head and neck surgery. Research interests include head and neck oncology, quality of life and outcomes analysis. He is the Director of Otolaryngology at Maimonides Medical Center, as well as the Chief of the Otolaryngology Section at the Brooklyn VA Medical Center. He is the Chief of Otolaryngology at the Brooklyn VA Medical Center.

Part-Time Faculty
Gady Har-El, MD
Gady Har-El, MD is a Professor of Otolaryngology and Clinical Neurosurgery at SUNY- Downstate. He is the Chief of Head and Neck Surgery and Oncology at Lenox Hill Hospital. His clinical interests include head and neck cancer, thyroid and parathyroid surgery, minimally invasive skull base surgery and sinus surgery. Dr. Har El has authored and co-authored more than 260 scientific publications and book chapters and gave 400 presentations, lectures, and courses. Dr. Har El served as the President of the American Broncho-Esophaqal Society, the New York Head and Neck Society, and the New York Laryngological Society, and is currently the Secretary of the American Laryngological Association. Also, he received the Stanley M. Blaugrund Award for Excellent Teaching from the New York University, in two consecutive years. He has been listed in the “Best Doctors in America” and “Best Doctors in New York” for 20 consecutive years (1994-2014). He has been awarded the Inchul Song M.D. Award. Dr. Har-El is board certified by both the American Board of Plastic Surgery and the American Board of Otolaryngology-Head and Neck Surgery. Dr. Parhiscar’s research interests include techniques in revision rhinoplasty, advances in breast surgery and head and neck reconstruction.

Afshin Parhiscar, MD
Dr. Afshin Parhiscar is a Board Certified Plastic Surgeon specializing in aesthetic surgery. He is the Director of Plastic Surgery at Long Island College Hospital and Assistant Professor of Plastic Surgery and Otolaryngology at State University of New York-Health Science Center at Brooklyn. Dr. Parhiscar attended medical school at the University of Pittsburgh, School of Medicine. He graduated with honors and received the Kenneth H. Hinderer M.D. Memorial Award. He then completed his surgical internship, and an otolaryngology and plastic surgery residency at State University of New York-Health Science Center at Brooklyn where he was awarded the Incluh Song M.D. Award. Dr. Parhiscar is board certified by both the American Board of Plastic Surgery and the American Board of Otolaryngology-Head and Neck Surgery. Dr. Parhiscar’s research interests include techniques in revision rhinoplasty, advances in breast surgery and head and neck reconstruction.

Mauro Ruffy, MD
Dr. Ruffy is a graduate of the University of Santo Tomas, Manila, Philippines, and completed his residency training at Long Island College Hospital in 1972. His field of expertise is in general otolaryngology with special emphasis in otology. He is the Medical Director of the Bureau of Families with Special Needs Program at Long Island College Hospital, in which children with otologic problems are evaluated and treated. His clinical experience has made him a major contributor to our training program.

Neil M. Sperling, MD
Dr. Sperling is Associate Professor and previous director of the Division of Otolaryngology in the Department of Otolaryngology. After completing his medical education at New York Medical College and Residency training at the New York Eye and Ear Infirmary, Dr. Sperling completed fellowship training in otologic research and surgery in Minneapolis with Dr. Michael Paparella at the Minnesota Ear, Head and Neck Clinic and the University of Minnesota. Dr. Sperling was involved in the creating the first cochlear implant program in the Borough of Brooklyn at SUNY affiliated hospitals, which continues today. Dr. Sperling’s special clinical and research interests include otosclerosis, immune-mediated hearing loss, and tympanic membrane retraction.

Richard W. Westreich, MD
Dr. Westreich received his medical degree with honors in cell biology research from New York University School of Medicine. He went on to complete both a residency in otolaryngology and a fellowship in facial plastic surgery at Mount Sinai Hospital. His society affiliations include the American Academy of Otolaryngology, the American Academy of Facial Plastic Surgery, the American College of Surgeons, and the New York Facial Plastic Surgery Society. Dr. Westreich has published numerous clinical papers on sinonasal disorders, functional nasal surgery, rhinoplasty techniques, and methods for correcting the deviated nose. Dr. Westreich also serves as a reviewer for the American Journal of Rhinology and is a member of several AAPRS committees (Young Physician’s, Technology, and Fellowship Compendium) and the current president of the New York Facial Plastic Surgery Society.
Volunteer Faculty and Other Contributing Physicians

The Volunteer Clinical Staff consists of numerous otolaryngologists and other physicians in the New York Metropolitan area who participate in the educational programs of the department and have a major role in both resident and medical student teaching and in numerous clinical and administrative activities. Among the activities in which they are involved are the following: teaching in the operating rooms and clinics staffed by the University Hospital of Brooklyn, Kings County Hospital Center, the Brooklyn Veterans Administration Medical Center, the Brooklyn Methodist Hospital, and Maimonides Hospital; active participation in Grand Rounds and other weekly educational conferences at the University Hospital of Brooklyn; attendance at the quarterly meetings of the Otolaryngology Section of the Kings County Medical Society; training residents in their office practices; cooperation in scientific studies and publications; support of departmental research and education projects by contributing to the periodic social and fund-raising activities of the foundation; and participation in various important committee and medical board activities at the hospitals involved in our program. The rapid growth and development of the department continues to offer more opportunities for involvement in these activities.

It is with tremendous gratitude that the department acknowledges the contributions of the following members of the volunteer clinical staff and consultants who have contributed their time, talents, and resources in support of our program.

Voluntary Faculty and Other Contributing Physicians

Mark Carney, MD
Dr. Mark Carney received his medical degree from the State University of New York Health Science Center in Syracuse in 1989. He completed his General Surgery internship and Otolaryngology residency at Thomas Jefferson University Hospital in Philadelphia. He went on to work at Mt Sinai Medical Center in Miami Beach FL and served as a Clinical Instructor at the University of Miami. He has worked at UCI since 2006. Dr. Carney is Board Certified in Otolaryngology. He is a member of the American Academy of Otolaryngology-Head and Neck Surgery. He has special interest in Endoscopic Sinus surgery, voice problems, and Head and neck cancer surgery.

Rashid Chaudhry, MD
Dr. Chaudhry received his M.D. from University of Punjab, Nishtar Medical College Multan, Pakistan in 1969. He graduated from the Otolaryngology-Head and Neck Surgery Residency Program at State University of New York Health Science Center of Brooklyn. Following graduation, he joined the faculty as an Instructor and then was promoted to Clinical Assistant Professor. Since 1980, he has been Chief and then Director of Otolaryngology at Brooklyn Hospital Medical Center. Brooklyn, New York. His clinical interests include Head and Neck Cancer, minimally invasive sinus surgery, Rhinometry and sleep disorders. He has been recognized by the colleagues “Best Doctors” in New York”. He has been listed “Best doctors” on multiple occasions in US News and World Report, New Yorker and Better Living Magazine. He is the author and co-author of various number of journal articles. He has made many presentations at the national and international scientific conferences.

Shawn C. Ciecko, MD
Dr. Ciecko is currently an associate at ENT and Allergy Associates LLP in Staten Island, NY and Clinical Instructor at SUNY Downstate/Long Island College Hospital. He completed both internship in General Surgery and residency in Otolaryngology Head and Neck Surgery at the Duke University Medical Center. He has received several honors in his career including Duke Hospital’s consultant of the year in 2006. Dr. Ciecko’s interests are in both adult and pediatric ENT, advanced endoscopic sinus surgery, head and neck cancer surgery, thyroid and parathyroid surgery and obstructive sleep apnea. He has a special interest in Thyroid surgery. Dr. Ciecko is Director of IMS – Team ENT that travels internationally on humanitarian missions performing Otolaryngology Head and Neck surgery as well as Plastic Surgery on a yearly basis.

Christopher de Souza, MD
Dr. de Souza has been Visiting Assistant Professor in the department since 1997. He is a consultant otolaryngologist and skull base surgeon at Tata Memorial Hospital in Bombay (Mumbai) India. After training in India he completed a fellowship with Michael Paparella MD in Minneapolis where he met Neil Spiering, MD. The two have continued their collaboration since that time. He has been a very productive contributor to the otolaryngology literature with over 30 papers in various aspects of otology and skull base surgery. He has published his “Atlas of Otis Microvascular Anatomic Correlations and Operative Techniques” with Michael Paparella and Neil Spiering as co-authors. His previous books included texts in otolaryngology, pediatric otolaryngology, head and neck surgery and an atlas of otis media. He has done fellowships with Drs. Glasscock and C. Gary Jackson in 1994 in lateral skull base surgery. He is the editor in chief of the 2 volume book, Head and Neck Surgery that was published by Jaypee Medical Publishers, India. He also has edited “Rhinosurgical and Facial Plastic Surgery” published by Springer Verlag Germany. He is the Editor in Chief of the Journal “International Journal of Head and Neck Surgery”.

Ramez Habib, MD FACS
Dr. Habib graduated from Mount Sinai School of Medicine in 1999 and subsequently completed his Otolaryngology residency training from SUNY Downstate in 2004. Upon completion of his residency training, he immediately joined his father, Mohsen Habib, MD in practice in Brooklyn. He currently practices with two other recent Downstate graduates Christopher Song, MD and Francisca Yao, MD in both Bay Ridge and Park Slope.

Bhuvanesh Singh, MD
Dr. Singh is a graduate of the Medical School and Otolaryngology Residency Program at SUNY Health Science Center at Brooklyn. He is currently a professor and attending surgeon at Memorial Sloan-Kettering Cancer Center in Manhattan. Dr. Singh is the director of the Laboratory of Epithelial Cancer Biology and the Speech and Hearing Center. Dr. Singh is a board certified otolaryngologist specializing in Head and Neck Surgery. He received his PhD in molecular medical biology from the Netherlands Cancer Institute and is actively involved in basic science research. He has published over 150 articles in high impact journals including, the Journal of Biological Chemistry, Cell, EMBO, Proceedings of the National Academy of Sciences, and Cancer Research. He is also coeditor of two textbooks. Dr. Singh has received numerous grants and awards for his research work. He is also actively involved in clinical care.

Abraham Sinnreich, MD
Dr. Abraham Sinnreich received an MS degree from Columbia University’s College of Physicians and Surgeons and an MD degree from the Albert Einstein College of Medicine. After an internship at Cook County and Maimonides Hospitals, he completed his residency training at the Mt. Sinai Hospital’s Department of Otolaryngology in New York City in general ear nose and throat, head and neck surgery and facial reconstructive surgery. Dr. Sinnreich is board certified in his specialty. He is a faculty member at the SUNY-Downstate School of Medicine and the Mt. Sinai School of Medicine. Castle Connolly has named Dr. Sinnreich as one of the “Top Docs in the Metropolitan Area” yearly since 1999. New York Magazine chose Dr. Sinnreich to be “One of the Best Doctors in New York”. Although he is a general Otolaryngologist seeing children and adults, Dr. Sinnreich’s special interests are in the treatment of sleep and sinus disorders. He is the first otolaryngologist to perform the balloon sinusoplasty procedure on select sinusitis patients in Brooklyn and Staten Island.

Additional Voluntary Faculty Who Contribute To The Department

Daniel Ariek, MD
Jeffrey H Aroneti, MD
Howard Brownstein, MD
Tahl Colen, MD
Maurice Cohen, MD
John Dodaro, MD
Mark Ertich, MD

Stephen Flinger, MD
Douglas Finis, MD
Sheldon Palson, MD
Aiden Pearl, MD
Manoj Kantu, MD
Sanjay Kantu, MD
Kanhaiyalal Kantu, MD

Steve Kushnich, MD
Anthony J. Sarro, MD
Prashant B. Shah, MD
K. Tarashekaysky, MD
Jeffrey M. Taffett, MD
Stanley Wien, MD
Melvin Wiederkehr, MD
Professional Society Membership

Richard M. Rosenfeld, MD, MPH
American Medical Association (AMA), 1985-
American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS), 1987-
American Academy of Pediatrics (AAP), 1992-
American Society of Pediatric Otolaryngology (ASPO), Fellow, 1995-
American Bronchoscopological and Bronchoesophaeological Association (ABBA), 1999-
AAO-HNS Board of Directors, 2005-
AAO-HNS Guideline Task Force, 2006-
AAO-HNS Educational Advisory Committee, 2006-
AAO-HNS Science and Education Committee, 2008-
AAO-HNS Journal Editorial Board, 2006-
AAO-HNS Sr. Advisor on Guidelines and Quality, 2011-
ASPO Ad Hoc Subcertification Committee, Chair, 2008-
Editor, Cochrane Collaboration ENT Section, 2008-
Society of University Otolaryngologists, 1994-
Triological Society, 2003-
American Otological Society, 2004-
Guideline International Network (GIN), 2009-
International Society for Otitis Media, 2013-

Frank E. Lucente, MD
Elected Emeritus Fellow of the American Laryngological Society

Krishnamurthi Sundaram, MD
Kings County Medical Society
New York State Medical Society
New York Head and Neck Society
Fellow, American Rhinologic Society
Fellow, The American Academy of Otolaryngology-Head and Neck Surgery
Associate Member, American Society of Laser Medicine and Surgery
Fellow, American College of Surgeons
Member, American Head and Neck Society
Fellow, The Triological Society
Member, American Association of Clinical Endocrinologists
American Medical Association
Member, North American Skull Base Society
Member, American Thyroid Association
Member, Society of Robotic Surgeons
Member, American Society of Clinical Oncology
Member, NY State Society of Otolaryngologists

Boris Bentisnov, MD
American Medical Association, 1994-
Downstate Alumni Association, 1997-
Associate Member, American College of Physicians, 1999-
American Academy of Otolaryngology, 1999
New York Laryngological Society, 2012-

Marina Boruk, MD
American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), 2002-present
American Academy of Otolaryngic Allergy (AAOA), 2007-present
American Rhinologic Society (ARS), 2012-present

Sydney Butts, MD
American Academy of Otolaryngology-Head and Neck Surgery, 2001-
-Women in Otolaryngology Section

American Cleft Palate-Craniofacial Association, 2003-
-Membership Committee
-ACP Revitalization Task Force
American Academy of Facial Plastic and Reconstructive Surgery, 2001-
-Face to Face Committee
-Specialty Surgery Committee
Women in Facial Plastic Surgery Committee, Committee Chair, 2011-13
AD/Association for the Study of Internal Fixation, 2008-present
-Craniofacial Study Faculty
Kings County ENT Society, 2009-
-Treasurer/Secretary
Brooklyn Pediatrics Society, 2011-
-American College of Surgeons, October 2012-
Fellow
-New York Facial Plastic Surgery Society, 2012-

Natalya Chemichenko, MD
American Academy of Otolaryngology, 2005-
American Association for Cancer Research, 2011-
American Society of Clinical Oncology, 2011-
American Head and Neck Society, 2013-
New York Head and Neck Society, 2014 (Executive committee member)

Shawn C. Clecko, MD
American Academy of Otolaryngology Head & Neck Surgery
American College of Surgeons
Richmond County Medical Society
Medical Society State of New York
Humanitarian Organization - President - ISMS Team-ENT
http://ismission.org/ent-team/

Nira Goldstein, MD, MPH
American Academy of Otolaryngology - Head and Neck Surgery
American Medical Association
American Academy of Pediatrics
Brooklyn Pediatric Society
American Society of Pediatric Otolaryngology
Triological Society, Fellow

Matthew Hanson, MD
American Academy of Otolaryngology - Head and Neck Surgery
Currently serves on AAO-HNS Implant Hearing Devices Committee
Previously served on AAO-HNS Vestibular, Hearing Aids and Development Committees
Fellow, American Neurotologic Society, 2002-Present
Fellow, North American Skull base Society, 2004-Present
Member, New York Otologic Society, 2007-Present
Member, Medical Society of the State of New York
Member, New York Society of Otolaryngology
Member, William House Cochlear Implant Study Group
Member, Facial Nerve Disorders Study Group

Gady Har-El, MD
American Academy of Facial Plastic and Reconstructive Surgery, 1989-
American Medical Association, 1991-
Kings County Medical Society, Otolaryngology Section, 1991-
-New York Head and Neck Society, 1992-

American College of Surgeons (Associate Fellow), 1992-; Fellow, 1994-
The Society of Head and Neck Surgeons, 1993-
North American Skull Base Society, 1994-
Society of University Otologyngologists, 1994-
Medical Society of the State of New York, 1994-
New York Laryngological Society, 1995-
American Rhinologic Society, Member, 1993; Fellow, 1995
American Laryngological Association, 1997-
The American Broncho-Esophagological Association, Member, 1998-
American Society for Head and Neck Surgery, 1996-
American Laryngological, Rhinological and Otological Society (The Triological Society), Fellow, 1997-

Victor Lagmay, MD
American Academy of Otolaryngology - Head and Neck Surgery
New York Head and Neck Society
American College of Surgeons - Fellow

Jessica W. Lim, MD
American Academy of Otolaryngology - Head and Neck Surgery
New York Head and Neck Society
American College of Surgeons - Fellow

Alice Lin, MD
American Academy of Otolaryngology - Head and Neck Surgery, 2013-
American Academy of Otolaryngology - Head and Neck Surgery, 2007-

Richard Kollmar, MD
Society for Neuroscience
Association for Research in Otolaryngology
American Academy of Otolaryngology - Head and Neck Surgery

Michal Preis, MD
American Academy of Otolaryngology-Head and Neck Surgery

Mauro Ruffy, MD
Kings County Otolaryngology Society
New York State Otolaryngology Society
Fellow American College of Surgeon
American Medical Society
Senior Member of New York Otological Society

Abraham Shulman, MD
American College of Surgeons - Fellow 1974
American Neurotology Society - Fellow 1974
Association for Research in Otolaryngology - 1964
American Society for Laser Medicine and Surgery - Fellow Physician 1995; Life Associate Fellow 2009
American Medical Association - Queens County Medical Society;
New York Academy of Science Member - 1962-
Society of Sigma Xi – SUNY Downstate Medical Center Chapter

Joshua B. Silverman, MD, PhD
New York State Laryngological Society, post-graduate fellow, 2014 -
American Laryngological Association (ALA), post-graduate fellow, 2013-
American Medical Association (AMA), 1996-
American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS), 2005-
American College of Surgeons (ACS), 2006-

Abraham Sinnreich, MD
AAO-HNS

Neil Sperling, MD
American Academy of Otolaryngology - Head and Neck Surgery, 1986-
Medical Society of the State of New York, 1992-
American Neurotology Society, 1995-, elected to fellow 2001
American College of Surgeons, 1995-
New York Otologic Society, 1996-
Alpha Omega Alpha Honor Society, 1985-
Committee on Applicants, American College of Surgeons, Long Island District #1, 1999-

A. Paul Vastola, MD
New York Society of Otolaryngology - Head and Neck Society
American Academy of Otolaryngology - Head and Neck Surgery
Kings County Medical Society
American College of Surgeons

Richard Westreich, MD
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Facial Plastic and Reconstructive Surgery
American Rhinologic Society
NY Facial Plastic Surgery Society
Fellow of the American College of Surgeons

Michael Weiss, MD
AAO-HNS
American College of Surgeons
American Head and Neck Society
Triological Society (Fellow),
New York Head and Neck
New York Laryngologic (Past President)
Visiting Lecturer

Richard M. Rosenfeld, MD, MPH
Acute otitis media: current management. 8th IAPPO International Symposium on Pediatric Ear, Nose, and Throat, Sao Paulo, Brazil, September 2013.

Otitis media with effusion: current management. 8th IAPPO International Symposium on Pediatric Ear, Nose, and Throat, Sao Paulo, Brazil, September 2013.


Evidence-based tonsillectomy. Pediatric Grand Rounds, Lutheran Medical Center, Brooklyn, NY, September 2013.


Evidence-based common sense. Otorhinolaryngology Annual Clinic Day, Nassau County Surgical Society, Uniondale, NY, December 2013.

Authorship criteria for biomedical publishing. 2nd Workshop on Scientific Publishing: 80 Years of the Brazilian Journal of Otorhinolaryngology, São Paulo, Brazil, December 2013.

Open access vs. closed access publishing (roundtable). 2nd Workshop on Scientific Publishing: 80 Years of the Brazilian Journal of Otorhinolaryngology, São Paulo, Brazil, December 2013.

Impact factor for biomedical journals. 2nd Workshop on Scientific Publishing: 80 Years of the Brazilian Journal of Otorhinolaryngology, São Paulo, Brazil, December 2013.


