



DEPARTMENT OF Otolaryngology

ANNUAL 2012 REPORT

State University of New York Downstate Medical Center
Brooklyn Veterans Administration Medical Center

University Hospital of Brooklyn at LIC
Kings County Hospital Center

Maimonides Medical Center
University Hospital of Brooklyn

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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 2012



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

One concern when contemplating the state of the department is the fear of nothing new to report over the past year. Suffice to say that is not at all the case for the year that just passed, which was chock full of exciting improvements to our clinical and educational programs. It is always a joy and pleasure to pause annually and reflect on what a unique and special program we have.

The 2011-2012 academic year marked the 21st anniversary of the Department of Otolaryngology at 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), and Maimonides Medical Center. The department benefits from a thirteen full-time faculty, more than two dozen voluntary and part-time physicians, and from strong administrative support at all institutions.

As the only otolaryngology training program in a borough of 2.5 million (known) inhabitants we have the keys to a kingdom once called “the forty-ninth state.” Indeed, if the borough were a state it would be the fourth most populous. Brooklyn symbolizes American qualities of ambition, brashness, wiseguy humor, street smarts, and underneath the toughness, a soft touch. This “soft touch” continues to be an undercurrent of our outstanding department, manifest daily in the warm, congenial, and respectful interactions between students, residents, and faculty.

Kings County Hospital (KCHC)

Last year I recounted the intriguing past of SUNY Downstate, from its origins in Brooklyn Heights in 1857, to its location in East Flatbush in 1954, and the historic merger with LICH in 2011. The official link between Brooklyn Heights and East Flatbush, however, began in 1923, when LICH sent students to Kings County Hospital under an affiliation agreement with the New York City Department of Public Welfare. The KCHC experience remains a cornerstone and highlight of residency training, one that deserves some historical perspective of its own.

In 1831 Kings County Hospital was founded as a one-room infirmary, becoming a complete hospital building in 1837. By 1939 it was the third largest hospital in the United States, a distinction retained into the mid-1990s. Kings County is the proud owner of many “firsts” in medicine: the first open-heart surgery in New York state, the world’s first hemodialysis machine, the first studies of HIV infection in women, and the first human images using magnetic resonance imaging (MRI). Because of its role as the first Level 1 Trauma Center in the United States, police officers have been quoted as saying, “If I get shot...bring me to Kings County.”

If you ask any otolaryngology resident about Kings County they might respond: the best part of our program; the worst part of our program; the place where we learn the most; the most challenging rotation; the place where we become a real physician; a worm hole to the Caribbean; and a living Guinness Book for World Records for everything bizarre, incredible, and often unimaginable in medical practice. But all would agree that being an otolaryngology resident at Kings County leaves an indelible impression, invariably positive in hindsight, that prepares them for nearly any conceivable challenge in practice.

KCHC is located at roughly the geographic center of Brooklyn in East Flatbush, a dynamic neighborhood that has seen tremendous growth since the early 1980s. As elegantly described in *Neighborhoods of Brooklyn* by Jackson and Manbeck:

“Sounds, sights, and flavors of the Caribbean tantalize visitors to East Flatbush. Tin awnings shade first- and second-floor porches of red-brick homes; lush flowers adorn tiny front yards; and the intoxicating aroma of jerk chicken, oxtail soup, plantains, pastries, fresh rotis, and codfish drifts out of restaurants, roti shops and bakeries. Street vendors tempt passersby with freshly cut sugarcane, coconuts, mangoes, ginger beer, and sorrel drinks. Local Haitian ska bands, warming up for performances in the neighborhood nightclubs, add their rhythms to the mix. And for desert, Taste of the Tropics shops (one of the oldest businesses in East Flatbush) offer homemade Caribbean fruit-flavored ice cream.”

Within walking distance of KCHC is New York City's oldest home and first official landmark, the Wyckoff House, or Pieter Claesen Wyckoff House, built in 1652 on Clarendon Road and Ralph Avenue. A short walk leads to another historic landmark at 5224 Tilden Avenue, the residence of legend Jackie Robinson, who pioneered the integration of baseball. Although no longer present, the winter home of Barnum and Bailey Circus once resided in bungalows, on Remsen Avenue near East New York and Clarkson Avenues, built in the late 1930s by Fred Trump, father of Donald Trump.

A cornerstone and highlight of our department, KCHC not only provides unparalleled opportunities for residency training, but also offers faculty incredible raw material for research, innovation, and professional development. We look forward to many years of continued involvement with this historical gem and the vibrant Brooklyn neighborhood in which it resides.

Bringing Quality Care to Brooklyn

Of the three pillars that support academic medical departments – research, teaching, and patient care – it is often the ability of a department of 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 become a showpiece of the department, with continued growth and expansion through the leadership of Richard Westreich, Sydney Butts, and Steven Cannady, who cover all aspects of trauma, cosmetic, microvascular, and reconstructive surgery. Our cleft and craniofacial initiative continues to expand and now includes a monthly multidisciplinary team meeting.

Head, neck, and skull-base surgery enjoy continued excellence under the leadership of Krishnamurthi Sundaram, Steven Cannady, and Michael Weiss, with additional expertise provided by Gady Har-El, Jessica Lim, Victor Lagmay, and voluntary faculty. There has been significant growth in minimally invasive transoral laser microsurgery, because of better screening, earlier diagnosis, and improved chemoradiation. Most importantly, our ability to operate on “unresectable” and advanced recurrent disease has improved dramatically with the enhanced microvascular reconstructive options available since Steven Cannady's arrival.

Otology and neurotology remain vibrant through the leadership of Matthew Hanson, Neil Sperling, Abraham Shulman, and voluntary faculty. Patients with cochlear implants have been well served by our partnership with the Auditory Oral School of New York, which provides state-of-the-art mapping, support services, and auditory training. We anticipate continued growth in audiology services at both UHB and LICH, and in speech services at LICH.

Pediatric Otolaryngology remains a highlight of the program with leadership by Nira Goldstein, Joshua Silverman, and Richard Rosenfeld, and additional contributions by 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.

Laryngology and neurolaryngology are well covered under the leadership of Boris Bentsianov and Joshua Silverman, with substantial additional contributions from our pediatric otolaryngologists, head and neck surgeons, and voluntary faculty.

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 office balloon sinuplasty. For the first time the department is offering in-office allergy testing and treatment. Additional contributions come from Richard Westreich, Frank Lucente, and many of our superb voluntary faculty.

Research, Education, and Teaching

Our annual Frank E. Lucente Alumni and Resident Research Day was an unqualified success, featuring keynote speakers Harold (Rick) Pillsbury III and alumnus Jared Wasserman. For the first time we have required *all* PGY-2 through PGY-5 residents to give a research presentation, a practice that will continue for years to come. Please review the full Research Day Agenda later in this report for a sampling of the incredible efforts of our residents and faculty.

We are fortunate to have Nira Goldstein continue as Director of Research, ably coordinating a rich palette of faculty, resident, and medical student projects. She has been an incredible resource for navigating the intricacies of funding, IRB approval, and statistical analysis, resulting in superb resident presentations at national and international meetings. Nira is assisted by

Richard Kollmar, who serves as Director of Basic and Translational Research, and Richard Rosenfeld, who mentors residents in biostatistics, study design, and systematic review. By integrating research review into our Grand Rounds schedule we have significantly boosted awareness of research opportunities and enthusiasm for research among residents and faculty.