Critical thinking in otolaryngology. Otolaryngology Grand Rounds, University of Toronto, Toronto, Canada, February 2014.


Evidence-based indications for tonsillectomy. IX Congress of the Interamerican Association of Pediatric Otorhinolaryngology (IAPO), Costa Rica, April 2014.

Current indications for tympanostomy tubes. IX Congress of the Interamerican Association of Pediatric Otorhinolaryngology (IAPO), Costa Rica, April 2014.

Controversies in otitis media. IX Congress of the Interamerican Association of Pediatric Otorhinolaryngology (IAPO), Costa Rica, April 2014.


Reviews, guidelines, and the greater good. Cochrane UK & Ireland Annual Symposium, Manchester, UK, April 2014.

From evidence to action: how systematic reviews facilitate actionable guidelines. Cochrane UK & Ireland Annual Symposium, Manchester, UK, April 2014.

Evidence-based common sense. Otorhinolaryngology Scientific Forum, Department of Otorhinolaryngology, Wayne State University, Detroit, MI, May 2014.

Conquering peer review. European Society of Pediatric Otolaryngology, Dublin, Ireland, June 2014.

What makes clinical practice guidelines trustworthy? European Society of Pediatric Otolaryngology, Dublin, Ireland, June 2014.

Nira Goldstein, MD, MPH
Evaluation and management of pediatric obstructive sleep apnea. Invited lecture at the Utah Society of Otolaryngology, Salt Lake City, UT, October, 2013.

Tonsillectomy: Controversies and Consequences. Invited lecture at the University of Utah Division of Otolaryngology Grand Rounds, Salt Lake City, UT, October, 2013.


Marina Boruk, MD


Sydney Butts, MD
Nursing Care of Patients with Cleft Lip and Palate. Beth Israel School of Nursing, New York, NY, November 2013, May 2014.


Optimizing reconstructive outcomes in patients with cleft lip and palate. Department of Otolaryngology Grand Rounds-Georgetown University, April, 2014.


Michael Preis, MD
Surgical treatment for Meniere’s disease. Rabin Medical Center, Tel-Aviv, Israel. March, 2014.

Neil Sperling, MD


Abraham Shulman, MD


OEEU LORIA analysis tinnitus & pain, Preliminary Results, AAO-HNS International Tinnitus Mini-seminar, October 2013.


Krishnamurthi Sundaram, MD
Apollo Cancer Conclue, Chennai India. Cancer of the oropharynx, concepts in diagnosis and treatment, February 2014.

Apollo Cancer Conclue, Chennai India. Faculty in Meet the Professors session on head and neck oncology, February 2014.

Awards, Honors, & Special Achievements

Richard M. Rosenfeld, MD, MPH
- Ranked a Top 10 World Expert in Otitis Media by Expertscape
- President and Founder, International Society for Otitis Media
- Editor-in-Chief, Otolaryngology – Head and Neck Surgery Journal
- Senior Advisor for Guidelines and Quality, AAO-HNS
- Board of Directors, AAO-HNS
- ENT PAC Board of Advisors, AAO-HNS
- Chair of Subspecialty Advisor Council (SSAC), AAO-HNS
- Chair of Science and Education Committee, AAO-HNS
- Listed in America’s Top Doctors, Castle-Connolly Medical Ltd, 2014
- Listed in Top Doctors in America, Consumer Research Council, 2014
- Listed in Best Doctors in America, Best Doctors Inc. 2014
- Media Spokesperson for American Academy of Pediatrics
- Media Spokesperson for AAO-HNS
- Steering Group Chair Emeritus, North American Community of the Guidelines International Network (G-I-N North America)
- Board of Trustees, Guidelines International Network
- Kenan Lectureship, Duke University, Chapel Hill, NC
- Keynote Speaker, 2nd Workshop on Scientific Publishing, São Paolo, Brazil
- Keynote Speaker, Otolaryngology Resident Research Day, University of Montreal
- Keynote Speaker, Otolaryngology Scientific Forum, Wayne State University, Detroit, MI
- Plenary Speaker, Cochrane UK & Ireland Annual Symposium, Manchester, UK

Krishnamurthi Sundaram, MD
- Listed in Best Doctors in America, Best Doctors Inc. 2014
- Consumer Research Council, 2014
- Marquis Who’s Who 2014

Nira Goldstein, MD, MPH
- Professor of Clinical Otolaryngology, April 2014
- Best Doctors in America, 2013, 2014
- AAO-HNS Program Chair, 2014-2015

Marina Boruk, MD
- Doctor’s Day Award, Department of Otolaryngology, Kings County Hospital Center, Brooklyn, NY, March 2014
- Appointed AAO-HNS Core Otolaryngology and Practice Management Education Committee

Sydney Butts, MD
- Face the Future Mission to Rwanda-Surgical Mission Trip to Rwanda with a team of Facial Plastic and Reconstructive Surgeons sponsored by the Face the Future Foundation. Surgical cases included patients with head and neck neoplasms, post-traumatic facial deformities, cleft and craniofacial anomalies, February 2014.
- 5th Annual Dr. Helen O. Dickens Commemorative Lecture in Medicine - University of Pennsylvania School of Medicine Office of Academic Programs and the Department of Obstetrics and Gynecology, This lecture was given jointly with Samantha Butts, MD and Heather Butts, JD MPH (Dr. Butts’ sisters), April 30 2014

Natalya Chemichenko, MD
- Executive Committee of the New York Head and Neck Society
- Chris de Souza, MD
- Edited a text on laryngology from Thieme medical Publishers
- Published a state of the art text on otosclerosis from Plural Publishing, including a full-color atlas and DVD of stapedectomy procedures

Matthew Hanson, MD
- Listed in NY Super Doctors, NY Times Magazine Supplement, 2014

Victor Laymey, MD
- Voluntary Faculty Honoree, Department of Otolaryngology 2014

Alice Lin, MD
- Appointed Assistant Director of the Center for Head and Neck, and Skull Base Surgery at New York Methodist Hospital

Frank Lucente, MD
- Honoree at the Children’s Hospital of Pittsburgh Festschrift for Maragaretha Casselbrant
**Department Event:** Annual Holiday Party

Staff (L to R): Ruth, Jane, Nicole and Carole

Staff: Billy and his wife Katherine

Staff (L to R): Billy, Sheneeza and Maria

(L to R): Gady Har-El, MD and Michal Preis, MD and Dr. Har-El's wife Riv

(L to R): Audiologists Laurie and Irene

Residents (L to R): Lee Kaplowitz, MD, Colleen Plein, MD and her partner Rachel, Marius Eirley, MD, Sean Lewis, MD and Jason Wasserman, MD

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Residents (L to R): Lee Kaplowitz, MD, Colleen Plein, MD and her partner Rachel, Marius Eirley, MD, Sean Lewis, MD and Jason Wasserman, MD

(L to R): Mindy Rosenfield, Carole, Richard Kohlman, PhD and his wife Rena

(L to R): Amanda and Veronica

Staff (L to R): Jane and Valerie

Staff (L to R): Ruth, Jane, Nicole and Carole
**Department Event:** Annual Holiday Party

(L to R) Staff: Amanda, Veronica, Chairman, Richard Rosenfeld, MD, Jeannette, Valerie and Lilith

Neil M. Sperling, MD and his wife Rose

Residents (L to R): Lyuba Gitman, MD, Nikita Kohli, MD and Elizabeth Floyd, MD

On the dance floor

Resident Scott Harris, MD and his wife Stephanie

(L to R): John Weigand and his wife Sharon, Anita Konka, MD, Boris Bentiasov, MD and Marina Boris, MD

On the dance floor

On the dance floor

On the dance floor
Medical Mission - Rwanda

In February, Dr. Sydney Butts, along with fellow plastic surgeons from other US medical centers traveled to Kigali, Rwanda for a week-long surgical mission trip sponsored by the Face the Future Foundation. This is the second year that Dr. Butts has traversed to Rwanda, where he traveled to Kigali, Rwanda for a week-long surgical mission trip sponsored by the Face the Future Foundation. The mission, which was attended by local physicians, included a series of lectures at a conference on head and neck reconstruction. The mission team members also performed surgical procedures, including cleft lip and palate repair, microvascular free flap reconstruction of post-ablative defects, and flap reconstruction of nasal deformities. At the completion of the mission, team members presented a series of lectures at a conference on head and neck reconstruction sponsored by the Rwandan Health Ministry and attended by local physicians, residents and students.

Publications


Rosenfeld RM. Topical antibiotic therapy is superior to systemic antibiotics for acute tympanostomy tube otorrhea, but may not be necessary for all children. BMJ Evid Based Med 2014 (May); epub 10.1136/eb-2014-101814.


Presentations

Richard M. Rosenfeld, MD, MPH


What do guideline developers need in Cochrane reviews? 21st Annual Cochrane Colloquium, Quebec City, Canada, September 2013. Introduction to systematic review, 21st Annual Cochrane Colloquium, Quebec City, Canada, September 2013.


Evidence-based otitis media. AAO-HNS Instructional Course, Vancouver, CA, September 2013.

How to write journal articles. AAO-HNS Instructional Course, Vancouver, CA, September 2013.

How to interpret a systematic review. AAO-HNS Instructional Course, Vancouver, CA, October 2013.


Tympanostomy tube guideline. AAO-HNS Online Lecture Series, Vancouver, CA, October 2013.


Editor’s presentation to the journal editorial board. AAO-HNS Annual Meeting, Vancouver, CA, October 2013.

How to publish commentaries, letters to the editor, and invited articles. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, October 2013.

Specialty unity and subcertification in pediatric otorhinolaryngology. Sixth Annual NY City Pediatric Airway Symposium. Montefiore Medical Center, Bronx, NY, November 2013.


AAO-HNS Acute otitis externa guideline update preview. Guidelines Task Force meeting.


Evidence-based common sense. Pediatric Grand Rounds, SUNY Downstate Medical Center, Brooklyn, NY, December 2013.

Understanding ACQME goals and objectives. Otolaryngology Grand Rounds, SUNY Downstate Medical Center, Brooklyn, NY, January 2014.

Otolaryngology as a career choice. SUNY Downstate ENT Club, Student Center, SUNY Downstate School of Medicine, February 2014.

Laryngoscopy simulation workshop, SUNY Downstate MS1 workshop, SUNY Downstate School of Medicine, March 2014.

ACGME Next Accreditation System. Otolaryngology Grand Rounds, SUNY Downstate Medical Center, Brooklyn, NY, April 2014.

Professionalism, communication, and interpersonal skills. Otolaryngology Grand Rounds, SUNY Downstate Medical Center, Brooklyn, NY, May 2014.

Frank Lucaetta, MD

Evolution of Academic Otolaryngology in Brooklyn, Departmental Head and Neck Conference, Methodist Hospital, November 2013

Bora Bentiasnov, MD

Natalya Chernichenko, MD
Allergy & Immunology. Summer course series lecture for otolaryngology residents in training, SUNY Downstate, Brooklyn, NY, August 2013.


Sydney Butts, MD
Craniofacial Syndromes. Summer course series lecture for otolaryngology residents in training, SUNY Downstate, Brooklyn, NY, August 2013.

Physiology of Skin Grafts & Flaps. Summer course series lecture for otolaryngology residents in training, SUNY Downstate, Brooklyn, NY, August 2013.


Natalia Chernichenko, MD
Cleft palate and other craniofacial anomalies. 4th Annual Multidisciplinary Head and Neck Symposium, New York Methodist Hospital, Brooklyn NY, November 2013.


Surgical Management of Head and Neck Cancer, Medical Oncology Grand Rounds, SUNY Downstate, May 2014.

Nira Goldstein, MD, MPH

Research Review & Methodology: Resident Research Opportunities in Otolaryngology, Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, August 2013.


Research Review & Methodology. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, April 2014.

ACGME Core Competency & Residency Issues: Medical Knowledge, Practice-based Learning & Improvement, Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, April 2014.

ACGME Related Discussion. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, April 2014.

ACGME Related Discussion. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, May 2014.


ACGME Related Discussion. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn NY, June 2014.

Matthew Hanson, MD


Jessica Lim, MD

Alice Lin, MD
Microvascular reconstruction of the head and neck. Medical Student Interest Group, SUNY Downstate, October 2013.

Functional reconstruction of the head and neck. 4th Annual Head and Neck Symposium, New York Methodist Hospital, November 2013.

Functional reconstruction of the head and neck. 4th Annual Multidisciplinary Head and Neck Symposium, New York Methodist Hospital, Brooklyn, NY, November 2013.


Abraham Shulman, MD
Memorial testimonial presentation, Alfred Stracher PhD, Memorial Library Dedication, SUNY Downstate Medical Center, Brooklyn, NY, October 2013.

Joshua Silverman, MD, PhD
Airway Physiology. Otolaryngology Grand Rounds, SUNY Downstate Medical School, Brooklyn, NY, August 2013.


Recurrent Laryngeal Nerve Reinnervation in a Rat Model. University of Pittsburgh Children’s Hospital, Pittsburgh, PA, May 2014.


Neil M. Spelling, MD
Management of Tympanic Membrane Retraction. SUNY Downstate Department of Otolaryngology Grand Rounds Speaker, September 2013.

Krishnamurthi Sundaram, MD
Thyroid/Parathyroid. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, July 2013.


Carcinoma of the oropharynx. 4th Annual Multidisciplinary Head and Neck Symposium, New York Methodist Hospital, Brooklyn, NY, November 2013.

Richard Westreich, MD

Hamid Arjomand, MD


Mariana Easley, MD

Elizabeth Floyd, MD

Lyuja Gitman, MD

Scott Harris, MD

Sean Lewis, MD
Summary of Board of Governors Meeting. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, September 2013.


Colleen Pien, MD
Summary of Board of Governors Meeting. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, September 2013.


Miguel Mascaro, MD

Nv Mor, MD

Punam Thakkar, MD


Jason Wasserman, MD


Mathew J. Piccolo, MD


Scott Harris, MD

Elizabeth Floyd, MD

Lyuja Gitman, MD

Scott Harris, MD
The resident is responsible for all admissions, discharges, outpatient clinic visits and surgical operating room time 4 days a week.

The Department of Otologyngology has a full service presence with specialty services in Head and Neck Surgery and Neurotology. A Tinnitus Clinic has been in operation since 1977 and has evaluated and treated over 25,000 patients with severe disabling tinnitus. Head and Neck Surgery and the Pediatric Otologyngology Service are active and multidisciplinary conferences are held regularly with corresponding medical specialties. The former otologyngology clinic has now been renovated and changed into a facility which treats both private and clinic patients. The full array of otolaryngologic subspecialties are represented including Otolgy, Head and Neck, Oncology, Pediatric Otologyngology, and Facial Plastic and Reconstructive Surgery.

Kings County Hospital Center
Kings County Hospital Center has a rich legacy for its pioneering role in medicine. Today, with over 627 beds, it remains on the cutting edge of technology and provides the most modern procedures with state-of-the-art equipment. Built in 1831 as a one room infirmary for publicly supported care of the sick, Kings County Hospital Center continues to be a leading healthcare facility whose mission is to provide care to everyone regardless of their ability to pay. The hospital provides a wide range of health services, and specialties are offered in all fields of modern medicine. More than 200 clinics provide a wide array of ambulatory care services. Kings County Hospital Center operates a world-renowned Level 1 Trauma Center, one of only three in the borough, which serves 2.6 million residents of Brooklyn and Staten Island. KCHC, a member institution of the New York City Health & Hospitals Corporation (HHC), is located in the heart of Brooklyn at the juncture of Crown Heights and East Flatbush. The hospital serves the Brooklyn community as both the family doctor and a major provider of a full spectrum of health care services. Throughout its history, the hospital has played a major role in meeting the health care needs of its surrounding population. This role is challenged by the growth of problems with AIDS, drugs, mental health, TB, homelessness, and other epidemics which strain existing resources and means for effective and efficient health care delivery.

The Department of Otologyngology is extremely busy at KCHC and runs an active outpatient facility, in patient consultation service and surgical schedule. Four residents cover KCHC and UH as a combined service, with the assistance of one general surgery resident and a dedicated otologyngology physician assistant. The Department of Otologyngology has scheduled Operating Room activities five days a week. All otologyngologic subspecialties are covered with emphasis on head and neck cancer surgery, facial plastic and reconstructive surgery, pediatric otologyngology and maxillofacial trauma. Matthew B. Hanson, MD is the director of the service and he is assisted by 10 additional part-time and voluntary board-certified otologyngologists.

Brooklyn Veterans Administration Medical Center
The Veterans Administration Hospital at Brooklyn is located in the southern corner of Brooklyn at the base of the Verrazano Bridge. This acute care facility has 392 beds. Associated with the main hospital is a long term care facility at St. Albans which is located in the eastern section of Brooklyn approximately 4 miles away. This institution has 443 acute and chronic care beds. The Otologyngology service is a section of the Department of Surgery. This section is covered by 5 faculty members who are associated with the SUNY Health Science Center at Brooklyn. The attending staff has fellowship training in head and neck cancer surgery, otology and neuro-otology, facial plastics and reconstructive surgery. The Otologyngology Section has operating room time 4 days a week.

A senior resident functions as a chief resident and manages the ENT Service. The chief resident is responsible for all admissions, discharges, outpatient clinic visits and surgical scheduling, and also supervises the junior resident and reports directly to the section chief. The junior resident’s graduated responsibility in the operating room and clinic depends upon the resident’s experience and capabilities. The resident scrubs on all surgical cases as either the surgeon or first assistant and is directly responsible for the care of the in patient service. The Otolaryngology Section currently has an outpatient clinic which meets four times a week and holds a tinnitus clinic every Friday. A head and neck tumor board has been established for every Wednesday when members of the chemotherpay, radiotherapy, radiology and pathology services are available to discuss head and neck cancer patients currently under treatment. An attending is assigned to each clinic to provide resident supervision and daily teaching rounds are performed by these attendings.

The Brooklyn VA Hospital Center provides an ample source of patients primarily in head and neck oncology, reconstructive surgery, facial plastic surgery and otology for the otologyngology residents. The patient population demonstrates many cases of head and neck cancer secondary to alcohol and smoking abuse. In addition, the effects of aging on the auditory system are widely observed. The large volume of otologic patients allows for the development of diagnostic techniques as well as for the performance of numerous surgical procedures. The Otologyngology Clinic and operating room suites offer all contemporary equipment for video stroboscopy, sinus and otologic endoscopy, otomicroscopy, and fiberoptic laryngoscopy. In addition, clinic laser surgery has also been established. A Tinnitus Center has been established. Establishment of the Center has led to the development of various testing protocols for a very large population of patients with this condition.

Maimonides Medical Center
A 705-bed hospital, Maimonides Medical Center is the third largest independent teaching hospital nationally in the size of its training programs, providing a full range of inpatient and outpatient medical and surgical care.

Maimonides sponsors 19 residency training programs and three SUNY-HSCB integrated programs with close to 400 residents and fellows. With over 40% of its residents in primary care positions, Maimonides continues to strive to meet the demand for generalist physicians. It has recently been accredited for its Primary Care Medicine Residency Program. Through intensive recruitment, it has recently added five full time primary care faculty. A Certificate of Need has been obtained for a primary care facility in Borough Park to provide care to an underserved community of Russian immigrants, and the Medical Center is in the process of making curriculum changes in Medicine, Pediatrics and Obstetrics and Gynecology to reflect an increased focus on primary care training.

New York Methodist Hospital
New York Methodist Hospital (NYM) is located in the historic brownstone neighborhood of Park Slope in Brooklyn, New York, between Seventh and Eighth Avenues, on Sixth Street. The hospital is a 651 bed voluntary, non-profit hospital with about 40,000 annual inpatient admissions, 450,000 annual outpatient visits, and about 6,000 births. The Hospital is also a major teaching hospital, with ten graduate medical education programs. New York Methodist Hospital is affiliated with the Weil Cornell Medical College and is a member of the New York Presbyterian Healthcare System. New York Methodist Hospital has a number of institutes that bring together multidisciplinary specialists to provide care and offer community education and physician referral services. The Institute for Advanced Otolaryngology at NYM was established in July 2013 and includes the Center for Head, Neck and Skull Base Surgery and the Center for Advanced Pediatric Otolaryngology. Our collaborative arrangement with NYM involves on-site presence that includes two otologyngology residents (PGY5 and PGY2 with home call), a faculty practice, and a new medical student rotation (July 2014). Daily clinical and operative instruction is provided by our faculty along with a monthly tumor board. Tertiary level cases are performed at New York Methodist Hospital with state-of-the-art equipment that includes lasers, robots, image guidance, and operative microscopes and also with equipment for micravascular, advanced pediatric, cleft lip and palate, rhinologic, laryngeal, otologic, and head, neck, and skull base surgery.
**Educational Programs**

**Executive Summary**

The Department of Otolaryngology at SUNY Downstate Medical Center had intensive continuing medical education activities during the academic year of 2013-2014. The mission of our department’s activity is to provide formal education, disseminate new information, provide a forum for presentation and discussion, and to ensure improvements and adjustments based on feedback from attendees.

The department’s continuing education is based mainly on Grand Rounds, a weekly conference that takes place at the SUNY Downstate campus. All Otolaryngology, Audiology, Speech and Language Pathology professionals as well as professionals in related disciplines are invited. The conference is mandatory for the faculty and residents of our department. Attendance at our weekly conference numbered between 20 and 30 attendees per session, with total attendance of 1100.

The morning conference is divided into four parts. The first half hour from 6:30 to 7:00am is dedicated to the discussion of various residency-related topics. During the 7:00 to 8:00 am hour, lectures are delivered by invited guests who are nationally known for their expertise and experience in a variety of topics. In house speakers and faculty as well as residents present information during the 8:00 to 9:00 am hour. Also, journal club occurs from 8:00 to 9:00 on the second Thursday of each month and morbidity & mortality conference occurs during this time on the fourth Thursday. Biweekly Head and Neck Tumor Board are included in the schedule from 9:00 to 10:00. Alternating with the Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) course. Different aspects of basic sciences as related to the field of Otolaryngology-Head & Neck Surgery are presented and discussed from 7:00 to 8:00 am during July and August.

The roster of guest speakers for 2013-2014 is included in this report. All the speakers were knowledgeable and gave excellent lectures with organized information relevant to the practice of Otolaryngology-Head & Neck Surgery. The morning conference is divided into four parts. The first half hour from 6:30 to 7:00am is dedicated to the discussion of various residency-related topics. During the 7:00 to 8:00 am hour, lectures are delivered by invited guests who are nationally known for their expertise and experience in a variety of topics. In house speakers and faculty as well as residents present information during the 8:00 to 9:00 am hour. Also, journal club occurs from 8:00 to 9:00 on the second Thursday of each month and morbidity & mortality conference occurs during this time on the fourth Thursday. Biweekly Head and Neck Tumor Board are included in the schedule from 9:00 to 10:00. Alternating with the Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) course. Different aspects of basic sciences as related to the field of Otolaryngology-Head & Neck Surgery are presented and discussed from 7:00 to 8:00 am during July and August.

The roster of guest speakers for 2013-2014 is included in this report. All the speakers were knowledgeable and gave excellent lectures with organized information relevant to the practice of Otolaryngology-Head & Neck Surgery. The major strength of this program is the diversity of the topics discussed and their relevance to the clinical practice of all attendees. This Grand Rounds Conference format will continue, with three hours dedicated to a single topic which is explored in depth.

**Goals and Objectives**

**July 1, 2014 – June 30, 2015**

Department of Otolaryngology

SUNY-Downstate and Affiliated Hospitals

Educational Program for Residents

**Affiliated Institutions:**

- Kings County Hospital Center
- New York Methodist Hospital
- Maimonides Medical Center
- Brooklyn VA Medical Center
- University Hospital of Brooklyn
- Manhattan Eye, Ear and Throat Hospital
- Richmond University Medical Center

**Choir and Program Director:** Richard M. Rosenfeld, MD, MPH

**Associate Program Director:** Nira A. Goldstein, MD, MPH

**Overall Residency Experience**

Goals and Objectives for resident education are best understood in the context of the entire program, which is based in 7 academic centers, as well as in private offices in the region. The academic centers are located in Brooklyn, Manhattan and Staten Island and include Kings County Hospital Center (KCHC), University Hospital of Brooklyn (UHB), New York Methodist Hospital (Methodist), Maimonides Medical Center (Maim), the Brooklyn Veterans Administration Medical Center (BVAMC), the Manhattan Eye, Ear and Throat Hospital (MEETH), and Richmond University Medical Center (RUCRU).

The Department of Otolaryngology offers a fully accredited residency program that provides education and experience in surgery, inpatient and outpatient clinical care, basic sciences and research as they relate to diseases of the head and neck. The practice of otolaryngology-head and neck surgery is exciting, as it involves aspects of medicine, pediatrics, neurology, neurosurgery, ophthalmology, plastic surgery, and surgery. It is a specialty inclusive of all age groups from newborns with congenital anomalies to the very aged with profound hearing losses or head and neck tumors. Many of those conditions treated by the otolaryngologist-head and neck surgeon require periodic examinations with extended follow-up, so that the patient-physician relationship becomes more established.

Some practitioners in otolaryngology-head and neck surgery concentrate in specific areas, such as laryngology, neurotology, rhinology, pediatric otolaryngology, facial plastic surgery, skull base surgery, microvascular reconstruction, or head and neck oncology. Others emphasize the medical or the surgical aspects of head and neck problems, including allergy, immunology, and communicative disorders. This broad mix of patients, medical disorders, and surgical challenges makes otolaryngology an exciting and rewarding specialty.

Each resident develops skill and knowledge of all aspects of modern otolaryngology. Practice experience in private, governmental, and municipal hospitals is blended to give the trainee a quality learning experience. Individual supervision and teaching are provided at all levels of training. Participation in clinical care and the operating rooms is commensurate with the trainee’s level of competence and ability. Adequate clinical material is available, ensuring graduated resident responsibility. A basic science program is strategically placed at the beginning of the trainee’s education in otolaryngology-head and neck surgery. This didactic and laboratory experience is heavily weighted in histopathology and temporal bone dissection. High priority is given to educating medical students that rotate within the department. Students elect to spend from two weeks to two months on the service. Residents participate actively in a coordinated program designed to furnish the students with a basic core of knowledge and understanding of the discipline. Outpatient clinics, ward rounds, operating room exposure, and special seminars are the foundation of their learning.

The rare combination of diverse practice settings and a single training program serving a population of more than 3 million inhabitants of Brooklyn and Staten Island makes the SUNY Downstate Residency Training Program a unique opportunity for exposure to all aspects of Otolaryngology.

**Program Core**

The Otolaryngology Residency is five years. The first year is coordinated with the SUNY-Downstate Medical Center Departments of Surgery, Anesthesiology, Emergency Medicine and Neurosurgery, with whom we have had a productive working relationship for many years.
The excellent training provided by these departments is an integral part of the program designed to prepare the contemporary otolaryngologist-head and neck surgeon. The following four years are spent in the Department of Otolaryngology.

There are 15 residents, with 3 residents accepted each year through the National Resident Matching Program. The training program is designed to provide graduated responsibility, culminating in an intensive and tailored Chief Residency year. There is full attending physician supervision in clinics, inpatient care and operating rooms in all affiliated hospitals.

**Rotation Schedule**
Beginning 7/1/12, a 3-year transition period started to progressively move the research rotation from the PGY-4 year to the PGY-3 year. Over each year, the PGY-4 resident is doing one less month of the research rotation per year and one additional month of clinical work and the PGY-3 is doing one less month of clinical work and one additional month of research. The PGY years affected (current PGY-3s, and PGY-4s) will do 3 months of research with one additional month of ambulatory care. Beginning 7/1/15, the entire 4 month research rotation will be in the PGY-3 year and the PGY-4 residents will do 4 months of ambulatory care.

**Block Schedule for PGY1 Year**

<table>
<thead>
<tr>
<th>PGY1</th>
<th>Surgery (5 months, in at least 3 of the following: general, vascular, oncology, thoracic, pediatrics and plastics)</th>
<th>1 month in each of the following: Anesthesia (UHB), Critical Care (KCHC), Emergency Medicine (KCHC), and Neurosurgery (KCHC)</th>
<th>Otolaryngology at KCHC/UHB (2 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY2</td>
<td>KCHC/UHB</td>
<td>KCHC/UHB</td>
<td>Methodist</td>
</tr>
<tr>
<td>PGY3</td>
<td>Ambulatory Care/Research/MEETH</td>
<td>EVAMC</td>
<td>KCHC/UHB</td>
</tr>
<tr>
<td>PGY4</td>
<td>Research/Ambulatory Care/MEETH</td>
<td>Maimonides</td>
<td>KCHC/UHB</td>
</tr>
<tr>
<td>PGY5</td>
<td>Methodist</td>
<td>EVAMC</td>
<td>KCHC/UHB</td>
</tr>
</tbody>
</table>

Beginning 7/1/12, a 3-year transition period started to progressively move the research rotation from the PGY-4 year to the PGY-3 year. Over each year, the PGY-4 resident is doing one less month of the research rotation per year and one additional month of clinical work and the PGY-3 is doing one less month of clinical work and one additional month of research. The PGY years affected (current PGY-3s, and PGY-4s) will do 3 months of research with one additional month of ambulatory care. Beginning 7/1/15, the entire 4 month research rotation will be in the PGY-3 year and the PGY-4 residents will do 4 months of ambulatory care.

**Transition period schedule for the research rotation**

<table>
<thead>
<tr>
<th>Transition year 1 (7/1/12 – 6/30/13):</th>
<th>1 mo. Research</th>
<th>3 mo. LICH</th>
<th>1 mo. Ambulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY-3</td>
<td>Research</td>
<td>LICH</td>
<td>Research</td>
</tr>
<tr>
<td>PGY-4</td>
<td>Research</td>
<td>LICH</td>
<td>Research</td>
</tr>
<tr>
<td>Transition year 2 (7/1/13-6/30/14):</td>
<td>2 mo. Research</td>
<td>2 mo. Ambulatory</td>
<td>3 mo. Research</td>
</tr>
<tr>
<td>PGY-3</td>
<td>Research</td>
<td>Ambulatory</td>
<td>Research</td>
</tr>
<tr>
<td>PGY-4</td>
<td>Research</td>
<td>Ambulatory</td>
<td>Research</td>
</tr>
<tr>
<td>Transition year 3 (7/1/14-6/30/15)</td>
<td>1 mo. Ambulatory</td>
<td>3 mo. Research</td>
<td>4 mo. Research</td>
</tr>
<tr>
<td>PGY-3</td>
<td>Ambulatory</td>
<td>Research</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>PGY-4</td>
<td>Ambulatory</td>
<td>Research</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Final schedule (7/1/15 – 6/30/16)</td>
<td>4 mo. Research</td>
<td>4 mo. Research</td>
<td>4 mo. Research</td>
</tr>
<tr>
<td>PGY-3</td>
<td>Research</td>
<td>Ambulatory</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>PGY-4</td>
<td>Research</td>
<td>Ambulatory</td>
<td>Ambulatory</td>
</tr>
</tbody>
</table>

Beginning 7/1/12, a 3-year transition period started to progressively move the research rotation from the PGY-4 year to the PGY-3 year. Over each year, the PGY-4 resident is doing one less month of the research rotation per year and one additional month of clinical work and the PGY-3 is doing one less month of clinical work and one additional month of research. The PGY years affected (current PGY-3s, and PGY-4s) will do 3 months of research with one additional month of ambulatory care. Beginning 7/1/15, the entire 4 month research rotation will be in the PGY-3 year and the PGY-4 residents will do 4 months of ambulatory care.
## Table 2
Patient Care: Clinical Skills Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<table>
<thead>
<tr>
<th>PO3.4</th>
<th>PO3.5</th>
<th>PO3.6</th>
<th>PO4.4</th>
<th>PO4.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform H/N exam</td>
<td>Perform H/N exam, perform physical examination</td>
<td>Perform in adult endoscopy</td>
<td>Perform/initial endoscopy, develop basic skills</td>
<td>Masterly develops personal style and approach</td>
</tr>
<tr>
<td>Understands appropriate use</td>
<td>Understands appropriate use</td>
<td>Understands appropriate use</td>
<td>Masterly displays personal style and approach</td>
<td>Masterly displays personal style and approach</td>
</tr>
<tr>
<td>Uses appropriately</td>
<td>Uses appropriately</td>
<td>Uses appropriately</td>
<td>Increases rate in supervision and teaching</td>
<td>Masterly displays personal style and approach</td>
</tr>
<tr>
<td>Participates</td>
<td>Participates</td>
<td>Participates</td>
<td>Participates</td>
<td>Participates</td>
</tr>
</tbody>
</table>

### General division: Anesthesia

<table>
<thead>
<tr>
<th>General division: Anesthesia</th>
<th>Physical examination</th>
<th>Administration of anesthesia</th>
<th>Airway management</th>
<th>Admit and discharge</th>
<th>Monitoring of patient</th>
<th>Intubation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit and discharge</td>
<td>Intra-operative management</td>
<td>Surgical monitoring</td>
<td>Airway management</td>
<td>Postoperative care</td>
<td>Pain management</td>
<td>Sedation/analgesia</td>
</tr>
</tbody>
</table>

### General division: Otolaryngology

<table>
<thead>
<tr>
<th>General division: Otolaryngology</th>
<th>Basic examination</th>
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</tbody>
</table>

### General division: Head and Neck Surgery

<table>
<thead>
<tr>
<th>General division: Head and Neck Surgery</th>
<th>Basic examination</th>
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### Department of Otolaryngology

<table>
<thead>
<tr>
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### Allergy

<table>
<thead>
<tr>
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### Adult Sleep Medicine and Surgery

<table>
<thead>
<tr>
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### ENT Microsurgery

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### Plastic and Reconstructive Surgery

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### Craniofacial Surgery

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### Otorhinolaryngology

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### Sinusology

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### Neurotology

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### Pediatric Otolaryngology

<table>
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<tr>
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</tbody>
</table>
Table 3

Practice-based Learning and Improvement (PBLI): Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

<table>
<thead>
<tr>
<th>Residents are expected to</th>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify strengths, deficiencies, and limits in one's knowledge and expertise; self-learning and improvement; perform appropriate learning activities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Systematically manage practice using quality improvement meth-ods, and implement changes with the goal of practice improvement</td>
<td>Participate</td>
<td>Participate</td>
<td>Present at multi-disciplinary tumor board</td>
<td>Organize tumor board &amp; present at M&amp;M</td>
<td>Organize tumor board &amp; present at M&amp;M</td>
</tr>
<tr>
<td>Incorporate formative evaluation feedback into daily practice, use information technology to facilitate learning</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Locate, appraise, and assimilate evidence from scientific studies related to one's patients' health problems</td>
<td>Learn search strategies</td>
<td>Use information resources effectively</td>
<td>Learn critical appraisal techniques</td>
<td>Appraise and apply evidence to patient care</td>
<td>Appraise and apply evidence to patient care</td>
</tr>
<tr>
<td>Participate in the departmental Grand Rounds program</td>
<td>Abstract in team</td>
<td>Case report and topic review</td>
<td>Evidence-based presentations</td>
<td>Evidence-based presentations</td>
<td>Evidence-based presentations</td>
</tr>
<tr>
<td>Participate in monthly journal club</td>
<td>Learn critical appraisal</td>
<td>Learn critical appraisal</td>
<td>Master critical appraisal</td>
<td>Master critical appraisal</td>
<td>Organize and teach</td>
</tr>
<tr>
<td>Participate in the evaluation of patients, families, students and other health professionals</td>
<td>Participate in team</td>
<td>Participate in team</td>
<td>Develop independence</td>
<td>Serve as role model</td>
<td>Serve as role model</td>
</tr>
</tbody>
</table>

*Invitations to invited speakers should be issued at least 6 months in advance, with a "cc" to the relevant attending

Table 4

Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

<table>
<thead>
<tr>
<th>Residents are expected to</th>
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<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients, families, and the public in a manner appropriate to a broad range of socioeconomic and cultural backgrounds</td>
<td>Participate with supervision</td>
<td>Participate with supervision</td>
<td>Greater independence</td>
<td>Continuous improvement</td>
<td>Team leader and mentor to junior residents</td>
</tr>
<tr>
<td>Communicate effectively with physicians, other health profes-</td>
<td>Participate with supervision</td>
<td>Participate with supervision</td>
<td>Greater independence</td>
<td>Continuous improvement</td>
<td>Team leader and mentor to junior residents</td>
</tr>
<tr>
<td>Work effectively as a member or leader of a health care team or other professional group</td>
<td>Work effectively as team member</td>
<td>Work effectively as team member</td>
<td>Improve leadership</td>
<td>Prepare for role as chief resident</td>
<td>Team leader</td>
</tr>
<tr>
<td>Role in a consultative role to other physicians or other health professionals</td>
<td>Gather information as present</td>
<td>Gather information as present</td>
<td>Formulate plan with supervision</td>
<td>Increased independence</td>
<td>Mastery</td>
</tr>
<tr>
<td>Maintain comprehensive, timely, and legible medical records</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Table 5

Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

<table>
<thead>
<tr>
<th>Residents are expected to</th>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate compassion, integrity, and respect for others</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Demonstrate respect for patient privacy and confidentiality</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Demonstrate accountability to patients, society, and the profession</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 6

Systems-based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

<table>
<thead>
<tr>
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<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work effectively in various health care delivery settings and systems, relevant to their clinical specialty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coordinate patient care within the health care system relevant to their clinical specialty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Work in interprofessional teams to enhance patient safety and improve patient care quality</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Participate in identifying system errors and implementing potential system solutions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: The text is partially obscured and difficult to read due to the nature of the image.*
Medical Student Program and Opportunities

The Department of Otolaryngology has a strong commitment to medical student education and to exposing students to the field as early as possible during medical school. The following opportunities are available:

Introduction to Clinical Medicine: During the second year the department presents a lecture and two-hour practical session on the history and physical examination in otolaryngology.

Career Exposure Elective (First & Second Year Students): Students observe basic operative procedures and techniques of history and physical examination in general otolaryngology and pediatric otolaryngology. Students observe residents and attending physicians in the clinic setting and operating room. Students have the opportunity to attend departmental Grand Rounds at SUNY Downstate Medical Center, morbidity and mortality sessions, multidisciplinary tumor board conferences, and other conferences.

Third Year Clerkship Program via the Department of Surgery
Third year students complete a four week clerkship for students contemplating applying to otolaryngology residency. The student “shadows” an attending during outpatient clinic and inpatient rounds. Students have the opportunity to attend departmental Grand Rounds at SUNY Downstate Medical Center, morbidity and mortality sessions, multidisciplinary tumor board conferences, and other conferences. Each student makes a 10-minute presentation at the completion of his/her clerkship.

Core Year (MS3) Elective in Otolaryngology: Third year students will follow the daily schedule of the residents, seeing patients with them and attending the departmental conferences. All students must attend the rotation every day for the full day unless they have prior permission from the supervising attending to be absent. They are required to read in depth about two diseases or clinical problems and be prepared to discuss these with the supervising attending or resident.

Students will be assessed by their supervising attendings based on their attendance, professional behavior, self-directed learning, and progress toward achieving the objectives of the rotation. It is expected that the attending will seek input into the assessment from the residents or fellows on the service.

Elective in Third Year: Third year students may take a 2 or 4 week elective in either general otolaryngology or pediatric otolaryngology. The experience includes participation in daily teaching rounds and work rounds with attendings and residents involved in inpatient care, participating in the operating room procedures, working in the ambulatory clinics, participating in all teaching conferences in including weekly grand rounds at SUNY Downstate Medical Center, weekly head-and-neck tumor journal club at Kings County Hospital Center and other conferences. Each student makes a 10-minute case discussion and literature review at the final grand rounds during the rotation. Guidance is provided in the preparation of this presentation.

Elective in the Fourth Year: Fourth year students may also take a 2 or 4 week elective in general otolaryngology. The experiences are similar to those listed for the third year elective.

Elective Goals
While the above electives each have different schedules and levels of responsibility, the goals and objectives remain very similar. The successful student will hopefully begin to investigate and study the following by completion of his or her elective:

1. The specifics and nuances of the ENT History and Physical Examination.
2. Differential diagnosis formulation in patients with problems of the head and neck region.
3. Criteria for appropriate referral to an Otolaryngologist.

Otolaryngology Club: The department is working with interested students on the creation of an Otolaryngology Club for students who would like to come in contact with the field as early as possible. Opportunities will be provided for students to shadow and attending for a brief period as well as to observe in clinics whenever possible. Further details will be posted.

Research Opportunities: Students who would like to explore research opportunities, either during the summer or during the academic year, are encouraged to contact the departmental office for further information.