Our educational offerings to residents and medical students continue to expand, with the new 2-week and 4-week otolaryngology electives for third year students. Nicole Fraser, our educational coordinator, remains an invaluable resource as she completes her third year with the department. Krishnamurthi Sundaram, Vice Chairman, organized the 2nd Annual Multidisciplinary Head & Neck Symposium, which focused on the larynx and trachea with Marshall Strome as the guest of honor. The conference agenda is reproduced later in this report and we are particularly grateful for the kind support of Gady Har-El in sponsoring our keynote speaker. We continue to embrace the philosophy of “residents as teachers” in our many interactions with medical students throughout their training.

Over the past year we have critically reviewed, enhanced, and revised our processes for resident training, program assessment, and faculty evaluation. We have worked hard to identify, and correct, issues that may detract from resident education, as identified by the annual resident survey and the prior RRC site visit. Nira Goldstein, Associate Program Director, and Richard Rosenfeld, Program Director, continue to refine the educational curriculum and grand rounds structure to better meet the needs of residents and faculty.

What a Year it Was

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

- Boris Bentsianov was inducted into the New York Laryngological Society
- Sydney Butts was honored as a “40 Under Forty” dynamic achiever by Network Journal
- Steven Cannady joined the full-time faculty and soon after completed his 200th free flap
- Chris de Souza edited a six-volume otolaryngology textbook to be published by Thieme
- John Dodaro was the Voluntary Faculty Honoree at our Graduation Dinner
- Nira Goldstein was included in the Extraordinary Women of Downstate and was inducted into the Triological Society, receiving the prestigious Harris P. Mosher Award for her research thesis on pediatric sleep-disordered breathing
- Frank Lucente was appointed to the Board of the SUNY HSCB Foundation and became a Life Fellow of the NY Academy of Medicine and the AAO-HNS Foundation
- Richard Rosenfeld was appointed Senior Advisor for Guidelines and Quality at the American Academy of Otolaryngology – Head and Neck Surgery
- Abraham Shulman became Editor Emeritus for the International Tinnitus Journal
- Joshua Silverman was the Full-time Faculty Honoree at our Graduation Dinner and also received the Kings County Hospital Service Award
- Michael Weiss was the Faculty Honoree in Otolaryngology at the SUNY Resident and Fellows Graduation Dinner

Notable Resident, Study, and Other Accomplishments

- Dennis Lee made a generous donation to the ENT Legacy Fund
- Jonathan Cohen secured a fellowship in head & neck and microvascular surgery under the direction of Gregory Hartig at the University of Wisconsin
- Christopher Mascarinas was the Graduating Resident Honoree in Otolaryngology at the SUNY Resident and Fellows Graduation Dinner
- Paul Zolkind, a third year medical student, had a prize-winning poster at the Annual Research Day of the School of Graduate Studies for his research on the neuroprotective effects of leupeptin in zebrafish with Richard Kollmar
- Elizabeth Mia Floyd and Chelsea Ann Obourn received awards for Outstanding Medical Student Performance in Otolaryngology
- Tiffany Morgan was the Staff Honoree at our Graduation Dinner
- Marcel Menon Miyake and Davi Sousa Garcia, otolaryngology residents from São Paulo, Brazil, completed a clinical and scientific observership in pediatric otolaryngology

New Faces and a Bright Future

An update is also in order on outgoing resident physicians. David Burstein begins a fellowship in facial plastic and reconstructive surgery with Russell Kridel in Houston, Texas; Sherry Fishkin joins a multispecialty group practice in Harvey, Illinois; and Christopher Mascarinas joins Kaiser Permanente in the Diablo Service Area of Northern California. We are delighted to welcome our three new PGY-1 residents, Elizabeth Floyd from SUNY Downstate in Brooklyn, New York; Lyuba Gitman from Jefferson Medical College in Philadelphia, Pennsylvania; and Hamid Arjomandi from the Keck School of Medicine in Los Angeles, California.

Despite the many challenges of running a successful academic department in the current healthcare environment I enter the coming year with hope, confidence, and enthusiasm. How can our department *not* succeed, prosper, and grow when supported by the best and brightest? Many have already been acknowledged, but let me close by thanking two of our administrative miracle workers, Billy Tang at SUNY and Carole Facciponti at LICH. Their efforts, along with all of our other talented support staff, help fulfill our mission of research, teaching, and patient care to the benefit of our community and all stakeholders.

Respectfully submitted,



Richard M. Rosenfeld, MD, MPH
July 2012

History of Department of Otolaryngology at SUNY Downstate



Krishnamurthi Sundaram, MD
Professor and Vice Chairman

This paper was prepared as the evolution of the department may be of interest to future generations of residents and students. History can inspire greatness and can act as a roadmap during difficult times. My qualifications to chronicle the events of the last 35 years are that I came to Brooklyn in 1976 to start my surgical residency at the Methodist Hospital, followed by an otolaryngology residency at SUNY Downstate and Kings County Hospital Center (KCHC) from 1979 to 1982. A year was spent as the residency coordinator during which time I focused on developing my skills in head and neck surgery. I have been affiliated with SUNY Downstate since that time as an attending otolaryngologist and keen observer.

Laying a Foundation for Greatness

There is a well-known saying that many great people start in Brooklyn. One such person was John Conley. After completing medical school in Pittsburgh, Conley started his medical internship at KCHC. He had heard that the most challenging and exotic cases were seen at that venerable institution. The excitement proved to be too much and he developed paroxysmal atrial tachycardia. The chairman of medicine summoned him to his office and told him that he was not suited to the stress of internal medicine and should consider training in a surgical specialty such as otolaryngology. The rest, as they say, is history. Conley later rose to the position of clinical professor of otolaryngology at Columbia University. He was the director of the head and neck service at St. Vincent's hospital in NY, had his own fellowship and became the first president of the American Head and Neck Society.

Another famous otolaryngologist with Brooklyn connections was Julius Lempert, regarding whom there is an excellent tribute penned by Michael Glascock III. Born of poor immigrant parents, Lempert and his sisters walked across the Brooklyn Bridge every day to attend school in Brooklyn. He later attended the Long Island Medical School, which became the Long Island College of Medicine and is now SUNY Downstate Medical Center. Lempert is looked upon as the father of modern otology, having popularized the fenestration operation that restored hearing to many.

The fenestration operation was taught at the Lempert foundation to many well-known otologists. Jack Firestone, the head of Firestone Tires, had his hearing restored by this procedure and, as a token of gratitude, donated \$100,000.00 towards Deafness Research. Lempert had a flamboyant lifestyle. He married a performer from the Ziegfeld Follies and the couple had a very active social life. Abraham Shulman, professor emeritus of clinical otolaryngology, was one of his fellows at the Lempert Foundation.

A Fledgling Division

In 1979, when I started my otolaryngology residency at SUNY Downstate and KCHC, the milieu was different. I will narrate a few anecdotes to set the stage.

The patient-doctor relationship was sacred as is illustrated by the following case. Lawrence Mazzarella, a well-known otolaryngologist, was about to perform an adult tonsillectomy under local anesthesia when the patient complained of chest pain. An electrocardiogram was performed and a myocardial infarction was diagnosed. Surgery was cancelled and the patient was transferred to the critical care unit and stabilized. Later, after his other surgeries were completed, Mazzarella visited the patient. She was profusely apologetic and sorry that she wasted his operating room time by having a myocardial infarction. She assured him that she would not repeat the scenario and implored Mazzarella to continue as her physician. He reassured her that he would.

Another otolaryngologist, who will remain anonymous, had diagnosed a patient with laryngeal cancer. He scheduled the laryngectomy at the Long Island College Hospital (LICH). On the morning of surgery, an irate chairman of surgery read the operating room list and canceled the case. He subsequently performed the procedure himself stating that otolaryngologists were not allowed to perform major head and neck procedures.

The general surgery department at SUNY Downstate was renowned throughout the country,

being the home of the Big Six: surgical oncology, trauma, transplant surgery, pediatric surgery, cardiac surgery, and vascular surgery. The department dominated the landscape and many of the division chiefs became presidents of their respective national societies. In this surgical world the fledgling discipline of otolaryngology was trying to come into its own and grow. LICH had a department of otolaryngology with Ira Polisar, an otologist, as the chairman. Vladimir Santos was the vice-chairman and chief of the head and neck division and Mauro Ruffy was an attending otologist.

At Downstate University Hospital of Brooklyn (UHB) otolaryngology was a division of surgery with Abraham Shulman, a pioneer in tinnitology, as the director. Rashid Chaudhry was the residency coordinator in 1979 and 1980, followed by Prashant Shah in 1981, and by me in July of 1982 for one year. During my residency, our head and neck surgery training was guided by Antonio Alfonso, chief of head and neck surgery in the department of surgery. He was fellowship-trained at Memorial Sloan Kettering Cancer Center. Jose Marti, who had done a fellowship at MD Anderson Cancer Center, was also involved with our training. Freund ran the head and neck tumor board at the Brooklyn Veterans Administration Medical Center, in which we participated.

A Department is Born

In 1985, with an agreement between LICH and SUNY Downstate, and with the support of some otolaryngologists, the residency training programs at both institutions were unified. Yosef Krespi was appointed as chairman at LICH and director of service at UHB. He recruited Toni Levine, Michael Nash, and Michael Weiss as full time attending physicians. Krespi introduced lasers and skull base surgery to Brooklyn. His courses were well-attended and he moved to Manhattan in 1989.

Frank Lucente was appointed as the first chairman of the SUNY Downstate Department of Otolaryngology, which included UHB and LICH, insisting that otolaryngology be a full-fledged department, not just a division of surgery. Lucente developed general otolaryngology and actively recruited fellowship-trained attends to develop the subspecialties of otology and neurotology, head and neck surgery, facial plastic and reconstruction surgery, rhinology, pediatric otolaryngology, and laryngology. Specialty clinics were established and the residency training program blossomed. Gady Har-El was appointed as vice-chairman and chief of the division of head and neck oncology and skull base surgery, creating a center for skull base surgery with a multi-disciplinary team. Jessica Lim became the residency program director and Joseph McPhee was appointed as director of research. Our faculty and residents were involved with clinical and basic research and presented at national and international meetings,

Richard Rosenfeld, who joined the faculty in 1992, took over as chairman at LICH in 2007 and as chairman and residency program director at SUNY Downstate in 2009. The pediatric otolaryngology division expanded and is now considered one of the most comprehensive in the Tri-state area outside a children's hospital. Rosenfeld was also elected as president of the American Society of Pediatric Otolaryngology and was appointed editor in chief of the AAO-HNS journal, *Otolaryngology – Head and Neck Surgery*. I was appointed as vice-chairman of the department.

Nira Goldstein is the associate program director of the residency program and director of clinical research. Richard Kollmar is the director of basic and translational research. Residents are exposed to the concepts of evidence-based medicine, clinical practice guidelines, and critical thinking. Subspecialties of neurotology, microvascular surgery, and allergy have been emphasized, in addition to the previously existing ones, thereby creating a comprehensive program. Faculty and residents are active in research, with numerous presentations and publications, including award-winning contributions. The Frank E. Lucente Resident Research Day and the Annual Head and Neck Symposium have been established for post-graduate education.

In 1998 Robert Furchgott at Downstate won the Nobel Prize in Medicine for his work on the endothelial factor. The Furchgott society supports research at Downstate. Our department in the last 30 years has grown from a small division to one of the departments of excellence at Downstate.

And so goes the Brooklyn tale! Our future residents and students will undoubtedly continue this legacy of excellence.

Table of Attending Staff for Educational Programs

Richard M. Rosenfeld, MD, MPH - Chairman				
KCHC	SUNY	BVAMC	LICH	MAIMO
Matthew Hanson, MD	Richard Rosenfeld, MD	Michael Weiss, MD	Richard Rosenfeld, MD	Michael Weiss, MD
Dr. Bentsianov	Dr. Bentsianov	Dr. Bentsianov	Dr. Arick	Dr. Bentsianov
Dr. Boruk	Dr. Boruk	Dr. Dodaro	Dr. Bentsianov	Dr. Finn
Dr. Butts	Dr. Butts	Dr. Shulman	Dr. Butts	Dr. Lagmay
Dr. Cannady	Dr. Cannady	Dr. Tarashansky	Dr. Cannady	Dr. Vastola
Dr. Chaudhry	Dr. Chaudhry	Dr. Westreich	Dr. Carney	Dr. Vengerovich
Dr. Har-El	Dr. Goldsmith		Dr. Ciecko	Dr. Wiederkehr
Dr. Lim	Dr. Goldstein		Dr. Dodaro	
Dr. Shulman	Dr. Hanson		Dr. Finger	
Dr. Silverman	Dr. Lim		Dr. Goldsmith	
Dr. Sundaram	Dr. Silverman		Dr. Goldstein	
Dr. Weiss	Dr. Lucente		Dr. Har-El	
Dr. Westreich	Dr. Ruffy		Dr. K. Kantu	
	Dr. Shulman		Dr. M. Kantu	Dr. Westreich
	Dr. Sperling		Dr. S. Kantu	Dr. Sundaram
	Dr. Sundaram		Dr. Lim	Dr. Sperling
	Dr. Westreich		Dr. Lucente	Dr. Sinnreich
			Dr. Pearl	Dr. Shulman
			Dr. Parhiscar	Dr. Sarro

Department of Otolaryngology

Divisions. Resident Education, and Research

Richard M. Rosenfeld, MD, MPH - Chairman

SERVICE CHIEFS	COMMUNICATIVE DISORDERS	PEDIATRIC OTOLARYNGOLOGY	RESIDENT EDUCATION
OTOLOGY	LICH - Audiology	Ari J. Goldsmith, MD	Nira A. Goldstein, MD, MPH
Matthew Hanson, MD	Laurie Caracciolo, MA, CCC/A	Nira A. Goldstein, MD, MPH	Associate Program Director
	Sal Saleh, MS, CCC/A	Richard M. Rosenfeld, MD, MPH	
PEDIATRIC OTOLARYNGOLOGY	LICH - Speech Pathology	Joshua Silverman, MD, PhD	Nicole C. Fraser, MPH, MS
Nira A. Goldstein, MD, MPH	D. Nascimento, MS, CCC-SLP	A. Paul Vastola, MD	Education Coordinator
Joshua Silverman, MD, PhD			
HEAD & NECK and SKULL BASE SURGERY	SUNY - Audiology		RESIDENT RESEARCH
K. Sundaram, MD - LICH	John Weigand, AuD, CCC/A		
Steven Cannady, MD UHB/KCHC	Director		Nira Goldstein, MD, MPH
			Director of Clinical Research
FACIAL PLASTICS & RECONSTR. SURGERY		RESIDENTS	
Richard Westreich, MD - LICH		David Burstein, MD - PGY 5	
Sydney Butts, MD - UHB/KCHC		Sherry Fishkin, MD - PGY 5	
		C. Mascarinas, MD - PGY 5	
LARYNGOLOGY, VOICE & SWALLOWING DISORDERS		Behrad Aynehchi, MD - PGY 4	
Boris Bentsianov, MD		Jonathan Cohen, MD - PGY 4	
		Marika Fraser, MD - PGY 4	
		Niv Mor, MD - PGY 3	
		Anita Konka, MD - PGY 3	
		Miguel Mascaró, MD - PGY 3	
		Scott Harris, MD - PGY 2	
		Colleen Plein, MD - PGY 2	
		Marisa Earley, MD - PGY 2	
		Sean M. Lewis, MD - PGY 1	
		Punam Thakkar, MD - PGY 1	
		Jason Wasserman, MD - PGY 1	
			Richard Kollmar, PhD
			Director of Basic Sci Research