Reading: The department has prepared a textbook, Essentials of Otolaryngology (edited by Frank E. Lucente, MD and Gady Har-El, MD) which is now in its fifth edition. This text is oriented toward medical students and primary care practitioners. In addition to the English edition, it has been published in Italian, Spanish and Turkish.

Career Advisors: All senior faculty members have offered to serve as faculty advisors. Students who would like to explore the field and obtain more information are invited to contact Nicole Goldstein, MD, MPH (coordinator of medical student programs) and Richard M. Rosenfeld, MD, MPH (departmental chairman).
Temporal Bone Surgical Dissection Laboratory

The Temporal Bone Laboratory is an important aspect of Otolaryngology Training. Continuous education in the intricacies of temporal bone anatomy and surgical technique is extremely important in the practice of otology. A fully equipped 8 workstation laboratory was maintained at the 134 Atlantic Avenue location, which is now being replaced by a 12 workstation laboratory at SUNY Downstate with microvascular training capabilities. We anticipate completion of this new, state-of-the-art facility in late 2014.

Resident education as well as post-graduate courses, take place on a regular basis. Comprehensive study of anatomy and surgical technique is guided by several otologic surgeons and covers labyrinthine procedures and skull base techniques. The laboratory is available to all members of the department for independent study. Our residents and attendings are encouraged to utilize the laboratory as the need arises.
Closing remarks and adjourn

Spontaneous CSF otorrhea: clinical features and temporal bone correlations - H Francis

Measuring academic productivity: impact factor and h-index – R Rosenfeld

Late complications of skull base reconstruction – A Lin

Face the future: Downstate facial plastic surgery in Rwanda – N Mor (PGY5), S. Butts

Cost-benefit analysis of PSG vs. CAS-15 for pediatric SDB – A Konka (PGY5), N Goldstein

Coffee Break

A zebrafish model for high-resolution dynamics of perineural invasion – N Chernichenko

Early post-operative results in stapedectomy – N Sperling

Current trends in mandibular distraction osteogenesis – M Earley (PGY4), S Butts

Systematic review of definitions and outcomes in tinnitus trials – C Plein (PGY4), R Rosenfeld

Systematic review of adult laryngotracheal stenosis - S Lewis (PGY3), J Silverman

Epithelioid hemangioma of the mandible - L Gitman (PGY2), N Chernichenko

Congenital pyriform aperture stenosis – E Floyd (PGY4), N Chernichenko

Methods: Systematic review of adult laryngotracheal stenosis - S Lewis (PGY3), J Silverman

Systematic review of definitions and outcomes in tinnitus trials – C Plein (PGY4), R Rosenfeld

Current trends in mandibular distraction osteogenesis – M Earley (PGY4), S Butts

Early post-operative results in stapedectomy – N Sperling

A zebrafish model for high-resolution dynamics of perineural invasion – N Chernichenko

Questions

Coffee Break

An animal model for crush injury of the recurrent laryngeal nerve - S Harris (PGY4), R Kullmar

Cost-benefit analysis of PSG vs. CAS-15 for pediatric SOB - A Konka (PGY5), N Goldstein

Late complications of skull base reconstruction – A Lin

Measuring academic productivity: impact factor and h-index – R Rosenfeld

Spontaneous CSF otorrhea: clinical features and temporal bone correlations - H Francis

Questions and answers

Closing remarks and adjourn

Case report, review of literature

Methods: including differential diagnoses, and to review existing literature on this rare pathology including the imaging modality of choice. Treatment is either conservative or surgical depending on the

Diagnosis of pyriform aperture stenosis is confirmed on axial CT at the level of

He received surgical therapy to widen the pyriform aperture through a sublabial approach with postoperative nasal stenting with modified 3.0 endotracheal tubes. He received

Patient included 1 male and 3 female with substernal goiter who underwent thoracoscopic-assisted thyroidectomy for indications such as extension of goiter to carina, retroesophageal goiter, and tracheomalacia. All 4 patients had chest tube removed on POD 1 and had normal post-operative calcium and PTH levels. None of the patients had post-operative RLN injury, hematoma, or wound infection.

Conclusion: Thoracoscopic-assisted substernal thyroidectomy is potentially a safe alternative to sternotomy, and comparatively may offer benefits such as reduced surgical time and decreased morbidity.

Objectives: Surgical resection has been the most effective treatment for symptomatic substernal goiters. Majority of these cases may be performed via a trans-cervical approach. However, in some patients, a trans-thoracic approach is required for better exposure and improved safety. Median sternotomy has traditionally been the method of choice for approaching the substernal component of the goiter from the thoracic cavity. Thoracoscopic-assisted substernal thyroidectomy may be a safe alternative technique to sternotomy, with reduced morbidity and decreased surgical time. In this report, we assess the outcomes of thoracoscopic-assisted substernal thyroidectomy for a series of 4 patients.

Methods: We performed a retrospective review of 4 patients with substernal goiter for which thoracoscopic-assisted substernal thyroidectomy was performed at a tertiary care center between 01/2012 to 03/2014. The outcomes assessed included post-operative status of RLN, duration of chest tube required, post-operative calcium and parathyroid hormone levels, and complications such as hematoma and wound infection.

Results: Patients included 1 male and 3 female with substernal goiter who underwent thoracoscopic-assisted thyroidectomy for indications such as extension of goiter to carina, retroesophageal goiter, and tracheomalacia. All 4 patients had chest tube removed on POD 1 and had normal post-operative calcium and PTH levels. None of the patients had post-operative RLN injury, hematoma, or wound infection.

Conclusion: Thoracoscopic-assisted substernal thyroidectomy is potentially a safe alternative to sternotomy, and comparatively may offer benefits such as reduced surgical time and decreased morbidity.

Objectives: Congenital pyriform aperture stenosis is a rare cause of nasal obstruction in infants. This presentation details a case of pyriform aperture stenosis and its surgical management as well as a brief review of the literature.

Methods: The case of an eight week old infant with congenital pyriform aperture stenosis will be reviewed. Following this, a review of the literature will then be performed discussing relevant topics including imaging, conservative vs surgical treatment and the use of stenting.

Results: This 8-week old infant received a 3D craniofacial CT scan in planned preparation for surgery. He received surgical therapy to widen the pyriform aperture through a sublabial approach with postoperative nasal stenting with modified 3.0 endotracheal tubes. He received topical steroids for 4 days after stent removal in the office on POD 5.

Conclusion: Diagnosis of pyriform aperture stenosis is confirmed on axial CT at the level of inferior meatus on a term infant with a width of <11mm. Three dimensional craniofacial CT is the imaging modality of choice. Treatment is either conservative or surgical depending on the severity of symptoms. Postoperative nasal stenting is frequently performed.

Objectives: Epithelioid hemangioma is a rare benign lesion, which can be multifocal, involving skin, soft tissue, and bones. These tumors are exceedingly rare in the head and neck region and need to be distinguished from other benign and low-grade neoplastic lesions. The purpose of this article is to describe a case of epithelioid hemangioma in the mandible, it's presentation, including differential diagnoses, and to review existing literature on this rare pathology including treatment options.

Methods: Case report, review of literature

Abstracts for Resident Presentations 2014

1:00PM Ajromand M, Earley M, Brichkov I, Weiss M VATS-Assisted Substernal Thyroidectomy

Objectives: Surgical resection has been the most effective treatment for symptomatic substernal goiters. Majority of these cases may be performed via a trans-cervical approach. However, in some patients, a trans-thoracic approach is required for better exposure and improved safety. Median sternotomy has traditionally been the method of choice for approaching the substernal component of the goiter from the thoracic cavity. Thoracoscopic-assisted substernal thyroidectomy may be a safe alternative technique to sternotomy, with reduced morbidity and decreased surgical time. In this report, we assess the outcomes of thoracoscopic-assisted substernal thyroidectomy for a series of 4 patients.

Methods: We performed a retrospective review of 4 patients with substernal goiter for which thoracoscopic-assisted substernal thyroidectomy was performed at a tertiary care center between 01/2012 to 03/2014. The outcomes assessed included post-operative status of RLN, duration of chest tube required, post-operative calcium and parathyroid hormone levels, and complications such as hematoma and wound infection.

Results: Patients included 1 male and 3 female with substernal goiter who underwent thoracoscopic-assisted thyroidectomy for indications such as extension of goiter to carina, retroesophageal goiter, and tracheomalacia. All 4 patients had chest tube removed on POD 1 and had normal post-operative calcium and PTH levels. None of the patients had post-operative RLN injury, hematoma, or wound infection.

Conclusion: Thoracoscopic-assisted substernal thyroidectomy is potentially a safe alternative to sternotomy, and comparatively may offer benefits such as reduced surgical time and decreased morbidity.

1:07PM: Floyd E, Rosenfeld R Congenital Pyriform Aperture Stenosis

Objectives: Congenital pyriform aperture stenosis is a rare cause of nasal obstruction in infants. This presentation details a case of pyriform aperture stenosis and its surgical management as well as a brief review of the literature.

Methods: The case of an eight week old infant with congenital pyriform aperture stenosis will be reviewed. Following this, a review of the literature will then be performed discussing relevant topics including imaging, conservative vs surgical treatment and the use of stenting.

Results: This 8-week old infant received a 3D craniofacial CT scan in planned preparation for surgery. He received surgical therapy to widen the pyriform aperture through a sublabial approach with postoperative nasal stenting with modified 3.0 endotracheal tubes. He received topical steroids for 4 days after stent removal in the office on POD 5.

Conclusion: Diagnosis of pyriform aperture stenosis is confirmed on axial CT at the level of inferior meatus on a term infant with a width of <11mm. Three dimensional craniofacial CT is the imaging modality of choice. Treatment is either conservative or surgical depending on the severity of symptoms. Postoperative nasal stenting is frequently performed.


Objectives: Epithelioid hemangioma is a rare benign lesion, which can be multifocal, involving skin, soft tissue, and bones. These tumors are exceedingly rare in the head and neck region and need to be distinguished from other benign and low-grade neoplastic lesions. The purpose of this article is to describe a case of epithelioid hemangioma in the mandible, it's presentation, including differential diagnoses, and to review existing literature on this rare pathology including treatment options.

Methods: Case report, review of literature
Results: We describe the case of a 26-year-old female who presented with a three-month history of a right preauricular swelling and worsening trismus, which was first noted after the extraction of a right mandibular molar tooth. CT scan with contrast revealed a large expansile, well-marginated lesion with peripheral calcification, and septations replacing the right mandibular angle, ramus, coronoid, and condyle. Contrast enhanced MRI of the lesion demonstrated T1 isointense and T2 hyperintense lesion arising from the right mandibular ramus. The patient had a biopsy of the lesion, which demonstrated fibroconnective tissue. She was treated with segmental mandibulectomy and free flap reconstruction. Histopathology demonstrated hemangioma of the bone, epithelial type with organizing thrombus and secondary attenuation of the mandibular cortex with reactive periosteal changes.

Conclusions: Given the limited experience reported in literature, there is no definitive treatment for epithelial hemangomas of the bone, however given the massive osteolysis that occurred in this case, the existing literature supports that wide local excision with close clinical follow-up is the treatment of choice for this rare entity of this size in the head and neck region.

1:21PM Lewis S, Silverman J
Systematic Review for Treatment of Adult Laryngotracheal Stenosis

Objective: To determine if there is a surgical treatment option for adult laryngotracheal stenosis that is more successful.

Methods: Systematic review using EMBASE and Medline for adult patients (>13 years old) with laryngotracheal stenosis. Cause of stenosis (intubation, idiopathic, or trauma) and treatments (open laryngotracheal resection with anastomosis, open laryngoplasty with expansion grafting, or endoscopic procedures) were included. Primary outcomes are decreased need for further surgery and success of decannulation if previously had tracheostomy. 297 abstracts were reviewed, 104 articles were selected for full-text review, and 39 articles were included in the analysis. MINORS Criteria was used to evaluate for bias within the articles.

Results: There were 39 studies included in this study. Patients who have LTR with anastomosis or expansion graft have similar outcomes: 31.36% need additional surgery and 83.89% are decannulated. Patients who have endoscopic repair do worse: 60% need additional surgery and only 63% are decannulated. Patients with idiopathic stenosis were less likely to need additional surgery than those with traumatic (25% vs. 54%). Etiology of stenosis did not impact success rates. Patients with idiopathic stenosis were more likely to need further surgery than those with traumatic.

Conclusions: Patients who undergo endoscopic procedures are more likely to need further surgery and less likely to be decannulated than those undergoing open LTR with expansion grafting or anastomosis.

1:34PM Plein C, Floyd E, Ferzli G, Harounian J, Sarath S
How much tinnitus is enough? A systematic review of inclusion and outcome measures in tinnitus trials.

Objective: As medicine becomes increasingly focused on broad evidence and guideline based recommendations, it is important to assess the degree to which a body of evidence is applicable to a particular patient population, in this case patients with tinnitus.

Methods: We conducted a systematic review of randomized controlled trials of therapies for tinnitus to examine specifically the inclusion/exclusion criteria and outcome measures to assess the degree to which this evidence can be applied to the tinnitus patient population.

Results: There is a high degree of variability in trials of tinnitus patients as regards tinnitus duration, severity and changes over time.

Conclusions: Given the body of evidence, it is difficult to draw broad conclusions regarding recommendations for “the tinnitus patient.” This should be taken into consideration when evaluating new research regarding interventions to treat tinnitus.

1:45PM Earley M, Butts S
Current Trends in Mandibular Distraction Osteogenesis

Objective: Mandibular distraction osteogenesis (MDO) has become one of the most powerful reconstructive tools for addressing congenital lower jaw deformities. This review will focus on clinical and basic science contributions to the literature in the last year, which have shown innovations in MDO techniques and advances in outcomes.

Methods: For the period from January 2013 to March 2014, the Pubmed, EMBASE, and Cochraine Library databases were searched. Abstracts were screened on predetermined selection criteria. English language or translated full-text articles were retrieved and evaluated for relevance to the review topic.

Results: In the last year, animal studies were conducted reporting the application of growth factors directly to distraction gaps to accelerate bone formation. Additional research in animal models showed success with the addition of bone marrow derived mesenchymal stem cells to the distraction gap. Distraction devices are being piloted with automated, continuous formats compared to current devices that require manual activation. The use of surgical planning software programs to determine the location of osteotomies was another focus of current studies.

Conclusions: Rates of activation could be accelerated with the addition of stem cells and growth factors to distraction sites, as could time to full consolidation. Computer-assisted pre-surgical planning offers added accuracy and potential time-savings. Newer distraction devices using computer automation are still in preliminary phases, but show promise.

3:30PM Harris S, Kollmar R
Title: Technique evaluation for producing reliable aphonaxonomy in recurrent laryngeal nerve injury in the rat

Objective: To assess correlation between force of crush of the recurrent laryngeal nerve in rats to duration and severity of nerve injury. This study provides insight into the optimal procedure to simulate varying levels of injury to the recurrent laryngeal nerve in the rat model for further study of nerve recovery.

Methods: Eight-week-old Sprague-Dawley rats underwent baseline measurements and randomization. The recurrent laryngeal nerve was subsequently crushed during survival surgeries with force measured instruments: hemostat at 3 clicks, hemostat at 1 click, aneurysm clamp at 1.5 N and 0.6 N, vessel clamp, Kelly clamp, Allis clamp, needle driver, sharn or nerve transection. Nerve injury and recovery was assessed using visual crush assessment, interval laryngoscopy, bipolar nerve monitor, and histologic exam.

Results: 31 animals underwent the surgery. 15 were sacrificed at one week for histological exam. The remaining 16 are undergoing interval assessment for four months to monitor for duration of injury. At one week and two weeks 13/29 and 5/13 vocal folds were immobile, 13/29 and 7/13 had normal mobility and 3/29 and 1/13 had decreased mobility respectively.

Conclusion: Preliminary findings suggest a correlation between force of crush, duration of paralysis and severity of injury. Of note, the force to create prolonged injury is larger than initially predicted.

3:43PM Konka A, Weedon J, Goldstein N
Title: Cost-benefit analysis of polysomnography versus Clinical Assessment Score-15 (CAS-15) for treatment of pediatric sleep-disordered breathing

Objective: To determine the cost of medical care using the Clinical Assessment Score-15 (CAS-15) scale versus polysomnography (PSG) for children with sleep-disordered breathing in terms of benefit.

Methods: A cost-benefit analysis was conducted. 93 patients from our original CAS-15 study were included. Four clinical measures were used and payment data were obtained. Cost benefit analysis was performed using a standard markov model.
analysis was performed for two clinical pathways. In pathway 1, all children had PSG; those with positive studies were referred for adenotonsillectomy. In pathway 2, children with CAS-15 \( \geq 32 \) were referred for adenotonsillectomy regardless of PSG. Paired t-test compared intra-subject mean total cost (pathway 1 vs. pathway 2). Further analyses computed a change score for the clinical measures (follow-up minus baseline); these were divided by estimated treatment cost, producing 4 cost-benefit ratios for each pathway. Paired t-tests compared the mean of these ratios between the pathways.

**Results:** Of 65 PSG+ (15 CAS-), 54 underwent surgery; of 28 PSG- (17 CAS-), 7 underwent surgery. Model estimated costs demonstrate a mean cost benefit of $US1172 [SE $214] for pathway 2 versus pathway 1 (\( P < .001 \)).

**Conclusions:** We present evidence that a CAS-15-based treatment decision criterion is superior to PSG in terms of monetary cost, and in benefit per unit cost for 3 of 4 clinical measures evaluated.

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**3:56PM  Mor N, Butts S**  
Title: Face the future: Downstate facial plastic surgery in Rwanda

**Background:** This year marks the twentieth anniversary of the terrible genocide in Rwanda in 1994 when over 800,000 people were killed in three months. Although has made an amazing recovery, from a medical standpoint the entire Rwanda has only 47 medical specialists of all types and only one plastic surgeon. The result is that many patients with severe facial deformities from birth defects, trauma or cancer remain untreated. At this point they cannot acquire the expertise, equipment, supplies and facilities to treat all of those who need care. In addition it is impossible for them to treat the more complex and deforming cases.

**Methods:** Face the Future Foundation was established in 1994 as a humanitarian medical outreach program composed primarily of facial reconstructive surgeons who donated their time and experience to treat underprivileged communities in need. The foundation has sponsored missions to Russia, Guatemala and Africa. In February 2014 the foundation made its second trip to Kigali, Rwanda.

**Results:** In one week our team saw over 50 patients and operated on over 35 surgical cases. The cases were from a variety of problems including congenital facial clefts; expanding facial tumors, severe post cancer ablative deformities and major cheek, jaw and upper facial traumatic bony deformities with tissue loss. The conditions on this mission tested our creativity as we were without our basic operative supplies and were forced to operate during frequent power outages. Our major cases took 10-12 hours which included microvascular reconstructions.

**Conclusion:** The goal of this mission is to establish medical self-sufficiency. Despite our team’s feeling that the mission was a success, this program could not be sustained without the Rwandan government’s investment in their healthcare program. Since our first visit to Kigali the Rwandan Ministry of Health has built new medical wards and surgical suites, incorporated their medical students to join our educational rounds and have already planned our return visit next year.
THE 4TH ANNUAL MULTIDISCIPLINARY HEAD AND NECK SYMPOSIUM: OTOLARYNGOLOGY UPDATE
WEDNESDAY, NOVEMBER 30, 2013

AGENDA

7:30-8:00 AM  Registration and Continental Breakfast
8:00–8:05  Inauguration
Stanley Sherbell MD, Senior Vice President for Medical Affairs
NY Methodist Hospital
8:05–8:10  Welcome
Anthony Tortolani MD, Chairman
Department of Surgery, NY Methodist Hospital
8:10–8:15  Program Overview
Richard Rosenfeld, MD, MPH, Chairman
Department of Otolaryngology, SUNY Downstate Medical Center
8:15–8:20  Evolution of Resident Training in Brooklyn
Frank E. Lucente, MD, F.A.C.S., Professor and Former Chairman
Department of Otolaryngology, SUNY Downstate Medical Center

Conference Attendees

Faculty

Hani A. Ashamalla, M.D., F.C.C.P.
Chairman, Department of Radiation Oncology, New York Methodist Hospital; Clinical Professor, Weill Cornell Medical College

Boris L. Bentsianov, M.D.
Assistant Professor, Otolaryngology/Head and Neck Surgery; Director, Laryngology, Department of Otolaryngology, SUNY Downstate Medical Center.