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 2011 to 2012 academic year, the department had thirteen full-time academic faculty, three full-time affiliate faculty, five part-time faculty, thirty voluntary faculty and contributing physicians, four audiologists, one speech-language pathologist, and two PhD.

Full-Time Academic Faculty



Richard M. Rosenfeld, MD, MPH

Professor and Chairman of Otolaryngology at SUNY Downstate, editor-in-chief of Otolaryngology – Head and Neck Surgery, and immediate past-president American Society of Pediatric Otolaryngology. Dr. Rosenfeld graduated the Otolaryngology Residency Program at Mount Sinai Medical Center and then 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 SENTAC Robert Ruben Award for Excellence in Pediatric Otolaryngology, AAO-HNS Distinguished Service Award (twice), and AAO-HNS Honor Award. 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, including the Centralized Otolaryngology Research Effort and the AAO-HNS Guideline Development Task force. He is the author, coauthor, or editor of 5 books and over 250 scientific publications and textbook chapters, including chapters in "Bailey" and "Cummings" on understanding data and medical literature. Dr. Rosenfeld has given over 600 scientific presentations and is recognized as an international authority on guideline development, evidence-based medicine, and otitis media. He serves on the Board of Directors for the AAO-HNS, ASPO, Guideline International Network, and the Auditory-Oral School of Brooklyn. Dr. Rosenfeld has been listed in the "Best Doctors in America" 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 1984, he became Chairman at New York Medical College-New York Eye and Ear Infirmary and 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 AAOHNSF.

He has served as President of 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 ACGME RRC 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 UHB @ LICH. 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 Graymoor 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, larynx and trachea. Dr. Sundaram is Vice-Chairman of the Department of Otolaryngology and Chief of Head and Neck and Skull-Base surgery at UHB at LICH. He supervises the head and neck clinic and represents the department on the Cancer Committee. He is a member of the Clinical leadership team of The Othmer Cancer Center.

**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 Neurolaryngology at Columbia University/St Lukes-Roosevelt Hospital-New York Center for Voice and Swallowing Disorders. After becoming a diplomate of the American Board of Otolaryngology-Head and Neck Surgery he rejoined the faculty of SUNY Downstate in June 2003 as assistant professor in the Department of Otolaryngology and Director of the Division of Laryngology, Voice and Swallowing Disorders. Dr. Bentsianov's clinical interests are centered on the evaluation and treatment of disorders of the larynx by various endoscopic, stroboscopic and electromyographic techniques, as well as laryngeal framework surgery. His research interests include neurologic disorders of the larynx, diagnosis and treatment of dysphagia and swallowing disorders, and development of a voice laboratory and professional voice center.

**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. Her expertise includes both minimally invasive and traditional surgery of the nasal cavity and sinuses, as well as skull-based tumors. Dr. Boruk also has additional training in the field of allergy.

**Sydney Butts, MD**

Dr. Butts serves as the chief of the Division of Facial Plastic and Reconstructive Surgery at University Hospital Brooklyn/SUNY Downstate and Kings County Hospital Center. After graduating from the Yale University School of Medicine, Dr. Butts completed the 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, receiving training in a diverse spectrum of reconstructive cases. 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 craniosynostosis surgery. As a member of the cleft and craniofacial team at SUNY Upstate, she participated in many of these challenging cases as well as in research projects on craniofacial growth and development. Dr. Butts' 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 the management of 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. She is Board certified in otolaryngology and is a diplomate of the American Board of Facial Plastic and Reconstructive Surgery.

**Steven Cannady, MD**

Newly Hired Chief of the Division of Head and Neck Surgery at University Hospital of Brooklyn at SUNY Downstate, Director of Microvascular Surgery program within Department of Otolaryngology. Dr. Cannady graduated the Otolaryngology Residency Program at The Head and Neck Institute at Cleveland Clinic and then completed a one-year fellowship in Microvascular Surgery at Oregon Health Sciences University. After spending two and a half years in a busy head and neck practice in Rochester, NY, he joined the Downstate community and Department of Otolaryngology this past March to revitalize the head and neck surgery program at UHB. He is the author or coauthor on 27 scientific publications and four textbook chapters, including chapters in "Bailey's" on complications of free flap surgery and reconstructive options after chemoradiation failure. His advanced training and passion for improving patient outcomes through reconstruction allow him to offer the most up to date rehabilitative options after cancer surgery. These techniques and advances have improved speech, swallowing, and appearance for patients undergoing cancer removal.

**Ari J. Goldsmith, MD**

Dr. Goldsmith, Associate Professor, joined the Department of Otolaryngology in 1994. He did his otolaryngology residency at Long Island Jewish-Hillside Medical Center and completed a fellowship in Pediatric Otolaryngology at the Children's Hospital of Boston and the Harvard Medical School, under the direction of Gerald Healy, MD. Dr. Goldsmith is board certified and has authored many articles and chapters on various topics of otolaryngology, and presented at many national and international conferences. He is a Fellow of the American Academy of Pediatrics and a member of the American Society of Pediatric Otolaryngology. His research interests include acquired diseases of the pediatric larynx and upper airway reflux in children, and his clinical areas include pediatric bronchoesophagy, pediatric otology, upper airway reflux in children, and pediatric head and neck surgery.

**Nira A. Goldstein, MD, MPH**

Dr. Goldstein, Associate 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. Dr. Goldstein has authored over 40 articles on various topics in otolaryngology and has presented at numerous national and international conferences. Her clinical and research interests include pediatric obstructive sleep apnea, otitis media, and sinusitis.

**Matthew Hanson, MD**

Dr. Matthew Hanson, Assistant Professor and Chief of Otology 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, he was on staff at Manhattan Eye, Ear and Throat Hospital for two years before completing a fellowship in Otology/Neurotology at The EAR Foundation/Otology Group in Nashville, Tennessee. Before coming to Downstate in 2005, he had been Director of Otology and Neurotology at

Temple University School of Medicine in Philadelphia. Dr. Hanson continues to have active clinical and research interests in all aspects of Otolaryngology and Neurotology. This includes disorders of balance, disorders of the facial nerve, skull base disease (including treatment of acoustic neuroma) and of course, disorders of hearing and cochlear implantation. In 2009, he was granted subspecialty certification in Neurotology by the American Board of Otolaryngology and is the only full-time practitioner so certified in Brooklyn.



Abraham Shulman, M.D., F.A.C.S.