Sydney Butts, M.D., F.A.C.S.
Assistant Professor, Otolaryngology/Head and Neck Surgery

Chief of Facial Plastic and Reconstructive Surgery, Department of Otolaryngology, SUNY Downstate Medical Center

Marina Boruk, M.D.
Assistant Professor, Otolaryngology/Head and Neck Surgery

Director of Rhinology and Endoscopic Sinus Surgery, Department of Otolaryngology, SUNY Downstate Medical Center

Natalya Chernicheskaya, M.D.
Assistant Professor, Otolaryngology/Head and Neck Surgery, SUNY Downstate Medical Center

Alan Dosik, M.D.
Attending Physician, Division of Hematology/Oncology, New York Methodist Hospital; Assistant Professor of Medicine, Weill Cornell Medical College; Chief of Hematology, New York Community Hospital

Edmund W. Giegerich, M.D.
Chief of Endocrinology, New York Methodist Hospital; Clinical Associate Professor of Medicine, SUNY Downstate Medical Center

Niro A. Goldstein, M.D., M.P.H., F.A.A.P.
Associate Professor, Division of Pediatric Otolaryngology, Director of Research, Department of Otolaryngology, SUNY Downstate Medical Center.

Mohsen Habib, M.D., F.A.C.S.
Chief of Otolaryngology/Head and Neck Surgery, NY Methodist Hospital

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Assistant Professor, Otolaryngology/Head and Neck Surgery, SUNY Downstate Medical Center

Gady Har-EI, M.D., F.A.C.S.
Chief, Head & Neck Surgery & Oncology, New York Head & Neck Institute, Lenox Hill Hospital, Professor, Department of Otolaryngology and Neurosurgery, SUNY Downstate Medical Center

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Richard M. Rosenfeld, M.D., M.P.H., F.A.A.P.
Professor and Chairman, Department of Otolaryngology, SUNY Downstate Medical Center

Joshua Silverman, M.D., Ph.D.
Assistant Professor, Otolaryngology/Head and Neck Surgery, Director, Pediatric Otolaryngology, Department of Otolaryngology, SUNY Downstate Medical Center

Krishnamurthi Sundaram, M.D., F.A.C.S.
Clinical Professor and Vice-Chairman, Department of Otolaryngology, SUNY Downstate Medical Center

Richard W. Westreich, M.D., F.A.C.S.
Assistant Professor, Facial Plastic Surgery, Department of Otolaryngology, SUNY Downstate Medical Center
### GRAND ROUNDS 2013-2014

<table>
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<th>Conference</th>
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<td>July 4th - Grand Rounds</td>
<td>7/4/13</td>
<td>Cancelled</td>
<td>Gady Har-El, MD</td>
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<tr>
<td>Research Review and Methodology</td>
<td>7/11/13</td>
<td>6:30 - 7:50</td>
<td>Nira Goldstein, MD</td>
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<tr>
<td>Review of the Review Grid</td>
<td>7/11/13</td>
<td>7:00 - 7:50</td>
<td>Jessica Lim, MD</td>
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<td>Embryology of the Head and Neck</td>
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<td>9:00 - 5:50</td>
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<td>COCILA</td>
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<td>AOCME - Related Discussion</td>
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<td>Richard Rosenfeld, MD</td>
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<td>Duty Hours/Depart. Escalation Policy</td>
<td>7/18/13</td>
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<td>Boris Bentianov, MD</td>
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<tr>
<td>Larynx/Dysphonia/Dysphagia</td>
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<td>9:00 - 9:50</td>
<td>Richard Westreich, MD</td>
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<td>Nasal/Sinus Physiology</td>
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<td>Brandon Elnekaveh, MD</td>
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<td>Mortality and Mortality Conference</td>
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<td>Richard Rosenfeld, MD</td>
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<td>Faculty Core Clinical Discussion</td>
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<td>6:30 - 7:00</td>
<td>Richard Rosenfeld, MD</td>
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<tr>
<td>Microbiology &amp; Antibiotics</td>
<td>7/25/13</td>
<td>7:00 - 7:50</td>
<td>Richard Rosenfeld, MD</td>
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<td>In Otolaryngology</td>
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<td>Brandon Elnekaveh, MD</td>
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<td>Medical Student Presentation</td>
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<td>Brandon Elnekaveh, MD</td>
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<td>Multidisciplinary Tumor Board</td>
<td>7/25/13</td>
<td>9:50 - 10:50</td>
<td>Brandon Elnekaveh, MD</td>
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</tbody>
</table>

### Supporting Faculty:

- Gady Har-El, MD
- K. Sundaram, MD
- N. Chernichenko, MD
- S. Bardarov, MD
- Deborah Reede, MD
- Frank Dipillo, MD
- Alan Schulinger, MD
- S. Bardarov, MD
- Deborah Reede, MD
- Frank Dipillo, MD
- Alan Schulinger, MD

### Supporting Residents:

- Sydney Butts, MD, FACS
- Irena DiStasi, MD
- Anita Konka, MD
- Alan Schulsinger, MD
- Frank Dipillo, MD
- Deborah Reede, MD
- Frank Dipillo, MD
- Alan Schulinger, MD

### Supporting Lecturers:

- Richard Rosenfeld, MD
- Boris Bentianov, MD
- Richard Westreich, MD
- Brandon Elnekaveh, MD
- Richard Rosenfeld, MD
- Boris Bentianov, MD
- Richard Rosenfeld, MD
- Boris Bentianov, MD
- Deborah Reede, MD
- Frank Dipillo, MD
- Alan Schulinger, MD

### Supporting Sponsors:

- SUNY Downstate Medical Center
- Lenox Hill Hospital - NY Head & Neck Institute

### Summary:

- Remarks by Gady Har-El, MD, Chief, Head & Neck Surgery & Oncology, Lenox Hill Hospital - NY Head & Neck Institute
- Professor, Department of Otolaryngology and Neurosurgery, SUNY Downstate Medical Center
Allergy and Immunology in ENT 8/22/13 6:30 - 7:20 Marina Boruk, MD
Medical Student Presentations 8/22/13 7:30 - 8:00 George Fenzli, Erica Lai
Morbidity and Mortality 8/22/13 8:00 - 8:50 Gady Har-El, MD K. Sundaram, MD N. Chernichenko, MD S. Bardarov, MD Frank Dipillo, MD Alan Schulminger, MD
Multidisciplinary Head & Neck Tumor Board 8/22/13 9:00 - 9:50 N. Chernichenko, MD
Pathology of Salivary Gland Tumors 8/29/13 6:30 - 7:20 Sydney Butts, MD
Medical Student Presentations 8/29/13 7:30 - 8:00
Physiology of Skin Grafts & Flaps 8/29/13 8:00 - 8:50 Sean Lewis, MD Colleen Plein, MD
Rosh Hesana – Grand Rounds 9/5/13 Cancelled
Research Review & Methodology 9/12/13 6:30 - 7:00 Nira Goldstein, MD
Summary of Board of Governors Meeting 9/12/13 7:00 - 7:30 Niv Mor, MD
Interesting Cases: Vascular Injuries & Angiography 9/12/13 7:30 - 7:50
Diseases of the External Ear Multidisciplinary Head & Neck Tumor Board 9/12/13 8:00 - 8:50 Frank Lucente, MD
9/12/13 9:00 - 9:50 Gady Har-El, MD K. Sundaram, MD N. Chernichenko, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulminger, MD
Core Competency & Residency Issues: Patient Care & Work Hours 9/19/13 6:30 - 7:00 Richard Rosenfeld, MD
CPA Tumors "XRT vs Surgery 9/19/13 7:00 - 7:50 Jason Wasserman, MD
Journal Club 9/19/13 8:00 - 8:50 Richard Rosenfeld, MD
COCLIA 9/19/13 9:00 - 9:50 Anita Konka, MD
AJO-HNS Academy Meeting Pudum & Poster Presentations 9/26/13 6:30 - 7:00 Niv Mor, MD Colleen Plein, MD Anita Konka, MD Neil Sperling, MD
Management of Tympanic Membrane Retraction 9/26/13 7:00 - 7:50
Morbidity and Mortality Conference 9/26/13 8:00 - 8:50
Multidisciplinary Head & Neck Tumor Board 9/26/13 9:00 - 9:50 Gady Har-El, MD K. Sundaram, MD N. Chernichenko, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulminger, MD
ACGME Core Competency & Residency Issues: Medical Knowledge, Practice-based Learning & Improvement 10/3/13 6:30 - 7:00 Nira Goldstein, MD
Meniere’s Disease 10/3/13 7:00 - 7:50 Eric Smouha, MD
What is Cholesteatoma? 10/3/13 8:00 - 8:50 Matthew Hanson, MD
COCLIA 10/3/13 9:00 - 9:50 Anita Konka, MD
Research Review & Methodology 10/10/13 6:30 - 7:00 Nira Goldstein, MD
Glonus Tumors: Diagnosis and Management Journal Club 10/10/13 7:00 - 7:50 G. Mirchandani, MD
Multidisciplinary Head & Neck Tumor Board 10/10/13 9:00 - 9:50 Gady Har-El, MD K. Sundaram, MD N. Chernichenko, MD S. Bardarov, MD Frank Dipillo, MD Alan Schulminger, MD
Management of Atrophic & Edentoulous Mandible Fractures 10/17/13 6:30 - 7:00 Jason Wasserman, MD
Sudden Onset Sensorineural Hearing Loss 10/17/13 7:00 - 7:50 S. Chandrasekhar, MD
Temporal Bone Lesions & Imaging Studies 10/17/13 8:00 - 8:50 Colleen Plein, MD
COCLIA 10/17/13 9:00 - 9:50 Anita Konka, MD
Preparations for Sinus Surgery and Expectations 10/24/13 6:30 - 7:00 Marina Boruk, MD
Coding & Documentation Morbidity and Mortality Conference Multidisciplinary Head & Neck Tumor Board 10/24/13 9:00 - 9:50 Gady Har-El, MD K. Sundaram, MD N. Chernichenko, MD S. Bardarov, MD Frank Dipillo, MD Alan Schulminger, MD
Journal Club 10/24/13 8:00 - 8:50 Marina Boruk, MD
Mentoring Meeting 10/31/13 6:30 - 7:00 Faculty & Residents
What Does Hearing Loss in 2013 Mean? Flaps 10/31/13 8:00 - 8:50 Sydney Butts, MD
Mock Oral Boards 10/31/13 9:00 - 9:50 Marina Boruk, M
AOOM Core Competency & Residency Issues: Professionalism, Interpersonal, and Communication Implications Respiratory Manifestations of Gastroesophageal Reflux in Children: From Bench Research to Clinical Implications Morbidity and Mortality Conference Journal Club 11/7/13 6:30 - 7:00 Nira Goldstein, MD 11/7/13 7:00 - 7:50 M. Kazachkov, MD
Grand Rounds – Annual Pediatric Airway Symposium Research Review 11/7/13 6:30 - 7:00 Nira Goldstein, MD
Doctors with Care: g Communication Effectively with Pediatric Patients and Family Morbidity and Mortality Conference Grand Rounds – Thanksgiving 11/7/13 8:00 - 8:50 Paul Vastola, MD 11/7/13 9:00 - 9:50 Marisa Earley, MD
11/11/13 7:00 - 7:50 Paul Vastola, MD
2014 ANNUAL REPORT

DEPARTMENT OF OTOLARYNGOLOGY

2014 ANNUAL REPORT

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ACGME Core Competency & Residency Issues: Systems-based Practice, ACGME Resident Survey
11/28/13  6:30 - 7:00  Nira Goldstein, MD

Pediatric Sinusitis and Cystic Fibrosis
12/5/13  7:00 - 7:50  Max Apel, MD

Morbidity and Mortality Conference
12/5/13  8:00 - 8:50  Miguel Mascaro, MD

Research Review: Blas, Confounding and Interaction
12/12/13  6:30 - 7:00  Nira Goldstein, MD

Pediatric Sinusitis and Cystic Fibrosis
12/5/13  7:00 - 7:50  Max Apel, MD

Morbidity and Mortality Conference
12/5/13  8:00 - 8:50  Miguel Mascaro, MD

Research Review: Blas, Confounding, and Interaction
12/12/13  6:30 - 7:00  Nira Goldstein, MD

Childhood Obstructive Sleep Apnea Syndrome
12/12/13  7:00 - 7:50  C. Marcus, MMBC

Journal Club
12/12/13  8:00 - 8:50  Gady Har-El, E MD

Multidisciplinary Head & Neck Tumor Board
12/12/13  9:00 - 9:50  Gady Har-El, E MD

Residency Interviews
12/19/13  CANCELLED

Core Clinic: Frontal Sinus Canalization
12/26/13  6:30 - 7:00  Lynda Gitman, MD

Pediatric Anesthesia for Otolaryngologists
12/26/13  7:00 - 7:50  Evan P. Salant, MD

Laryngeal Stroboscopy
12/26/13  8:00 - 8:50  Joshua Silverman, MD

Multidisciplinary Head & Neck Tumor Board
12/26/13  9:00 - 9:50  Gady Har-El, E MD

ACGME Core Competency & Residency Issues: Systems-based Practice, ACGME Resident Survey
1/2/14  6:30 - 7:00  Richard Rosenfeld, MD

Role of Fiberoptic Exam in Angioedema and Anaphylaxis
1/2/14  7:00 - 7:50  Elizabeth Floyd, MD

Otte Jeopardy-In service Review
1/2/14  8:00 - 8:50  Anita Konka, MD

COCLIA
1/2/14  9:00 - 9:50  Miguel Mascaro, MD

Grand Rounds – Residency Interviews
1/2/14  CANCELLED

Research Review and Methodology
1/16/14  6:30 - 7:00  Nira Goldstein, MD

Academic vs. Private Practice in Journal Club
1/16/14  7:00 - 7:50  John Bent, MD

COCLIA
1/16/14  9:00 - 9:50  Miguel Mascaro, MD

ACGME Related Discussion
1/23/14  6:30 - 7:00  Nira Goldstein, MD

Endoscopic Management of Skull Base Encephalocoeles
1/23/14  7:00 - 7:50  Roheen Raitatha, MD

Morbidity and Mortality Conference
1/23/14  8:00 - 8:50  Gady Har-El, E MD

Multidisciplinary Head & Neck Tumor Board
1/23/14  9:00 - 9:50  Gady Har-El, E MD

K. Sundaram, MD
N. Chernichenko, MD
Alice Lin, MD
Deborah Reede, MD
Peter Han, MD
Faculty & Residents

30+ Years of Frontal Sinus Surgery: What We Have Learned
1/30/14  6:30 - 7:50  Steven Schaefer, MD

Current Concepts in Adult Obstructive Sleep Apnea
1/30/14  8:00 - 8:50  B. Chernobylsky, MD

Mock Oral Boards/OTE Review
1/30/14  9:00 - 9:50  Marina Boruk, MD

ACGME Core Competency & Residency Issues: New Innovations, Surgical Case Logs
2/6/14  6:30 - 7:00  Richard Rosenfeld, MD

Facial Reanimation
2/6/14  7:00 - 7:50  Alice Lin, MD

Complications of Rhinosinusiats
2/6/14  8:00 - 8:50  Hamid Arjomandi, MD

COCLIA
2/6/14  9:00 - 9:50  Miguel Mascaro, MD

Research Review & Methodology
2/13/14  6:30 - 7:00  Nira Goldstein, MD

The Deep Plane Cervical Flap in Aesthetic and Reconstructive Surgery
2/13/14  7:00 - 7:50  Andrew Jacano, MD

Journal Club: AAOHNCS Clinical Practice Guideline: Bell’s Palsy Multidisciplinary Head & Neck Tumor Board
2/13/14  9:00 - 9:50  Richard Rosenfeld, MD

N. Chernichenko, MD
K. Sundaram, MD
Miriam Apovian, MD
N. Chernichenko, MD
Peter Han, MD
Deborah Reede, MD
Nira Goldstein, MD
Alice Lin, MD
N. Chernichenko, MD
Peter Han, MD
Deborah Reede, MD
Nira Goldstein, MD
Alice Lin, MD
K. Sundaram, MD

ACGME Related Discussion
2/20/14  6:30 - 7:00  Theresa O, MD

Management of Head and Neck Vascular
2/20/14  7:00 - 7:50  Theresa O, MD

Mock Oral Boards Review
2/20/14  8:00 - 8:50  Marina Boruk, MD

COCLIA
2/20/14  9:00 - 9:50  Miguel Mascaro, MD

Core Clinical: Temporal Bone Dissection
2/27/14  6:30 - 7:00  Matthew Hanson, MD

Revision Rhinoplasty
2/27/14  7:00 - 7:50  John Turk, MD

Morbidity and Mortality Conference
2/27/14  8:00 - 8:50  Richard Rosenfeld, MD

Multidisciplinary Head & Neck Tumor Board
3/6/14  9:00 - 9:50  Gady Har-El, E MD

K. Sundaram, MD
N. Chernichenko, MD
Alice Lin, MD
Peter Han, MD
Deborah Reede, MD
Nira Goldstein, MD
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Date</th>
<th>Time</th>
<th>Presenters</th>
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<tr>
<td>Research Review &amp; Methodology</td>
<td>3/13/14</td>
<td>6:30-7:00</td>
<td>Nira Goldstein, MD</td>
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<td>Evaluation and Management of Orbital Trauma</td>
<td>3/13/14</td>
<td>7:00-7:50</td>
<td>Valerie Elmaleh, MD</td>
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<td>Hands On Plating Workshop: Operative Management of Midface and Orbital Fracture</td>
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<td>Multidisciplinary Head &amp; Neck Tumor Board</td>
<td>3/13/14</td>
<td>9:00-9:50</td>
<td>Gady Har-El, MD, K. Sundaram, MD, N. Chernichenko, MD, Alice Lin, MD, Deborah Reede, MD, Peter Han, MD</td>
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<td>ACGME Related Discussion</td>
<td>3/20/14</td>
<td>6:30-7:00</td>
<td>Nira Goldstein, MD</td>
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<td>Recent Trends in Rhinoplasty</td>
<td>3/20/14</td>
<td>7:00-7:50</td>
<td>Steven Pearlman, MD</td>
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<td>Mortality and Morbidity Conference</td>
<td>COCLIA</td>
<td>3/20/14</td>
<td>8:00-8:50 Niv Mor, MD</td>
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<td>Core Clinical: Rhinoplasty Facial Review</td>
<td>3/27/14</td>
<td>6:30-7:00</td>
<td>Department of Otolaryngology Faculty</td>
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<td>Modern Medical and Surgical Management Hair Loss</td>
<td>3/27/14</td>
<td>7:00-7:50</td>
<td>Marc Avram, MD</td>
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<td>Otoplasty Techniques for Reconstruction Of Congenital Ear Anomalies</td>
<td>3/27/14</td>
<td>8:00-8:50</td>
<td>Scott Harris, MD</td>
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<tr>
<td>Multidisciplinary Head &amp; Neck Tumor Board</td>
<td>3/27/14</td>
<td>9:00-9:50</td>
<td>Gady Har-El, MD, K. Sundaram, MD, N. Chernichenko, MD, Alice Lin, MD, Deborah Reede, MD, Peter Han, MD</td>
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<td>ACGME Core Competency &amp; Residency Issues: Medical Knowledge, Practice-based Learning &amp; Improvement</td>
<td>4/3/14</td>
<td>6:30-7:00</td>
<td>Richard Rosenfeld, MD, Nira Goldstein, MD</td>
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<td>The Spectrum of Vocal Lesions, Stroboscopy, Microanatomy, and Microsurgery</td>
<td>4/3/14</td>
<td>7:00-7:50</td>
<td>Kenneth Altman, MD</td>
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<tr>
<td>Journal Club</td>
<td>4/3/14</td>
<td>8:00-8:50</td>
<td>Niv Mor, MD</td>
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<tr>
<td>Research Review</td>
<td>4/10/14</td>
<td>9:00-9:50</td>
<td>Nira Goldstein, MD</td>
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<tr>
<td>Medical and Surgical Management of Benign Vocal Fold Masses</td>
<td>4/10/14</td>
<td>6:30-7:00</td>
<td>Peak Woo, MD</td>
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<td>Trends in Management of Unilateral Vocal Cords</td>
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<td>Sean Lewis, MD</td>
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<tr>
<td>Multidisciplinary Head &amp; Neck Tumor Board</td>
<td>4/10/14</td>
<td>8:00-8:50</td>
<td>Gady Har-El, MD, K. Sundaram, MD, N. Chernichenko, MD, Alice Lin, MD, Deborah Reede, MD, Peter Han, MD</td>
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<td>ACGME Related Discussion</td>
<td>4/17/14</td>
<td>6:30-7:00</td>
<td>Nira Goldstein, MD</td>
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<tr>
<td>The Role of Voice Therapy in the Management of Laryngology Pathology Mortality and Morbidity Conference</td>
<td>4/17/14</td>
<td>7:00-7:50</td>
<td>Amy Cooper, MS</td>
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<tr>
<td>COCLIA</td>
<td>4/17/14</td>
<td>8:00-8:50</td>
<td>Niv Mor, MD</td>
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<td>Core Clinical: Stroboscopy 101</td>
<td>4/24/14</td>
<td>9:00-9:50</td>
<td>Harid Ajromand, MD, Joshua Silverman, MD</td>
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<td>Advances in the Management of Recurrent Respiratory Papillomatosis Case Reviews: Interesting Head &amp; Neck Pathology in Brooklyn Patients Multidisciplinary Head &amp; Neck Tumor Board</td>
<td>4/24/14</td>
<td>7:00-7:50 Milan Amin, MD, Gady Har-El, MD, K. Sundaram, MD, N. Chernichenko, MD, Alice Lin, MD, Deborah Reede, MD, Peter Han, MD</td>
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<td>ACGME Core Competency &amp; Residency Issues: Professionalism, Interpersonal and Communication Skills</td>
<td>5/1/14</td>
<td>6:30-7:00</td>
<td>Richard Rosenfeld, MD</td>
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<td>Point/Counterpoint: Surgical Treatment of Early Unilateral Well-differentiated papillary Thyroid Cancer Research Review &amp; Methodology</td>
<td>5/15/14</td>
<td>7:00-7:50</td>
<td>Nira Goldstein, MD, Richard Bakst, MD</td>
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<td>Core Clinical: Discussion in Management The Advancing Role of HPV and Oropharyngeal Carcinoma</td>
<td>5/22/14</td>
<td>7:00-7:50</td>
<td>Richard Park, MD</td>
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<tr>
<td>Morbidity and Mortality Conference Multidisciplinary Head &amp; Neck Tumor Board</td>
<td>5/22/14</td>
<td>8:00-8:50</td>
<td>Gady Har-El, MD, K. Sundaram, MD, N. Chernichenko, MD, Alice Lin, MD, Deborah Reede, MD, Peter Han, MD</td>
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<tr>
<td>Mentoring Meetings</td>
<td>5/29/14</td>
<td>7:00-7:50</td>
<td>Faculty &amp; Residents</td>
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<tr>
<td>Understanding Chemotherapy in Head &amp; Neck What Physicians Need to Know About Disability and Life Insurance Annual Frank E. Lucente Alumni &amp; Resident Research Day</td>
<td>5/29/14</td>
<td>9:00-9:50</td>
<td>Marina Boruk, MD, Gady Har-El, MD</td>
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<tr>
<td>Board Review</td>
<td>5/29/14</td>
<td>9:00-9:50</td>
<td>Marina Boruk, MD</td>
</tr>
<tr>
<td>Research Review &amp; Methodology</td>
<td>6/12/14</td>
<td>6:30-7:00</td>
<td>Nira Goldstein, MD</td>
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Radiation-induced Thyroid Cancer 6/12/14 7:00 – 7:50 Daniel Branovan, MD

After Chernobyl Nuclear Accident Among Residents Belarus, Ukraine, Russia, and Immigrants to the US

Malignancy of the Head & Neck Multidisciplinary Head & Neck Tumor Board 6/12/14 8:00 – 8:50 Bruce Wenig, MD Gady Har-El, MD K. Sundaram, MD N. Chemichenko, MD Alice Lin, MD Deborah Reede, MD Peter Han, MD

Core Clinical: Cervical Esophageal Reconstruction 6/19/14 6:30 – 7:00 Punam Thakkar, MD

CSF Leak Repair Journal Club 6/19/14 7:00 – 7:30 Satish Govindaraj, MD 8:00 – 8:50

COCRJA 6/19/14 9:00 – 9:50 Niv Mor, MD 6/26/14 6:30 – 7:00 Richard Rosenfeld, MD

ACGME Core Competency & y Resident Issues: Systems-based Practice, ACGME Survey

Comprehensive Review on Current Management Trends in Medullary Thyroid Carcinoma

Morbidity & Mortality Conference Multidisciplinary Head & Neck Tumor Board 6/26/14 8:00 – 8:50 Gady Har-El, MD K. Sundaram, MD N. Chemichenko, MD Alice Lin, MD Deborah Reede, MD Peter Han, MD

Journal Club 6/19/14 8:00 – 8:50

OCOLJA 6/19/14 9:00 – 9:50 Niv Mor, MD 6/26/14 6:30 – 7:00 Richard Rosenfeld, MD

Otolaryngology Residents

July 1, 2013 – June 30, 2014

Fifth Year Otolaryngology

Anita Konka, MD, MPH

College: Princeton University – 2001

Medical School: Tulane University School of Medicine – 2009

Internship: SUNY – Health Science Center at Brooklyn - 2010

Miguel Mascaro, MD

College: Cornell University – 2005

Medical School: SUNY – Health Science Center at Brooklyn – 2009

Internship: SUNY – Health Science Center at Brooklyn – 2010

Niv Mor, MD

College: Brandeis University – 1995

Medical School: SUNY at Buffalo - 2011

Internship: Geisinger Medical Center - 2010

Fourth Year Otolaryngology

Scott Harris, MD

College: SUNY – Binghamton University - 2006

Medical School: Drexel University College of Medicine - 2010

Internship: SUNY – Health Science Center at Brooklyn - 2011

Colleen Plein, MD

College: Northwestern University - 2006

Medical School: University of Chicago The Pritzker School of Medicine – 2010

Internship: SUNY – Health Science Center at Brooklyn - 2011

Marisa Ann Earley, MD

College: Gettysburg College - 2006

Medical School: University of Medicine and Dentistry of New Jersey - 2010

Internship: University of Medicine and Dentistry of New Jersey - 2011

Third Year Otolaryngology

Sean Lewis, MD

College: Ohio State University - 2007

Medical School: Wright State University, Boonshoft School of Medicine - 2011

Internship: SUNY – Health Science Center at Brooklyn – 2012

Punam Thakkar, MD

College: City University of New York - Brooklyn College - 2007

Medical School: SUNY – Health Science Center at Brooklyn - 2011

Internship: SUNY – Health Science Center at Brooklyn – 2012

Jason Wasserman, MD

College: New York University - 2007

Medical School: Jefferson Medical College of Thomas Jefferson University - 2011

Internship: SUNY – Health Science Center at Brooklyn – 2012
Graduating Residents

Second Year Otolaryngology
Elizabeth Floyd, MD
College: George Washington University - 2007
Medical School: SUNY - Health Science Center at Brooklyn - 2012
Internship: SUNY - Health Science Center at Brooklyn - 2013
Lydia Gitman, MD
College: University of Pennsylvania - 2008
Medical School: Jefferson Medical College - 2012
Internship: SUNY - Health Science Center at Brooklyn - 2013
Hamid Arjomandi, MD
College: University of California, Irvine - 2008
Medical School: Keck School of Medicine of the University of Southern California - 2012
Internship: SUNY - Health Science Center at Brooklyn - 2013

First Year Otolaryngology
Jason Abramowitz, MD
College: City University of New York, Queens College - 2009
Medical School: SUNY - Health Science Center at Brooklyn - 2013
Internship: SUNY - Health Science Center at Brooklyn - 2014
Lee Kaplowitz, MD
College: Cornell University - 2009
Medical School: SUNY - Health Science Center at Buffalo - 2013
Internship: SUNY - Health Science Center at Brooklyn - 2014
Nikita Kohli, MD
College: Northwestern University - 2009
Medical School: University of Virginia - School of Medicine - 2013
Internship: SUNY - Health Science Center at Brooklyn - 2014

Incoming Residents (Starting July 1, 2014)
Anthony Afsahi, MD
College: Stony Brook University - 2009
Medical School: SUNY - Health Science Center at Brooklyn - 2014
Internship: SUNY - Health Science Center at Brooklyn - 2015
George Ferrizzi, MD
College: Georgetown University - 2009
Medical School: SUNY - Health Science Center at Brooklyn - 2014
Internship: SUNY - Health Science Center at Brooklyn - 2015
Sandra Ho, MD
College: Johns Hopkins University - 2008
Medical School: Jefferson Medical College of Thomas Jefferson
University - 2014
Internship: SUNY - Health Science Center at Brooklyn - 2015

Front Row (L to R): Nira Goldstein, MD, MPH; Faculty, Miguel Mascaro, MD; Graduating Resident, Niv Mor, MD; Graduating Resident, Anita Konka, MD; Graduating Resident, and Richard Rosenfeld, MD, MPH, Professor and Chairman
Second Row (L to R): Scott Harris, MD, Resident, Miguel Mascaro, MD, Graduating Resident, Sydney Butts, MD, Faculty, Frank Lucente, MD, Faculty, KrishnaMurthy Sundaram, MD, Faculty, Niv Mor, MD, Graduating Resident, Elizabeth Floyd, MD, Resident, and Hamid Arjomandi, MD, Resident
3rd Row (L to R): Abraham Shulman, MD, Resident, Bona Bembenarow, MD, Faculty, Michael Weiss, MD, Faculty, Matthew Hanner, MD, Faculty, Joshua Silverman, MD, PhD, Faculty, Jason Wasserman, MD, Resident and Lee Kaplowitz, MD, Resident

Otolaryngology Annual Report 2014.indd   74-75
10/16/14   9:46 AM
## Department of Otolaryngology

### Resident Rotation Schedule (Academic Year 2013-2014)

**2013**

<table>
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<th>KCBC/BUY</th>
<th>MAIMO</th>
<th>VA</th>
<th>RAD RDG AMBUL CARE LCH AMBUL.</th>
<th>METHODRT</th>
<th>RESEARCH</th>
<th>NON-OTO PGY-1</th>
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<td>JULY</td>
<td>MASCARO</td>
<td>EARLEY</td>
<td>LICH AMBUL.</td>
<td>PLEIN</td>
<td>ALABAMIAN (NS)</td>
<td>KAPLOWITZ (CT)</td>
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<td>KAPLOWITZ (CT)</td>
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<td>PLEIN</td>
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<td>LICH AMBUL.</td>
<td>PLEIN</td>
<td>ALABAMIAN (NS)</td>
<td>KAPLOWITZ (CT)</td>
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**2014**

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Residency Experience

Residency Training - Progression of Resident Responsibilities

The resident training program consists of five years of progressive training in otolaryngology. The PGY-1 year in otolaryngology includes clinical and didactic activities that prepare residents to (a) assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems, (b) care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and disease, and peripheral vascular and thoracic injuries, (c) care for critically ill surgical and medical patients in the intensive care unit and emergency room settings, (d) participate in the pre-, intra-, and post-operative care of surgical patients, and (e) understand surgical anesthesia in hospital and ambulatory care settings, including anesthetic risks and the management of intra-operative anesthetic complications.

The training in this year is managed by the Departments of Otolaryngology in coordination with the Departments of Surgery, Anesthesiology, Emergency Medicine, and Neurosurgery. This year includes the following rotations, as mandated by the ACGME Program Requirements for Graduate Medical Education in Otolaryngology:

1. A minimum of 5 months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, surgical oncology, and any remaining months of the PGY-1 year may be taken on the clinical services listed above.

Rotations take place at UHB, KCHC, NY Methodist, and BVAMC as described below:

- **UHB rotations:** otolaryngology, general surgery, surgical oncology (encompassed in general surgery), anesthesia, cardiothoracic surgery, transplant surgery, vascular surgery, (encompassed in transplant surgery)
- **KCHC rotations:** otolaryngology, emergency medicine, critical care unit (SICU), neurosurgery, oncology
- **BVAMC rotations:** general surgery, vascular surgery (encompassed in general surgery)

**Typical Procedures Performed During PGY-1**

- physical examination
- ACLS (Advanced Cardiac Life Support)
- ATLS (Advanced Trauma Life Support)
- oxygen administration
- bag-valve mask device usage
- closed chest compression
- oropharyngeal and nasopharyngeal airways
- phlebotomy
- peripheral intravenous lines
- basic suturing of uncomplicated (non-facial, non-hand) lacerations
- splitting of strains and sprains
- flexible nasal and nasopharyngeal endoscopy
- flexible laryngoscopy
- Foley catheter placement
- arterial blood gas sampling
- nasogastric tube placement
- thoracentesis
- central line placement
- lumbar puncture
- management of a lumbar drain
- basic wound management
- incision and drainage of simple abscesses, including peritonsillar
- fine needle aspiration in the neck
- insertion and management of tracheotomy tubes
- foreign body removal from the ear, nose and pharynx
- anterior and posterior nasal packing

The PGY-2 year includes two two-months rotation at the New York Methodist Hospital and four two-month rotations at the University Hospital of Brooklyn/Kings County Hospital Center. This PGY-2 year is directed to the development of clinical abilities, the taking of otolaryngological histories, performing physical examinations, and learning special techniques, leading to the
The PGY-4 year includes one four-month rotation at Maimonides Medical Center, one four-month rotation at Kings County Hospital Center and one three-month rotation in Research based at Long Island College Hospital and one one-month clinical rotation at the Long Island College Hospital. The resident has substantial responsibility in administration and in teaching junior otolaryngology residents. Also, at this stage, he or she develops knowledge and experience with various medical and surgical complications and their management.

The fourth-year otolaryngology resident is in charge of performing elective and emergency in-house consultations. The resident also develops awareness of rehabilitation techniques and procedures pertaining to otolaryngology. During this year, the resident gains more experience with parotidectomy, modified neck dissection, composite resection, sphenoethmoidectomy, mastoidectomy, stapledectomy, endoscopic tonsillectomy, rhinoplasty, rhytidectomy, blepharoplasty, otoplasty, correction of congenital deformities, facial nerve decompression, and removal of nasopharyngeal tumors.

The PGY-4 resident is expected to use the experience of this year to prepare for the Chief Resident experience.

Typical Surgical Procedures Performed During PGY-4

- Canaloplasty
- Tympanoplasty IV (without Mastoidectomy)
- Modified Radical Mastoidectomy
- Simple Mastoidectomy
- Transnasal approach to the sella
- Closure of Pharyngostome
- Transpalatal Ligation of Vessels
- Oraoalveolar Flap Repair
- Cheek Alveolar Repair
- Uvulopalatopharyngoplasty
- Excision of Simple Tumor of Nose
- Crocopharyngeal Myotomy
- Tissue Expander, placement and management
- Lip Lift or Glossectomy
- Pedicle Flap Procedures-Mycocutaneous
- Lymphangioma excision
- Parotidectomy
- Thyrotomy (Laryngofissure)
- Vertical Hemilaryngectomy
- Supraglottic Laryngectomy
- Pharyngectomy and Districlaretomy
- Modified Neck Dissection, primary
- Excision with Flap Reconstruction
- Lateral Rhinotomy
- Suprathyroid Parotidectomy
- Composite Resection of Primary in Floor of Mouth, Alveolus, Tongue, Buccal Region, Tongue and neck, Radical
- Mandibular Resection (independent procedures)
- Excision Pinna
- Surgical Speech Flankula Creation
- Radical Mastoidectomy
- Ossiculoplasty (independent procedure)
- Tympanoplasty with Mastoidectomy
- Aytenoidectomy, Aytenoidectomy
- Thyroid Lobectomy
- Subtotal Thyroidectomy
- Total Thyroidectomy
- Cervical Esophagostomy for Feeding
- Major Vessel Ligation
- Bronchial Chief Cyst Excision
- Vocal Cord Injection
- Laser Laryngoscopy
- Bronchoscopy-Diagnostic with Foreign Body Removal
- Bronchoscopy-Diagnostic with Stricture Dilation
- Dermabrasion
- Brow Lift
- Liposuction
- Reduction Facial Fractures – Frontal
- Otoplasty
- Rhinoplasty
- Mentoplasty
- Blepharoplasty
- Maxis-Le Fort I
- Maxis - Le Fort II
- Rhytidectomy
- Scar Revision
- Frontothmoidectomy
- External Ethmoidectomy
- Frontal Sinus Trephine
- Endoscopic Sinus Surgery with sphenoidotomy and frontal sinusotomy

The PGY-5 year includes one four-month rotation at Long Island College Hospital (administrative chief resident), one four-month rotation at Kings County Hospital Center and one four-month rotation at Brooklyn VA Medical Center. The chief resident has administrative responsibility for all aspects of patient care. The resident gains wide experience in the following concepts: chemotherapy and radiation therapy for treatment of patients with cancer of the head and neck, cancer immunology laryngotracheal reconstruction and skull base surgery. The chief resident develops broad experience with the following surgical procedures: partial and total

Typical Surgical Procedures Performed During PGY-3

- Endoscopic Maxillary Antrostomy and Ethmoidectomy
- Excision of Cysta (Globulomaxillary, Nasalveolar)
- Tympanoplasty – Type I
- Thyroglossal Duct Cyst Excision
- Congenital Cyst Excision
- Partial Neck Dissection
- Submandibular Gland Excision
- Lip Shave
- Hemiglossectomy, sample
- Excision other Nasopharyngeal Tumor
- Lip Wedge Resection, 1st Closure
- Local Resection Cancer Mouth
- Incision & Drainage Neck Abscess
- Cervical Lymph Node Biopsy
- Repair Complex Facial Lacerations
- Reduction Facial Fractures – Nasal
- Reduction Facial Fractures – Maxillary
- Reduction Facial Fractures – Orbital Blowout
- Reduction Facial Fractures – Mandibular
- Pedicle Flap Procedures – Local
- Pedicle Flap Procedures – Regional
- Endoscopic Sinus Surgery
- Nasal Polypectomy
- Caldwell Luc
- Esophagoscopic – Diagnostic with Foreign Body Removal
- Esophagoscopic – Diagnostic with Structure Dilatation
- Bronchoscopy – Diagnostic
- Panendoscopy (Multiple Concurrent Endoscopic Procedures)

The PGY-3 year includes one four-month rotation in the outpatient clinical care of pediatric and adult populations and also participates in specialty clinics, such as pediatric, otology, and head and neck oncology.

The Basic Science Program, during the first two months of the resident, reinforces basic science application to the clinical practice of otolaryngology-head and neck surgery. The lectures, in addition to temporal bone dissection and head and neck gross anatomy dissection, are provided by full-time and part-time faculty of otolaryngology and other medical school faculty.

An introduction to hearing and speech evaluation/therapy is provided by the audiology and basic science application to the clinical practice of otolaryngology-head and neck surgery. The resident develops broad experience with the following surgical procedures: partial and total laryngectomy, and cosmetic facial surgery.

Typical Surgical Procedures Performed During PGY-2

- Intranasal Antrostomy
- Excision Preauricular Sinus
- Turbinectomy
- Toachotomy
- Myringotomy and Tube
- Split Thickness Skin Graft
- Full Thickness Skin Graft
- Excision Skin Lesions, Primary Closure
- Direct Laryngoscopy – Diagnostic
- Direct Laryngoscopy and biopsy
- Laryngoscopy with Excision
- Reduction Facial Fractures
- Mandibular Fracture Reduction – Closed
- Adenoidectomy
- T & A

The PGY-3 year includes one four-month rotation at the outpatient office in Brooklyn Heights and the Bay Ridge ambulatory surgery center, one four-month rotation at the Brooklyn VA Medical Center, one four-month rotation at the University Hospital of Brooklyn/Kings County Hospital Center and three months of research. Increasing responsibilities are reflected in performing inpatient consultations, and in teaching of medical students and residents of other programs. Broad clinic patient responsibility and refinement of diagnostic and treatment skills are continued in the junior year.

Knowledge of work-up and differential diagnosis for complex diseases related to otolaryngology is required, such as acoustic neurinoma, Ménière’s disease, diseases of the thyroid gland, allergy mediated disease, and unknown primary cancer of the head and neck. Residents and gain experience in open reduction of facial fractures, removal of foreign bodies from the upper aerodigestive tract, pediatric endoscopy and laser procedures, tympanoplasty, excision of salivary glands, frontal and ethmoid sinus surgery, regional skin flaps, radical neck dissection, total laryngectomy, and cosmetic facial surgery.