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 Julius Lempert at the Lempert Foundation and served as Lieutenant Commander in the USNR as Chief of Otolaryngology at the Portsmouth Naval Hospital. His training has been in all aspects of otolaryngology with particular emphasis since 1969 in otology-neurotology. He was recruited to serve as Acting Director of the Division of Otolaryngology in 1975. His efforts as Acting Director (1975-1980; 1990-1991) and Director (1980-1985) of the division of Otolaryngology and the Center for Communicative Sciences at the Health Science Center at Brooklyn contributed to the establishment of the Department of Otolaryngology in 1990. 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; and the AAO-HNS designated its first named miniseminar the Martha Entenmann Tinnitus Research Center, Inc, Abraham Shulman, M.D., Barbara Goldstein PhD, International Tinnitus Miniseminar, 2010-2014. His research interests include sensorineural hearing loss, electrical and ultrahigh frequency acoustical stimulation of the cochleovestibular system, vestibular evoked response, mechanisms of tinnitus production, nuclear medicine imaging of brain in tinnitus patients, drug development for tinnitus relief for clinical types of tinnitus, and fluid dynamics of brain and ear.



Joshua B. Silverman, MD, PhD

Dr. Silverman, Assistant Professor of Otolaryngology at SUNY Downstate as well as Director of Pediatric Otolaryngology at both Long Island College Hospital at SUNY Downstate and Kings County Hospital Center, 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 two clinical fellowships: first in Pediatric Otolaryngology at Children's Memorial Hospital, Northwestern University, under the supervision of Dr. Lauren Holinger; followed by a Laryngology & Voice Fellowship at Massachusetts Eye and Ear Infirmary, Harvard University, having trained with Dr. Ramon Franco. Dr. Silverman has extensive training and clinical expertise in both pediatric and adult airway management as well as voice disorders. In addition, his research background has uniquely prepared him for a career as a clinician scientist in Otolaryngology. 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; bronchoesophagology; 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.

**Richard W. Westreich, MD**

Dr. Westreich, the Director of Facial Plastic and Reconstructive Surgery at L.I.C.H., 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 is an active researcher and is currently studying nasal tip support models and facial asymmetry as it relates to nasal deviation. His past investigations include nasal tip cartilage biomechanical properties, the effects of fibrin glue and FGF on cartilage grafts, and injectable cartilage engineering models. 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 AAFPRS committees (Young Physician's, Technology, and Fellowship Compendium). Dr. Westreich will continue to further expand the division, provide resident teaching and manage patients with various forms of facial trauma requiring soft tissue or bone reconstruction. He also will be performing facial cosmetic surgery and related procedures.

Full-Time Affiliate Faculty**Victor Lagmay, MD FACS**

Dr. Lagmay completed his general surgery and otolaryngology residencies at New York University Medical Center. He fellowship-trained 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 Comprehensive Cancer Center in Brooklyn. He is the clinical director of the Endoscopic Dysphagia Service at Maimonides Medical Center. Dr. Lagmay maintains memberships in several professional societies, including The American Thyroid Association; The Triologic Society; The American Academy of Otolaryngology - Head and Neck Surgery; and The New York Head and Neck Society. Dr. Lagmay is board-certified in his specialty and is a Fellow of the American College of Surgeons.

**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. He has recently become the Chief of Otolaryngology at the Brooklyn VA Medical Center.

Part-Time Faculty**Jessica W. Lim, MD**

Dr. Lim, Assistant Professor of Otolaryngology, treats patients of all ages and has a particular interest in endocrine surgery (thyroid, parathyroid), sinus disease, sleep disorders, voice and swallowing disorders and head and neck tumor surgery. She is proud to be recognized by her peers for her excellence in otolaryngology, as listed by Castle Connolly, Best Doctors and Super Doctors.

After obtaining a B.A. at Duke University, Dr. Lim graduated from the West Virginia University School of Medicine in the top 10% of her class. She is a member of the Alpha Omega Alpha medical honor society. She performed her preliminary general surgery training and completed otolaryngology residency at New York University Medical Center in 1997, followed by a head and neck/sinus surgery fellowship with Dr. Michael Friedman at Rush Presbyterian St-Luke's Medical Center in Chicago. In 1998, Dr. Lim joined the academic faculty in the Department of Otolaryngology at SUNY-Downstate Medical Center in Brooklyn. In the past, she has been Director of Otolaryngology Residency Training at SUNY-Downstate and has served as Director of Otolaryngology at Kings County Hospital Center and at Kingsbrook Jewish Medical Center. She is the author or co-author of numerous journal articles and book chapters, and she has presented original research at national and local meetings. She has memberships in the Academy of Otolaryngology-Head and Neck Surgery and the New York Head and Neck Society. Current research projects focus on thyroid and parathyroid surgery, patient satisfaction and surgical decision-making.

**Gady Har-El, MD**

Gady Har-El, MD is a Professor of Otolaryngology and Clinical Neurosurgery at SUNY-Downstate. He is the Chairman of the Department of Otolaryngology- Head and Neck Surgery at Lenox Hill Hospital. His clinical interests include head and neck cancer, 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-Esophagological Association, the New York Head and Neck Society, and the New York Laryngological Society. 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 18 consecutive years (1994-2012). Dr. Har-El recently published a two volume set "Head and Neck Surgery" which he co-edited. He is currently working on a five volume textbook on Otolaryngology-Head and Neck Surgery to be published by Thieme. In 2012, Dr. Har-El was elected Secretary of the American Laryngological Association.

**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 Director of Otology 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. In concert with the Division of Communicative Disorders at UHB at LICH, educational programs in hearing science and ear disease diagnosis and management have been developed. This includes the development of a cochlear implant and implantable hearing devices program. Dr.

Sperling is also involved with recent advances in intra-tympanic treatment of inner ear disease. Dr. Sperling's special clinical and research interests include otosclerosis, immune-mediated hearing loss, and tympanic membrane retraction.

Afshin Parhiscar, MD

Dr. Afshin Parhiscar is a Board Certified Plastic Surgeon specializing in aesthetic surgery. He is the Director of Plastic Surgery at UHB at LICH 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 Inchul 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.

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 department at University Hospital of Brooklyn at Long Island College Hospital, the University Hospital of Brooklyn, Kings County Hospital Center, the Brooklyn Veterans Administration Medical Center, and Maimonides Hospital; active participation in Grand Rounds and other weekly educational conferences at University Hospital of Brooklyn at Long Island College Hospital; 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 voluntary 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 UHB at LICH 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. degree from University of Punjab, Nishtar Medical College, Multan, Pakistan in 1969. He is a graduate of the Otolaryngology-Head and Neck Surgery Residency Program at State University of New York Health Science Center at Brooklyn in 1978. Following graduation, he joined the faculty as Instructor and then was promoted to Clinical Assistant Professor. Since 1980 he has been Chief of Otolaryngology at Brookdale Hospital Medical Center, Brooklyn, New York. His clinical interests include head and neck, facial plastic surgery and rhinomanometry.



Shawn C. Ciecko, MD

Dr. Ciecko is currently an associate at ENT and Allergy Associates LLP in Staten Island, NY and Clinical Instructor at UHB at LICH. He completed both internship in General Surgery and residency in Otolaryngology Head and Neck Surgery at the Duke University Medical Center. Dr. Ciecko spent two years as Duke's chief resident in Otolaryngology Head & Neck Surgery. He has received several honors in his career including Duke Hospital's consultant of the year in 2006. He was elected to the Alpha Omega Alpha National Medical Honor Society and is currently a member of the American Academy of Otolaryngology Head & Neck Surgery and American College of Surgeons. 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 and has recently began performing in office balloon sinuplasty as a treatment option for patients with chronic sinusitis.

Dr. Ciecko is Director of ISMS – 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 an experienced otolaryngologist who focuses on otologic disorders. 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 Sperling, 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 Otitis Media Clinicopathologic Correlations and Operative Techniques" with Michael Paparella MD and Neil Sperling as co-authors. His previous books included texts in otolaryngology, pediatric otorhinolaryngology, head and neck surgery and an atlas of otitis media. He has done fellowships with Michael Glasscock and C Gary Jackson in 1994 in lateral skull base surgery. He has done a minifellowship on Endoscopic Sinus surgery with David Kennedy in 1996. He has completed a course on lateral Skull base surgery with Mario Sanna in Piacenza, Italy in 2001. He is the editor in chief of the hugely successful 2 volume book Head and Neck Surgery that was published by Jaypee Medical Publishers, India. It now goes into a second edition. He has also edited "Rhinologic 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". He is on the editorial board of the American Journal of Rhinology. He contributes to the department in his visits to New York and by involving other faculty members in his publications.



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.



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-Institut 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 a Visiting Associate Professor of Cell Biology and an Assistant Professor of Otolaryngology. His primary 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. Dr. Kollmar also teaches the ear lectures for CRRP students and for first-year medical students during their neuroanatomy block and provides research opportunities in his laboratory for high-school students to residents.

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, a board certified otolaryngologist specializing in Head and Neck Surgery. He received his PhD in medial molecular biology from the Netherlands Cancer Institute and is activity involved in basic research. He has published over 175 articles in high impact journals including Journal of Biological Chemistry, Cell, EMBO, Proceedings of the National Academy of Sciences, and Cancer Research. He 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 Coney Island 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 and was a Fellow of the American College of Surgeons. Dr. Sinnreich is a faculty member at the SUNY-Downstate School of Medicine. He participates in the teaching of resident doctors from Long Island College Hospital - Downstate Medical Center. Castle Connolly has named Dr. Sinnreich as one of the "Top doc's in the Metropolitan Area" yearly since 1999. New York Magazine chose Dr. Sinnreich to be "One of the Best Doctors in New York" for 2002! 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 sinuplasty on select sinusitis patients in Brooklyn and Staten Island.

Additional Voluntary Faculty Who Contribute To The Department

Daniel Arick, MD
Jeffrey H Aroesty, MD
Howard Brownstein, MD
Tahl Colen, MD
Maurice Cohen, MD
John Dodaro, MD
Mark Erlich, MD

Stephen Finger, MD
Douglas Finn, MD
Sheldon Palgon, MD
Alden Pearl, MD
Manoj Kantu, MD
Sanjay Kantu, MD
Kanhaiyalal Kantu, MD

Steven Kushnick, MD
Anthony J. Sarro, MD
Prashant B. Shah, MD
Konstantin Tarashansky, 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 Bronchoesophagological Association (ABEA), 1999-
AAO-HNS Board of Directors, 2005-
AAO-HNS Guideline Development Task Force, 2006-
AAO-HNS Educational Advisory Committee, 2006-
AAO-HNS Science and Education Committee, 2008-
AAO-HNS Journal Editor, 2006-
AAO-HNS Sr. Advisor on Guidelines and Quality, 2011-
ASPO Finance Committee, Chair, 2005-2010
ASPO Ad Hoc Subcertification Committee, Chair, 2008-
AMA Physician Consortium for Performance Improvement, 2006-
Editor, Cochrane Collaboration ENT Section, 2008-
Kings County Medical Society, 1992-
Brooklyn Pediatric Society, 1992-
Society of University Otolaryngologists, 1994-
Triological Society, 2003-
American Otological Society, 2004-
Guideline International Network (G-I-N), 2009-

Frank E. Lucente, MD

Fellow, American Academy of Otolaryngology - Head and Neck Surgery
Fellow and Past President, American Laryngological, Rhinological and Otological (Triological) Society
Fellow, American Laryngological Association
Fellow, American College of Surgeons
Fellow, American Society for Head and Neck Surgery
Life Fellow, New York Academy of Medicine
Kings County Medical Society
Society of University Otolaryngologists
Alpha Omega Alpha
New York Laryngological Society
New York Head and Neck Society
Louisiana-Mississippi Ophthalmological and Otolaryngological Society
(Honorary membership)

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 Triologic 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

Boris Bentsianov, MD

American Medical Association, 1994-
Downstate Alumni Association, 1997-
Associate Member, American College of Physicians, 1999
American Academy of Otolaryngology, 1999

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

Steven Cannady, MD

American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS), 2002-
Kings County Otolaryngology Society, 2012-
American Head and Neck Society (submitted for 2013 cycle)

Shawn C. Ciecko, MD

American Academy of Otolaryngology Head & Neck Surgery
American College of Surgeons
Richmond County Medical Society
Medical Society State of New York

Christopher de Souza, MD

American Academy of Otolaryngology – Head and neck Surgery
American Neurotological Society – Fellow
American College of Surgeons - Fellow

Ari Goldsmith, MD

American Academy of Otolaryngology - Head and Neck Surgery, 1994
American Academy of Pediatrics, 1995
American College of Surgeons, 1995
American Board of Otolaryngology, 1994
Society of Ear, Nose and Throat Advances in Children
New York City Pediatric ENT Society
Kings County Otolaryngology Society
Society of University Otolaryngologists-Head and Neck Surgeons
American Society of Pediatric Otolaryngology 2010
Long Island Pediatric Society

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

Ramez Habib, MD

American Medical Association
Academy of Otolaryngology – Head and Neck Surgery
Fellow American College of Surgeons
Egyptian American Medical Society

Matthew Hanson, MD

American Academy of Otolaryngology – Head and Neck Surgery

- Member, 1991
- Elected Fellow, 1997

Currently serves on AAO-HNS Implanted 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 Otolaryngology - Head and Neck Surgery, 1998, Fellow 1992
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 Otolaryngologists, 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 Otolological 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 Rhinologic Society

Richard Kollmar, MD

Society for Neuroscience

Association for Research in Otolaryngology

Abraham Shulman, M.D., F.A.C.S.

American Academy of Ophthalmology & Otolaryngology - Fellow 1962

American College of Surgeons - Fellow 1974

American Academy of Facial Plastic & Reconstructive Surgery - Fellow - 1963, Emeritus - 1997

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

American Medical Association (AMA), 1996-

American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS), 2005-

American College of Surgeons (ACS), 2006-

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 Otolologic 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 State Society of Otolaryngology-Head and Neck Surgery

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

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

Evidence-based tonsillectomy and adenoidectomy. Pediatric Grand Rounds, Lutheran Medical Center, Brooklyn, NY, July 2011.

Making guidelines actionable. Teaching Evidence Assimilation for Collaborative Healthcare. The NY Academy of Medicine, New York, NY, August 2011.

Consumers and guidelines: lessons learned, opportunities ahead. Consumers United for Evidence-based Healthcare (CUE) 2011 Annual Membership Meeting, Washington, DC, August 2011.

Otitis media: what we know, what we think we know. French Society of Otolaryngology Annual Meeting, Paris, France, October 2011.

Guidelines and knowledge translation. Guidelines Development Task Force, AAO-HNS, Alexandria, VA, October 2011.