Typical Surgical Procedures Performed During PGY-3

- Endoscopic Maxillary Antrostomy and Ethmoidectomy
- Excision of Cysta (Globulomaxillary, Nasalveolar)
- Tympanoplasty – Type I
- Thyroglossal Duct Cyst Excision
- Congenital Cyst Excision
- Partial Neck Dissection
- Submandibular Gland Excision
- Lip Shave
- Hemiglossectomy, sample
- Excision other Nasopharyngeal Tumor
- Lip Wedge Resection, 1st Closure
- Local Resection Cancer Mouth
- Incision & Drainage Neck Abscess
- Cervical Lymph Node Biopsy
- Repair Complex Facial Lacerations
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- Caldwell Luc
- Esophagoscopic – Diagnostic with Foreign Body Removal
- Esophagoscopic – Diagnostic with Structure Dilatation
- Bronchoscopy – Diagnostic
- Panendoscopy (Multiple Concurrent Endoscopic Procedures)
laryngectomy, tracheal resection and reconstruction, total parotidectomy, parathyroidectomy, temporal bone resection, mediastinal resection, craniofacial resection, orbito-dermoplastic, neck dissection and composite resection, complicated reconstructive problems of the head, neck and face, neuro-otology (including middle cranial fossa surgery, Menière’s disease), cochlear implantation, skull base surgery, and major pediatric otolaryngological surgery.

The chief resident participates actively in teaching medical students, paramedical personnel, and junior otolaryngology residents. The chief resident also has major responsibility for ensuring that the numerous consults received from other services are handled accurately and expeditiously and that attendings are fully informed and consulted on all patient care and administrative matters which occur at night and on the weekends. Chief residents also are responsible for exploring clinical research projects and stimulating other members of the team to explore research opportunities.

All Chief Residents (and PGY-4 at Maimonides) are responsible for preparation of material for monthly M&M/PT/CQI conferences in the required format. This includes presentation of data on patient volume (in-patient and out-patient), on-going issues in clinic and inpatient services, interaction with other services, NYPORTS, equipment and service needs, transfusions/rational, complications, morbidities, mortalities and changes in procedures mandated by the above.

Further information about the role of the Chief Resident is included in the Chief Resident Manual, which was first prepared by Boris Bentsianov, MD, former Chief Resident, and is updated annually.

Typical Surgical Procedures Performed During PGY/S

- Total Parotidectomy with facial nerve preservation
- Parapharyngeal Space Tumor Excision
- Rhinectomy
- Maxilectomy
- Maxilectomy with Orbital Exenteration
- Excision Tumor Ethmoid and Cribriform Plate
- Temporal Bone Resection
- Laryngopharyngectomy
- Repair Laryngeal Fracture
- Pharyngoesophagectomy
- Tracheal Resection with Repair
- Major Vessel Repair
- Parotidectomy with Nerve Graft
- Excision Angiofibroma
- Transoral Mediastinal Dissection
- Scalene Node Biopsy
- Facial Nerve Graft, Repair or Substitution
- Microsurgical Free Flap
- Skull Base Resection – Lateral
- Excision of Paranganglioma of Neck and Skull Base
- Laryngoplasty
- Tracheoplasty
- Fascial Sling Procedures
- Pharyngeal Flap
- Medistinoscopy
- Pharyngogastric Anastomosis (Gastric Pull-Up)
- Skull Base Resection – Anterior
- Skull Base Resection – Middle
- Temporalis Muscle Transface
- Composite Graft
- Osteoplastic Frontal Sinusectomy
- Frontal Sinus Ablation
- Radical Par-Sinusectomy
- Dacryo-ostiostomy
- Cleft Lip Repair
- Cleft Palate Repair
- Reconstruction Congenital Aural Atresia
- Reconstruction External Ear
- Maxilla-LeFort III
- Stapedectomy
- Facial Nerve Decompression
- Repair of Perilymphatic Fistula
- Endolymphatic Sac Operation
- Labyrinthectomy
- Resection Cerbellopontine-Angle Tumor

All residents participate in the numerous educational programs of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Triological Society, New York Head and Neck Society, and various New York Metropolitan residency programs. In addition, each resident is expected to have two active clinical research projects underway at any given time. The faculty provides supervision of these projects and encourages completion of manuscripts for publication and presentation at national and/or regional meetings.

Training in Otolaryngology Allergy, and Immunology

Training in otolaryngology allergy and immunology includes the following:

- Attendance at the Weill Cornell Allergy Resident Education (WeCare) course at the Weill Cornell Medical College.
- Combined Allergy-Rhinology Clinic at KCHC.
- Participation in programs of American Academy of Otolaryngic Allergy (AAOA) (residents are encouraged to join).
- Series of lectures by the chairman on otolaryngologic aspects of AIDS.
- Close clinical working relationship with KCHC and SUNY faculty in allergy and immunology.
- Inclusion of discussion of allergic and immunologic aspects of otolaryngologic disease during routine conferences.
- Use of AAO/HNS educational material in allergy/immunology including selected SIPacs, Monographs, and Home Study Courses.
- Directed reading assignments in allergy/immunology topics.

Training in Endocrinology

Training in endocrinology includes the following activities:

- Extensive discussion on teaching rounds and in the operating rooms about the numerous patients who present with endocrine disorders or who require endocrine surgery.
- Special Grand Rounds lectures and conferences on topics such as thyroid disease, parathyroid disease, diabetes, etc. These conferences involved colleagues from related clinical and basic science departments.
- Numerous surgical cases are performed in conjunction with the Department of Neurosurgery which has a special interest in transsphenoidal hypophysectomy.
- Use of AAO/HNS educational materials and selected reading in endocrinology.
- Close working relationship with endocrinologists at all hospitals.

Training in Neurology

Training in neurology includes the following activities:

- Discussion of the neurologic aspects of various otolaryngologic disorders in the operating room, clinics, and teaching rounds.
- Close working relationship with the Department of Neurosurgery with whom a Skull Base Surgical Center has been created at UH and with whom we perform numerous surgical procedures.
- Involvement in research projects with Richard Kollmar, PhD in the Department of Cell Biology.

Organization of Teaching Services and Clinics

The teaching service at each of the 4 sites (5 hospitals) is under the direction of a full-time staff member:

- University Hospital of Brooklyn: Richard Rosenfeld
- Kings County Hospital Center: Matthew Hanson
- Brookyn VA Medical Center: Michael Weiss
- Maimonides Medical Center: Michael Weiss
- NY Methodist Hospital: Krishnamurthi Sundaram

This physician is responsible for determining standards for the delivery of clinical care, defining and coordinating the intramural educational program, assuring that all institutional regulations are followed, monitoring resident progress, coordinating the activities of the attending staff and reporting promptly and accurately to the chairman on all departmental details.

The service chief recruits and supervises the attending staff, plans the intramural conference schedule, plans the operating room and clinic schedules and assures that there is a proper balance between service responsibilities and educational opportunities for the residents. All surgery is performed under attending supervision and all clinics have attending coverage. The chairman is present every week at the three major hospitals and makes periodic on-site visits to the other two hospitals. He also holds carefully structured meetings with the service chiefs from each institution bimonthly to assess the progress of clinical and educational programs.
Basic Science Education
The Chairman, Program Director, and Associate Program Director, in conjunction with the full-time staff, the Director of Communicative Disorders and the Director of Research, have planned a multifaceted program for basic science education which includes the following:

- Introductory basic science conferences directed toward the first, second, and third-year residents for 2 hours each week during July-September.
- Special targeted seminars are held approximately quarterly to integrate basic science and clinical topics (such as thyroid function and thyroid surgery).
- Didactic instruction in biostatistics, epidemiology, and basic science research by Richard Rosenfeld, Nira Goldstein, and Richard Kollmar.
- Monthly research conference that reviews current faculty and resident projects and monitors resident planning for the research rotation.
- Protected 4-month research rotation during the PGY-4 year in which the focus on basic science aspects or research experience are stressed.
- Numerous interactive projects with colleagues in Anatomy, Physiology, and Cell Biology Departments at SUNY.
- Use of basic science educational material prepared by AAO-HNS.

Laboratory Facilities
A New York State accredited Research Laboratory is located at SUNY Downstate and available to members of the Department of Otolaryngology.

A seven-station temporal bone dissection laboratory is also located at the outpatient office in Brooklyn Heights. This state-of-the-art facility is the main laboratory for the department’s regular basic course in otologic surgery for the residents. The laboratory will move to SUNY Downstate during this academic year.

A comprehensive animal laboratory is also located at SUNY Downstate. The Brooklyn VA Medical Center also has an animal care facility and laboratory, which provides another potential site for research projects and funding.

Scientific and Academic Computing Center
The Scientific/Academic Computing Center (S/Acc) located in the Basic Science Building at SUNY, aids students, staff, and faculty by offering formal courses, instruction, and individual consultations. The staff offers these consultations in a wide area of computer applications, including how to use the Center’s computers and other facilities, statistical analysis, data acquisition, analysis techniques, research methodology, and mathematical/analytical methods.

Block Schedule for PGY1 Year

<table>
<thead>
<tr>
<th>PGY1</th>
<th>Block 1 (4 months)</th>
<th>Block 2 (4 months)</th>
<th>Block 3 (4 months)</th>
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<tbody>
<tr>
<td>HHC, UHB</td>
<td>5 months: At least 3 of the following surgical rotations: general, vascular, oncology, thoracic, pediatric and plastics.</td>
<td>5 months: 1 month in each of the following: vacation, anesthesia, critical care, emergency medicine, and neurosurgery</td>
<td>2 months: otolaryngology</td>
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<tr>
<td>KCHC, UHB</td>
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<td>MMC</td>
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Block Schedule for PGY2 Year

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<td>NYMH</td>
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<td>MMC</td>
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Block Schedule for PGY3 Year

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Block Schedule for PGY4 Year

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<tr>
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<tbody>
<tr>
<td>UHB/Research</td>
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Block Schedule for PGY5 Year

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<tr>
<td>KCHC/UHB</td>
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KCHC, Kings County Hospital Center; MMC, Maimonides; NYMH, NY Methodist Hospital; UHB, University Hospital of Brooklyn; VA, Veterans Administration

*Includes outpatient office in Brooklyn Heights and Bay Ridge ambulatory surgery center

Beginning 7/1/12, a 3-year transition period will take place to progressively move the research rotation from the PGY-4 year to the PGY-3 year. Over each year, the PGY-4 resident will do one less month of the research rotation per year and one additional month at UHB and the PGY-3 will do one less month at UHB and one additional month of research. The PGY years affected (current PGY-4s, PGY-3s and PGY-2s) will do 3 months of research with one additional month at UHB. Beginning 7/1/15, the entire 4 month research rotation will be in the PGY-3 year and the PGY-4 residents will do 4 months at UHB.

Transition period schedule for the research rotation

<table>
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<tr>
<th>Transition year 1 (7/1/12 - 6/30/13):</th>
<th>1 mo.</th>
<th>3 mo.</th>
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<tbody>
<tr>
<td>PGY-3 Research</td>
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<tr>
<td>PGY-4 Research</td>
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<td>UHB</td>
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<tr>
<th>Transition year 2 (7/1/13-6/30/14):</th>
<th>2 mo.</th>
<th>3 mo.</th>
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<tbody>
<tr>
<td>PGY-3 Research</td>
<td>UHB</td>
<td>UHB</td>
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<tr>
<td>PGY-4 Research</td>
<td>UHB</td>
<td>UHB</td>
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<table>
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<tr>
<th>Transition year 3 (7/1/14-6/30/15):</th>
<th>1 mo.</th>
<th>2 mo.</th>
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<tbody>
<tr>
<td>PGY-3 Research</td>
<td>UHB</td>
<td>UHB</td>
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<tr>
<td>PGY-4 Research</td>
<td>UHB</td>
<td>UHB</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Final schedule (7/1/15 - 6/30/16):</th>
<th>4 mo.</th>
<th>1 mo.</th>
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<tbody>
<tr>
<td>PGY-3 Research</td>
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<td>UHB</td>
</tr>
<tr>
<td>PGY-4 Research</td>
<td>UHB</td>
<td>UHB</td>
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Didactic Teaching Program

Grand Rounds
Grand Rounds are held every Thursday morning at the University Hospital of Brooklyn. All house staff, students, research fellows and faculty are required to attend. The first half hour is dedicated to the discussion of various residency related topics. During the 7:00 to 8:00am hour, lectures are delivered by invited guests who are nationally known for their expertise and experience in a variety of topics. In house speakers and faculty as well as residents present information during the 8:00 to 9:00am hour. Also, journal club occurs from 9:00 to 9:30am on the second Thursday of each month and morbidity & mortality conference occurs during this time on the fourth Thursday. Biweekly Head and Neck Tumor Board is included in the schedule from 9:00 to 10:00. Alternating with the Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) course. Different aspects of basic sciences as related to the field of Otolaryngology-Head & Neck Surgery are presented and discussed from 7:00 to 9:00am during July and August.
Morbidty and Mortality/Quality Improvement
Monthly departmental meetings are scheduled to discuss issues related to quality improvement, performance improvement and morbidity/mortality. This important process involves all department members in an effort to improve individual, departmental, interdisciplinary and system activities in rendering quality patient care. Focusing on the quality activities of all five affiliated hospitals provides a coherent departmental-wide program. These conferences always include a systems-based practice approach, with identification of the roles of all members of the health-care team and identification of any institutional or system issues.

Resident Presentations
Twice a year each resident gives a formal presentation on a basic science or clinical subject at Grand Rounds. The resident is expected to choose a faculty adviser to assist with topic selection, format determination and possible manuscript preparation. The presentations may be a part of a research project and submission to local, regional and national meetings.

Otolaryngology Conference - Kings County Hospital Center
The Otolaryngology Conference takes place on a weekly basis in the office of the Department of Otolaryngology. The content of didactic and bedside teaching is based upon clinical material related to patients treated at Kings County Hospital and University Hospital of Brooklyn. The resident presents the case, and the discussion is led and supervised by the attending physician. An attempt is made to integrate the clinical material from the standpoint of diagnosis, treatment, and didactic teaching. Operative cases are presented both before and following surgery. The minutes of the conferences are recorded by the senior resident. A similar conference takes place bi-weekly at the New York Methodist Hospital.

Radiology and Pathology
Radiology and pathology conferences are held regularly every month within the context of the Grand Rounds conference. Basic overview of imaging and pathology as well as interesting cases in the head and neck are presented. Discussion and teaching is facilitated by experienced head and neck radiologists and pathologists.

Combined Head and Neck Oncology
Twenty four times a year, the Departments of Oncology, Otolaryngology, Radiology, Radiation Therapy and Pathology meet to discuss recent head and neck cancer patients and selected topics in head and neck cancer. A similar conference is held weekly at the Brooklyn Veterans Administration Medical Center. A combined otolaryngology/radiation oncology/medical oncology Tumor Board is held at SUNY-UHB/KCHC once a month; all head and neck cancer cases are presented for treatment planning.

Basic Science Lecture Series
During the summer, a 9-week basic science and communicative disorders course is given for 1st, 2nd and 3rd year residents, with senior resident attendance encouraged. Held on Thursday mornings, the first hour is devoted to basic anatomy, physiology, radiologic and pharmacologic aspects of otolaryngology - head and neck surgery. The second hour is devoted to topics in clinical otolaryngology, audiologic and speech and language pathology.

BVAM Hospital Otolaryngology Conference
Conferences involving the attending and the otolaryngology residents assigned to the BVAM take place twice a week (usually on Tuesday afternoon and Friday morning). Consultations are reviewed, problem cases are presented, and surgical cases for the week are reviewed. Patients with severe disabling tinnitus are seen by the attending every Friday morning and integrated into the conference. Topics discussed at these conferences consist primarily of general otolaryngology, otology, nose and sinus surgery. BVAM Head and Neck Conference Weekly (Thursday afternoons) Head and Neck Conferences are held at the BVAM. The conference is attended by the residents and attendings on the otolaryngology team as well as the resident and attending staff of the Department of Surgery, Head and Neck Service.

There is a multidisciplinary group of physicians, radiologists, oral surgeons, oncolgists and radiotherapists. Patients are presented both before and following therapy. The statistics of the Tumor Registry Board of the BVAM are reviewed specifically for cases of head and neck oncology.

COCLIA Review Course
Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) is a teaching tool to help residents learn otolaryngology-head and neck surgery. This study guide provides discussion questions for over 100 major otolaryngology topics. Residents meet monthly to review the questions and learn from each other.

Communicative Disorders
A set of in-service meetings have been established by the Division of Communicative Disorders for the residents of otolaryngology. Topics covered include basic audiometry, immittance audiometry, evoked potentials, hearing loss, hearing aids, head and neck disorders, laryngecctomy and rehabilitation and dysphagia.

Temporal Bone Dissection Course
The department maintains a state-of-the-art temporal bone microdissection laboratory currently at the Brooklyn Heights office; residents attend a program over 3 days each year of their training. Early course work stresses anatomy and embryology, followed by intensive dissections and surgical technique practice. Dr. Matthew Hanson, Dr. Neil Sperling, and Dr. Michal Preis along with other faculty members, guide the resident through this important and valuable educational program. Temporal bones are also available for resident self-study and dissection.

Journal Club
On a monthly basis, the current literature is reviewed in a journal club format. Review of the literature is important for keeping up-to-date with the ever-changing world of medicine. The Journal Club format helps residents learn how to analyze research fundamentals and new material, allowing them to draw their own conclusions. Reading the literature also helps create interest in specific research ideas and stimulates discussion and controversy.

Home Study Course
The Home Study Course, offered by AAO-HNS, includes current reprints. This course emphasizes both classic and current studies in otolaryngology - head and neck surgery. The course consists of compendia published in four sections a year, beginning each September. A self-assessment examination is provided after each section and scored for credit. All residents participate in this course, with the registration fee paid by the Department of Otolaryngology at SUNY Downstate.

In-Training Examination (Annual Otolaryngology Resident Examination)
Weekly conferences involving all members of the residency staff are held from January to April of each year up to and including the week before the American Board of Otolaryngology In-Training Examination for Residents. The conference is attended by available members of the residency staff. Supervision is provided by an attending who is present at the request of the resident staff and is available for consultation. Topics from past examinations are reviewed to allow more comprehensive coverage of all aspects of the specialty of Otolaryngology - Head and Neck Surgery. The study guide allows for immediate availability of reference material as well as audiovisual equipment.

Mock Oral Board Examinations
Approximately 4 times annually the department will conduct a mock oral board examination session as part of the grand rounds schedule.

Special Evening Meetings
Four times a year, the New York Head and Neck Society hosts a Wednesday evening lecture series devoted to a particular issue. Local, national and international authorities are invited to speak. All residents are invited and sponsored by our department.
Suggested Readings
Specific reading requirements by training year are given under the "Medical Knowledge" competency sections in the "Goals and Objectives" document. In addition, it is expected that residents implement a systematic reading schedule to prepare for the annual Otolaryngology Training Examination each spring. The goal of the reading schedule should be to cover all material in a general otolaryngology textbook (e.g., Bailey’s) at least once annually, even if only superficially. More in-depth and focused reading should occur progressively as the resident advances in training.

Research Expectations
All residents in the PGY 2 through PGY 5 years are expected to present a research project at the annual Frank E. Lucente Resident and Alumni Research Day in June.

Research projects may consist of (a) case series and chart reviews, (b) systematic reviews or meta-analyses of the literature, (c) planned observational research, (d) survey research or projects, or (e) experimental research (basic science or clinical trials).

A resident should be able to identify an area of study and specific questions to be addressed. The resident should be able to develop an investigable plan in the form of a research protocol, which will address the questions to be answered (i.e. retrospective vs. prospective) and explain their limitations. One should be able to design and implement a study. One should also be able to critique study design, methodology, statistical analysis and interpretations in both their own work as well as journal publications.

Residents are expected to work independently. Faculty members are available as advisors to provide guidance and direction. A research template must be completed six months prior to the start of the research rotation for review by the faculty mentor and research faculty.

Designated Research Time
Four months of protected research time is available to all residents during the PGY-4 year of otolaryngology training. Beginning 7/1/12, a 3-year transition period will take place to progressively move the research rotation from the PGY-4 year to the PGY-3 year.

Research is part of the ACGME core competency on practice-based learning and improvement (PBLI). Please refer to the "Goals and Objectives" document for a description of research expectations in the PGY-4 year under the PBLI subheading.