Endoscopic ethmoidectomy and antrostomy in children: avoiding complications. 67th Congress of the Chilean Otolaryngology Society, Vina del Mar, Chile, November 2011.

Evidence-based tonsillectomy. 67th Congress of the Chilean Otolaryngology Society, Vina del Mar, Chile, November 2011.

Indications for antibiotics and surgery for pediatric sinusitis. 67th Congress of the Chilean Otolaryngology Society, Vina del Mar, Chile, November 2011.

Tympanostomy tubes for otitis media in children: are they necessary? 67th Congress of the Chilean Otolaryngology Society, Vina del Mar, Chile, November 2011.

Evidence-based management of otitis media: best practice guidelines. 7th IAPO Int'l Symposium on Pediatric Ear, Nose, and Throat. Sao Paulo, Brazil, November 2011.

Acute otitis media: current management. 7th IAPO Int'l Symposium on Pediatric Ear, Nose, and Throat. Sao Paulo, Brazil, November 2011.

Otitis media with effusion: current management. 7th IAPO Int'l Symposium on Pediatric Ear, Nose, and Throat. Sao Paulo, Brazil, November 2011.

Evidence-based tonsillectomy. Pediatric Grand Rounds. Children's Hospital of New Jersey, Newark Beth Israel Medical Center, March 2012.

From evidence to action: the role of clinical practice guidelines. Connecticut Ear Nose and Throat Society Annual Meeting, Plantsville, CT, April 2012.

Critical thinking in otolaryngology. Connecticut Ear Nose and Throat Society Annual Meeting, Plantsville, CT, April 2012.

Controversies and consensus in acute otitis media. The 2nd Global Congress for Consensus in Pediatric & Child Health, Moscow, Russia, May 2012.

Assessing children with sleep-disordered breathing: who are the candidates for tonsillectomy with or without adenoidectomy? The 2nd Global Congress for Consensus in Pediatric & Child Health, Moscow, Russia, May 2012.

Evidence-based common sense. Keynote Lecture, 11th International Congress of the European Society of Pediatric Otorhinolaryngology (ESPO), Amsterdam, May 2012.

Otitis media guidelines: concepts and controversies. 11th International Congress of the European Society of Pediatric Otorhinolaryngology (ESPO), Amsterdam, May 2012.

Sydney Butts, MD

Butts SC, Moore CE. Pediatric Facial Trauma: A Hands on Course. Instruction Course at the American Academy of Otolaryngology-Head and Neck Surgery Foundation Annual Meeting, San Francisco CA, September 2011

Congenital Craniofacial Anomalies: The Role of Perinatal and Genetic Factors in the Multidisciplinary Management of Patients. Department of Obstetrics and Gynecology Grand Rounds, SUNY Downstate Medical Center, October 2011

AO/Synthes Operating Room Personnel Craniomaxillofacial Bioskills Workshop, Syracuse, NY, November 2011.

Nursing Care of Patients with Cleft Lip and Cleft Palate. Beth Israel School of Nursing, New York NY, November 2011 and April 2012.

Krishnamurthi Sundaram, MD

What is new in Thyroid Surgery? Sundaram K. 6th Indo-US Winter symposium, Tamil Nadu Dr. M.G.R. Medical University, Chennai India, January 2012.

Richard Westreich, MD

Mount Sinai Anatomy Course: Rhinoplasty. Mount Sinai Medical Center, New York, NY, May 2012.

Awards, Honors, & Special Achievements

Richard M. Rosenfeld, MD, MPH

President, ASPO
Editor-in-Chief, Otolaryngology – Head and Neck Surgery Journal
Senior Advisor for Guidelines and Quality, AAO-HNS
Interamerican Association of Pediatric Otorhinolaryngology (IAPO) Award for Worldwide Contributions to Pediatric Otolaryngology, São Paulo, Brazil, 2011
Board of Directors, AAO-HNS Foundation
Listed in America's Top Doctors, Castle-Connolly Medical Ltd, 2012
Listed in Top Doctors in America, Consumer Research Council, 2012
Listed in Best Doctors in America, Best Doctors Inc. 2012
Listed in Best Doctors in New York, New York Magazine, 2012
Media Spokesperson for American Academy of Pediatrics
Media Spokesperson for AAO-HNS
Co-chair, AMA Sinusitis Performance Measure Group, 2010-12
Steering Group Chair, North American Community of the Guidelines International Network (G-I-N North America)
Board of Trustees, Guidelines International Network
Master of Ceremonies, Auditory Oral School of NY, Ribbon Cutting Program, May 2012
Keynote Speaker, 11th International Congress of the European Society of Pediatric Otorhinolaryngology (ESPO), Amsterdam, May 2012
Keynote Speaker, Chilean Otolaryngology Society, Viña del Mar, 2011
Print and electronic media: First for Women Magazine, Wall Street Journal, Medscape, Bottom Line/Personal, HealthDay, Caring.com.

Krishnamurthi Sundaram, MD

Listed in New York Super Doctors, The New York Times Magazine, 2012.
Reviewer for The Laryngoscope, Transplantation and Otolaryngology/Head and Neck Surgery, peer reviewed journals, 2012
Endocrine Committee, AAO-HNS, 2012-2014.
Public Health Committee, American Thyroid Association, 2011-2014
Vice-Chairman, Department of Otolaryngology, SUNY Downstate Medical Center, Brooklyn, NY

Gady Har-El, MD

Listed in Best Doctors in America, Best Doctors Inc. 2011-2012
Listed in Best Doctors in New York, New York Magazine, 2012
Listed in America's Top Doctors for Cancer, Seventh Edition, Castle-Connolly Medical Ltd, 2011.
Listed in America's Top Doctors, Eleventh Edition, Castle-Connolly Ltd., 2012
Listed in Top Doctors: New York Metro Area", Fifteenth Edition, Castle-Connolly Ltd, 2012

Sydney Butts, MD

The Network Journal, Forty Under 40 Award, June 2012

Steven Cannady, MD

Completed 200th free tissue transfer surgeries in first three years of practice - Outcomes favorably compare to national survival statistics for flaps, 2012

Nira Goldstein, MD, MPH

Listed in Best Doctors in America, Best Doctors Inc. 2011-2012
Extraordinary Women of Downstate, 2012
Triological Society Harris P. Mosher Award, 2012

Matthew Hanson, MD

Listed in America's Top Doctors, Castle-Connolly Medical Ltd, 2012
Listed in New York Super Doctors, The New York Times Magazine, 2012.