Research must be done at the University Hospital of Brooklyn or Brooklyn VA. Research may be basic science or clinical. Work may be performed in any department as long as the work is under the PBLI subheading. Residents are expected to work independently. Faculty members are available as advisors to provide guidance and direction. A research template must be completed six months prior to the start of the research rotation for review by the faculty mentor and research faculty.

Undesignated Research Time
All residents are expected to take advantage of the large clinical volume available to them. A clinical issue to study prospectively should be identified during the first three years of training. With the assistance of an otolaryngology faculty member, a protocol is then written and submitted to the Otolaryngology research committee for approval. Subsequent approval by the institution research review board may also be required. After approval of a protocol, the study should be performed without interfering with other clinical responsibilities.

A retrospective study using the clinical material available at any or all affiliated institutions should also be performed during the regular clinical assignments. Again, a protocol should be written and approved by the research committee prior to incurring any expense.

Service Chief Reports
Division of Pediatric Otolaryngology
Joshua B. Silverman, MD, PhD

The Division of Pediatric Otolaryngology, now in its 22nd year of existence, has continued to achieve excellence in patient care, teaching, and research during the 2013-2014 academic year. Continuing our expansion of clinical practices at multiple sites, the division has become active at SUNY Downstate Bay Ridge Hospital and New York Methodist Hospital. Dr. Silverman has lead the initiative to create an Advanced Pediatric Otolaryngology Center at New York Methodist Hospital, with programs in pediatric airway, voice and swallowing; head and neck masses; sleep disorders; cleft and craniofacial anomalies; and hearing and newborn screening. Each of these programs encourage faculty involvement from a wide variety of specialties to work together in a multi-disciplinary fashion to create system-based initiatives as well as individual treatment plans for patients. This year has also seen continued success for the multi-disciplinary Brooklyn Cleft and Craniofacial Center, led by Dr. Sydney Butts. The pediatric division has continued to be among the busiest groups at Bay Ridge Hospital, as Drs. Rosenfeld, Goldstein, Butts, and Silverman all operate regularly at this surgical center.

Academic pursuits remain strong priorities as the Division continues to forge a national reputation. Richard Rosenfeld, MD, MPH, continues as Editor-in-Chief of the journal Otolaryngology - Head and Neck Surgery and senior advisor for guidelines of quality for the AAO-HNS. Nira Goldstein, MD, MPH, continues to be extremely active in both the American Academy of Otolaryngology and SUNY Downstate Medical School, and has become a leading authority on sleep-disordered breathing in children, with numerous publications on the subject. Joshua Silverman, MD, PhD serves on two Academy Committees, and has been honored with induction into both the New York State Laryngological Society and American Laryngological Association, as post-graduate fellow. Peer-reviewed manuscripts were published in Otolaryngology – Head & Neck Surgery, International Journal of Pediatric Otorhinolaryngology, and Archives of Otolaryngology - Head & Neck Surgery.

The Division of Pediatric Otolaryngology continues to grow clinically and academically. Five full-time pediatric otolaryngologists are active within our Department, maintaining the largest division in the New York metropolitan region.

Division of Facial Plastic and Reconstructive Surgery
Sydney C. Butts, MD

The Division of Facial Plastic and Reconstructive Surgery is based at several clinical sites, with services provided at University Hospital Brooklyn, the Brooklyn Heights office site, Kings County Hospital Center and New York Methodist Hospital. There was an even distribution of facial plastic surgery cases including trauma surgery, post-ablative reconstruction, congenital deformity repair, functional nasal correction and cosmetic facial procedures. Active facial plastic surgery services and on-call coverage were maintained at all of the affiliate hospitals and several satellite office sites.

Academic activity from the division included presentations at national meetings, along with publications and chapter submissions to otolaryngology and facial plastic surgery textbooks. Areas of research included congenital anomalies associated with cleft palate and mandibular distortion osteogenesis. Current research projects on perioperative pain management for mandibular trauma and epidemiological factors associated with orofacial clefting are currently underway. During the past year, faculty in the division presented invited lectures at the annual meetings of the American Academy of Facial Plastic and Reconstructive Surgery and the 11th Annual International Symposium of Facial Plastic Surgery.

The otolaryngology service has become actively involved in the management of congenital craniofacial anomalies, becoming the primary referral service for the cleft lip and palate patients born at the neonatal intensive care units at SUNY Downstate and Kings County Hospital. Through collaboration with the NICU, general pediatrics and the pediatric subspecialties, as well as local speech language pathologists and geneticists, comprehensive and multidisciplinary care is brought to these patients. Formal meetings of the Greater Brooklyn Cleft and Craniofacial Team began in June 2012. This is a multidisciplinary team of clinicians who meet at SUNY Downstate to discuss and coordinate the care of patients referred to the team.
During the Downstate/Kings County rotation, the otolaryngology service provides coverage of facial trauma in a rotation schedule with the oral surgery and ophthalmology services. Over the last 12 months, over 35 facial fractures repaired. Residents participate in formalized didactic activities relating to maxillofacial trauma during this rotation. Residents are sent to participate in maxillofacial trauma courses sponsored by the AO. Dr. Butts has been involved with maxillofacial trauma education on a national level as a faculty member of the AO.

In summary, the Division of facial plastic surgery continues to provide residents and medical students with significant exposure to cosmetic and reconstructive surgery. The recent staff additions have provided continuity and helped to preserve the volume of cases critical to resident training. We expect further growth over the next few years in all aspects of the subspecialty.

Division of Otology and Neurotology

Matthew B. Hansom, MD

The Division of Otology and Neurotology provides sub-specialized care for patients with diseases of the ear and temporal bone. In striving for optimal outcomes for our patients, their care is carefully coordinated with our colleagues in the Division of Communicative Disorders, where accurate diagnosis relies on advanced technology. Our Skull-Base team for treatment of skull-base or neurologic disorders includes colleagues in head and neck surgery and neurosurgery. We provide advanced care for the hearing impaired, including cochlear implantation, bone-anchored hearing implants, and early detection of hearing loss. Newborn hearing screening is routine at our participating hospitals and regularly identifies hearing loss at the youngest possible age. This enables early intervention to foster language development. Otology education is supplemented by the careful and precise study of the temporal bone anatomy. The Temporal Bone Laboratory provides intensive training for all residents during each of their four years. Our laboratory is also available for post-graduate training. Routine educational conferences in otology take place through the Grand Rounds schedule, as well as during weekly Temporal Bone Radiology Conferences, Vestibular conferences and weekly Case Review Conferences. We also benefit from our close affiliation with the Auditory Oral School of New York, which provides pre- and post-operative services for our cochlear implant patients of all ages.

The past year has seen a tremendous growth to the Otology Division in the addition of Dr. Michal Preis to the staff at Maimonides Medical Center. Dr. Preis completed her Otology training at Rabin Medical Center in Israel and recently finished a fellowship in Otology/Neurotology with Dr. Jay Rubenstein in Seattle. Already very busy, Dr. Preis will dramatically expand the otologic experience of the residents with a large clinical volume at Maimonides.

In summary, the Division of facial plastic surgery continues to provide residents and medical students with significant exposure to cosmetic and reconstructive procedures of the face. Our neurotology practice has expanded over the past decade to meet the needs of the large north east urban community. skull-base surgery and video-assisted thyroid surgery to our armamentarium.

This year marks the beginning of minimally invasive head and neck surgical oncology program. Head and neck cancer has impacted some of the most basic human functions, including swallowing, speech, sight, fertility and appearance just to name a few. Our head and neck surgeons, as well as our otologists, Dr. Bentsianov [division director] and Dr. Silverman, work with our patients to rehabilitate every aspect of speech and swallowing function following ablative head and neck surgery. Physicians in the Division of Microvascular and Reconstructive Surgery have been working closely with our cancer surgeons on advanced reconstructive procedures for head and neck cancer.

In the Division of Head and Neck Surgery and Oncology we place a special emphasis on basic science and clinical research. Our work investigating the effects of social disparities on patient outcomes led by Dr. Sundaram has been accepted for presentation at IFNOS Head and Neck Meeting. Dr. Chernichenko is leading basic science project investigating the mechanisms of peripheral invasion by head and neck cancers. The results of this work should directly impact the clinical care of cancer patients not only by improving survival and preventing progression of neurotrophic tumors, but also by improving patients’ quality of life by diminishing pain and functional impairment. Faculty members and residents of our department are regular participants and attendees at the meetings of the New York Head and Neck Society, which is the largest local/regional head and neck oncological organization in North America. Our Chairman, Dr. Richard Rosenfeld has supported the head and neck division and strongly encouraged its growth. With his help we look forward to further growth and development of the division.

Division of Laryngology, Voice and Swallowing Disorders

Both the Downstate and Kings County rotations.

The Division of Laryngology has been providing our patients with the latest and most advanced diagnostic and therapeutic modalities for care of voice and swallowing pathology. Office procedures include videoendoscopy, laryngeal EMG and EMG guided injection, Endoscopic swallow evaluation, as well as percutaneous medialized thyroplasty and awake in-office laryngeal biopsy techniques. The practice has expanded over the last decade to meet the growing demand for high quality voice and larynx care throughout the community and borough with referral for tertiary care from a catchment area including Brooklyn, Queens and Staten Island. The diagnosis also includes a new laryngeal clinic in collaboration with the residency program, in which resident physicians and their patients also benefit from the full complement of laryngologic instruments and procedures. The clinic allows all patients access to the highest level of laryngologic care in the private setting and allows the residents an exciting opportunity to learn and contribute in a hands on fashion.

The Division of Laryngology, voice and swallowing disorders is also excited to deliver services at our new practice site at Methodist Hospital in park slope, Brooklyn. This partnership with a busy and highly respected local hospital will increase our volume of service and enhance the resident experience in clinical and surgical laryngology even further. The institution has committed significant efforts to ensure the highest quality surgical equipment and facilities for our practice to continue to deliver high level of care in a new and exciting demographic. This
DEPARTMENT OF OTOLARYNGOLOGY

The Department of Otolaryngology has maintained a strong commitment to patient care, research, and education. Our team of physicians and staff is dedicated to providing the highest level of laryngologic care to our patients and our community.

The division is further enhanced by its affiliation with the Brooklyn VA hospital were we have a full Tuesday AM operating room session and Tuesday PM clinic hours for laryngologic patients, served jointly by the otolaryngology and Speech and language departments. This collaborative evaluation of the patient allows for optimal team based care for the VA patients and allows the residents insight into the voice evaluation and therapy aspects within the subspecialty. The division is also active within the grand rounds curriculum for resident education and continuing medical education for our faculty, as well as the resident basic science course.

The Division of Laryngology has also been greatly benefited by its interaction with the Communicative Disorders Group at Brooklyn Hospital were we have collaborated with their voice trained speech and language pathologists for non-invasive therapeutic techniques for care of professional voice performers, patients with high vocal demand and neurolaryngology patients with excellent results. The program has also allowed us to build our relationship with the Parkinsons program at SUNY Downstate and deliver the highest level of LSVT trained therapy to this challenging population. This aspect of our division also has facilitated the care of post laryngectomy patients by providing this patient group with a host of rehabilitative options from esophageal speech teaching, to TEP care and counseling.

The division has also become more active in the operating room setting with higher case volume over each of the last several years including new microlaryngologic instruments to facilitate microsurgical vocal cord surgery and a new laser technology allowing us to expand our surgical capabilities and our relationships throughout the borough.

As always, our goal is continued growth, and to expand our current scope of care providing the highest level of laryngologic care to our patients and our community.

Communicative Disorders

The Division of Communicative Disorders serves infants, children, and adults with speech, language and hearing disorders. The division has developed the first cochlear implant program in Brooklyn and Staten Island. Plans for the future include further expansion of a cochlear implant program, the development of a specialized voice and swallowing center with state of the art diagnostic and therapeutic equipment, and expanded services for head and neck cancer patients.

Audiology

Audiology services include complete diagnostic evaluations including complete audiological evaluation and immittance testing on infants, children and adults. Specialized testing includes otoacoustic emissions, hearing aid and cochlear implant evaluation and mapping, auditory brainstem response testing, electronystagmography, and evaluation of central auditory processing skills. Our universal newborn hearing screening program evaluates auditory function in all newborns born within our facilities. The goal of the program is to identify babies at risk for hearing loss and provide them with further evaluation. For those with permanent hearing loss, amplification evaluations will be recommended. Treatment before six months of age, will reduce the negative effects of hearing loss on speech and language development. Counseling and referrals are available as needed.

Cochlear Implant Program

The Cochlear Implant Program is unique in that it is part of an auditory verbal therapy program. Patients who elect to have cochlear implants can receive therapy services at the same facility that performing their mapping. Experienced audiologists are available to visit schools and provide assistance.

Communicative Disorders Staff

Laurie Caracciolo, AuD, CCC-A  
Clinical Audiologist, graduated from University of Florida in 2007 with an AuD in Audiology. Special interests include: balance testing, pediatric assessment and OAE’s.

Saleh Saleh, AuD, CCC-A  
Clinical Audiologist, graduated from the University of Florida January 2010 with an AuD in Audiology. Special interests include: electrophysiological testing, dizziness evaluation, tinnitus evaluation and amplification.

John Weigand, AuD, CCC-A  
Director of Audiology at SUNY Downstate, graduated from University of Florida in 2000 with an AuD in Audiology. Special interests include: amplification, electrophysiological testing and vestibular assessment and training audiology students.

Danielle Nascimento, MS, CCC-SLP  
Speech-Language Pathologist graduated from CUNY Hunter College in 2008 with Master’s in Communication Sciences. Special interests Include: adult dysphagia, pediatric speech and language development, and voice disorders.
**Research Report**

In the year 2013-2014, Dr. Kollmar continued his work on the molecular genetics of otolith formation in the zebrafish. Drs. Kolmar, Sundaram, Silverman, Mor, Harris and Thakkar continued their work supported by an AAOHNPS Percy Memorial Research Grant studying the restoration of recurrent laryngeal nerve function after injury in a rat model. Their preliminary work was published in the journal Otolaryngology Head and Neck Surgery. Drs. Chernichenko and Thakkar are studying perineural invasion in a zebrafish model. Dr. Rosenfeld continued in his role as Editor-in-Chief of the journal Otolaryngology Head and Neck Surgery and chair of the AAOHNS Guidelines Development Task Force that sponsored panels to develop clinical practice guidelines for improving voice outcomes after thyroid surgery, laryngostomy tube, acute bacterial sinusitis, acute otitis externa and acute otitis media. He is also co-investigator on an AHRQ Conference Grant evaluating evidence-based guidelines affecting policy, practice and stakeholders. Dr. Butts continued her work supported by an AAOHNS Health Services Research Grant studying the perceptual assessment of velopharyngeal dysfunction by otolaryngology residents. Dr. Shulman continued his studies evaluating the pathophysiology, imaging and treatment of tinnitus. Drs. Mor and Konka presented their work at the 9th Metropolitan NY Resident Research Day Symposium. Notable publications include Dr. Konka’s and Dr. Goldstein’s Cost-benefit analysis of polyomography versus CAS-15 for pediatric sleep-disordered breathing published in Otolaryngology Head and Neck Surgery, Dr. Mor’s, Dr. Kollmar’s, Dr. Sundaram’s, Dr. Silverman’s and Dr. Stewart’s Quantitative video laryngoscopy to monitor recovery from recurrent laryngeal nerve injury in the rat published in Otolaryngology-Head and Neck Surgery, Dr. Earley’s and Dr. Butts’ Update on mandibular distraction osteogenesis in Current Opinion in Otolaryngology Head and Neck Surgery, Dr. Sperling’s and Dr. Suny’s early postoperative results in stapedectomy published in Otolaryngology Head and Neck Surgery and Dr. Shulman’s Electrical simulation: neuroplasticity, neuromodulation, neuroprotection in the International Tinnitus Journal.

**Ongoing Research Projects**

Richard M. Rosenfeld, MD, MPH
1. AAO-HNS clinical practice guideline on adult sinusitis
2. AAO-HNS clinical practice guideline on acute otitis media
3. AAO-HNS clinical consensus statement on chronic pediatric rhinosinusitis
4. Methodology for clinical consensus statements
5. Multiple ongoing projects assisting otolaryngology residents with research design, systematic review, and data analysis
6. Outcome measures for the surgical treatment of cholesteatoma: a systematic review

Krishnamurthi Sundaram, MD
1. RLN reinnervation in a rat model.
2. Marital status and survival in head and neck cancer in Brooklyn.
3. Review of flaps in salvage nasopharyngectomy.
4. SIUDEP: study of RLN function in sudden death during epileptic seizures.

Nira Goldstein, MD, MPH
1. Developmental delay in young children with sleep-disordered breathing before and after tonsil and adenoid surgery
2. Angioedema – Prospective Study
3. Cost-benefit analysis of polyomography versus CAS-15 for pediatric sleep-disordered breathing
4. The prevalence of sleep-disordered breathing in children with asthma and its behavioral consequences
5. The risk of sleep-disordered breathing in former preterm children
6. The impact of adenotonsillectomy on pediatric asthma

Boris Bentseianov, MD
1. Systematic review of nasopharyngoscopy cleaning techniques

Marina Boruk, MD
1. Effectiveness of intranasal steroids in treatment and prevention of disease recurrence in chronic rhinosinusitis with nasal polyposis (CRS)

Sydney Butts, MD
2. Epidemiological factors associated with orofacial clefting in New York City. Principal Investigator-Sydney C. Butts, MD. Collaborators-Simone Reynolds MPH PhD, Michael Joseph MPH PhD

Natalya Chernichenko, MD
1. A novel xenograft zebrafish model of perineural invasion
2. Predictors of survival and recurrence of oropharyngeal SCCa at a tertiary care KCHC
3. Prevalence of EBV positive nasopharyngeal carcinoma in Caribbean population
4. Epithelial hemorrhage of the mandible: a case report and review of the literature
5. Rosai-Dorfman disease of the masopharynx: a case report and review of literature
6. Marital status and survival in head and neck cancer in Brooklyn

Matthew Hanson, MD
1. Outcome measures for the surgical treatment of cholesteatomas: a systematic review

Richard Kolmar, PhD
1. Molecular genetics of otolith formation in the zebrafish
2. Restoration of recurrent-laryngeal-nerve function after injury in a rat model

Joshua Silverman, MD, PhD
1. Restoration of recurrent laryngeal nerve function after injury in a rat model
2. Angioedema – Prospective Study
3. Systematic review of treatment of adult laryngotracheal stenosis

Abraham Shulman, MD
1. Noise induced tinnitus animal model. Efficacy Calpain antagonists Neuroprotection Neurodur; Gabadur ; Animal/ Drug Protocol. Wayne State University Department of Otolaryngology
2. TBI animal model epilepsy Neurodur/ Gabadur
3. Measurement of Intracranial pressure with an external non-invasive positioned ear canal device: • Marchbanks Cerebral and Cochlear Fluid Pressure (CCFP) • Analysat unit - The tympanic membrane displacement test(TMMDT)- in tinnitus Subjects presumed to have an elevated Intracranial pressure

Krishnamurthi Sundaram, MD
1. Restoration of recurrent-laryngeal-nerve function after injury in a rat model

Resident Research Projects:

Hamid Arjomandi, MD
1. The impact of adenotonsillectomy on pediatric asthma

Marisa Earley, MD
1. The risk of sleep-disordered breathing in former preterm children
2. Systematic review of treatment of adult laryngotracheal stenosis

Elizabeth Floyd, MD
1. Angioedema – Prospective Study

Lyuba Gitman, MD
1. Neonatal Nasal Deformities
2. Risk of sleep-disordered breathing in former preterm children
3. Epidemiological factors associated with the prevalence of orofacial clefts in New York City
Scott Harris, MD
1. Systematic review of nasopharyngoscope cleaning techniques

Sean Lewis, MD
1. Systematic review of treatment of adult laryngotracheal stenosis

Miguel Mascaro, MD
1. Angioedema - Prospective Study

Anita Konka, MD
1. Cost-benefit analysis of polysomnography versus CAS-15 for pediatric sleep-disordered breathing

Niv Mor, MD
1. Restoration of recurrent laryngeal nerve function after injury in a rat model
2. Outcome measures for the surgical treatment of cholesteatoma: a systematic review

Punam Thakkar, MD
1. Restoration of recurrent laryngeal nerve function after injury in a rat model

Jason Wasserman, MD
1. The impact of adenotonsillectomy on pediatric asthma

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