Joshua Silverman, MD, PhD

Kings County Hospital Center Service Award for Distinguished Faculty, 2012

Otolaryngology Resident Teaching Award, SUNY Downstate Medical Center, 2012

Michael Weiss, MD

Faculty Honore in Otolaryngology, SUNY Residents and Fellows Graduation Dinner

Department Event: Annual Holiday Party



SUNY Staff (L to R): Maria Marinda, Bibi Beckles, Patricia Kash, Nora Devilar, Lilibeth Maduramente, Catherine Babaran, Billy Tang and his wife, Katherine



L to R: Gady Har-El, MD and his wife, Rivi, Neil Sperling, MD and his wife, Rose



L to R: Dr. Mascaro's wife, Kelly, Jonathan Cohen, MD, Miguel Mascaro, MD and Behrad Aynehchi, MD



On the dance floor



On the dance floor



LICH Staff (L to R): Sophia Francis, her friend, Natalie, and Veronica Ortiz



On the dance floor



L to R: Sherry Fishkin, MD and her husband, Jason, Jonathan Cohen, MD and Christopher Mascarinas, MD



L to R: Nira A. Goldstein, MD, Boris Bentsianov, MD and Joshua Silverman, MD

Department Event: Graduation Dinner



Frank E. Lucente, MD, Former Chairman



L to R: Sherry Fishkin, MD, graduating resident, Christopher Mascarinas, MD, graduating resident, David Burstein, MD, graduating resident and Richard M. Rosenfeld, MD, MPH, Chairman



A glance at the graduation dinner which was held at the Water Club



L to R: Mauro Ruffy, MD, John Dodaro, MD, Sherry Fishkin, MD and Christopher Mascarinas, MD



SUNY office staff (L to R): Bibi Beckles, Sheneeza Hunter, Maria Marinda and Nicole Fraser



L to R: Michael Weiss, MD, Richard Westreich, MD, Neil Sperling, MD and his wife Rose



Sydney Butts, MD and Krishnamurthi Sundaram, MD



Incoming residents (L to R): Elizabeth Floyd, MD, Arjomandi Hamid, MD and Lyuba Gitman, MD



Matthew Hanson, MD and John Weigand, AuD



L to R: Dr. Silverman's wife, Carin, Joshua Silverman, MD, Dr. Cannady's wife Gina, Nira Goldstein, MD and Steven Cannady, MD

Publications

Aynehchi BB, Goldstein NA, Goldsmith AJ. Management of supraglottic dysgenesis presenting as laryngomalacia. *Int J Pediatr Otorhinolaryngol* 2011; 75:1204-1206.

Aynehchi BB, Westreich RW. Lateral nasal artery pedicled island flap for repair of nasal alar defects. *Otolaryngol Head Neck Surg* 2012; 146(3):382-4. Epub 2011 Nov 7.

Aynehchi BB, Burstein D, Parhiscar A, Erlich MA. Vertical Incision Intraoral Silicone Chin Augmentation. *Otolaryngology – Head and Neck Surgery* published online 12 January 2012

Obourne C, **Aynehchi B, Bentsianov B.** Atypical Presentation of Laryngeal Tuberculosis in a Pediatric Patient. *International Journal of Pediatric Otorhinolaryngology* 2012; 5:752-3.

Aynehchi B, Obourne C, Sundaram K, Benstianov BL, Rosenfeld RM. Validation of the Modified Brief Fatigue Inventory in Head and Neck Cancer Patients. *Otolaryngology – Head and Neck Surgery*. Submitted June 2012. (Under editorial review, provisionally accepted)

Burstein D, Sundaram K, Har-El G. HIV and head and neck tumors. Chapter in *Head and Neck Oncology*. In print.

Butts SC. ACPA Attends AAO-HNS Conference. *American Cleft Palate Craniofacial Newsletter* 2011 Oct; 37(3):5.

Butts SC, Tatum SA. D. Ralph Millard, Jr MD-In Memoriam. *Archives of Facial Plastic Surgery*, 2012; 14(2):142.

Butts SC, Kellman RM. Complications in Facial Plastic Surgery, in *Complications of Facial Plastic Surgery*. Capone RB and Sykes J, eds. New York, NY Thieme 2012.

Monroe MM, **Cannady SB, Ghanem TA, Swide CE, Wax MK.** Safety of vasopressor use in head and neck microvascular reconstruction: a prospective observational study. *Otolaryngol Head Neck Surg* 2011 Jun 144(6):877-82.

Cannady SB, Wax MK. Donor site complications in free flap surgery. *Encyclopedia of Otolaryngology, Head and Neck Surgery*. Springer-Verlag Berlin Heidelberg 2012.

Miller MW, Dean NR, **Cannady SB, Rosenthal EL, Wax MK.** Free tissue transfer forehead and neck reconstruction in solid organ transplant patients. *Head Neck* 2011; 1143-6. Epub 2011 Nov 11.

Earley MA, Friedel ME, Eloy JA. Community-acquired methicillin-resistant *Staphylococcus Aureus* in Nasal Vestibular Abscess. *Int Forum Allergy Rhinol* 2011; 1(5): 379-81.

Fishkin S. Book Review of *Handbook of Otolaryngology: Head and Neck Surgery*, by David Goldenberg and Bradley J. Goldstein. *Otolaryngology–Head and Neck Surgery* 2011; 145: 705.

Goldstein NA, Abramowitz T, Weedon J, Koliskor B, Turner S, Taioli E. Racial/ethnic differences in the prevalence of snoring and sleep disordered breathing in young children. *J Clin Sleep Med* 2011; 7:163-171.

Goldstein NA, Keller R, Rey K, Rao S, Weedon J, Dastgir G, Mironov A, Miller ST. Sleep-disordered breathing and transcranial dopplers in sickle cell disease. *Arch Otolaryngol Head Neck Surg* 2011;137:1263-1268.

Goldstein NA, Stefanov DG, Graw-Panzer KD, Fahmy SA, Fishkin S, Jackson A, Sarhis JS, Weedon J. Validation of a clinical assessment score for pediatric sleep-disordered breathing. *Laryngoscope*. In press.

Hanson MB. Book review: clinical neurophysiology of the vestibular system, 4th edition. *Otolaryngol Head Neck Surg* 2011; 145: 184.

Marzouk HA, Nathawad R, Hammerschlag MR, Weedon J, Bachman D, Goldstein NA. Methicillin resistant *Staphylococcus aureus* colonization in otitis-prone children. *Arch Otolaryngol Head Neck Surg* 2011; 137:1217-1222.

Marzouk H, Aynehchi BB, Thakkar P, Abramowitz T, Goldsmith AJ, The utility of nasopharyngeal culture in the management of chronic adenoiditis. *International Journal of Pediatric Otorhinolaryngology*. In press.

Miura MS, **Mascaro M, Rosenfeld RM**. Systematic review: association between otitis media and gastroesophageal reflux. *Otolaryngol Head Neck Surg* 2012; 146:345-52.

McCoul ED, Hanson MB. External auditory canal cholesteatoma and keratosis obturans: the role of imaging in preventing facial nerve injury. *Ear Nose Throat J* 2011; 90: E1-7.

Rosenfeld RM, Jang D, Tarashansky K. Tympanostomy tube outcomes in children at-risk and not-at-risk for developmental delays. *Int'l J Pediatr Otorhinolaryngol*; 2011; 75:190-5.

Baugh RF, Archer SM, Mitchell RB, **Rosenfeld RM**, et al. Clinical practice guideline: tonsillectomy in children. *Otolaryngol Head Neck Surg* 2011; 144:S1-S30.

Roland PS, **Rosenfeld RM**, Brookls LJ, et al. Clinical practice guideline: polysomnography for sleep-disordered breathing prior to tonsillectomy in children. *Otolaryngol Head Neck Surg* 2011; 145:S1-S15.

Rosenfeld RM. Benefit [editorial]. *Otolaryngol Head Neck Surg* 2011; 145:185-7.

Burton MJ, Bhattacharyya N, **Rosenfeld RM**. Cochrane Corner: Functional endoscopic balloon dilation of sinus ostia for chronic rhinosinusitis. *Otolaryngol Head Neck Surg* 2011; 145:371-4.

Rosenfeld RM. Results [editorial]. *Otolaryngol Head Neck Surg* 2011; 145:523-5.

Rosenfeld RM. Luck [editorial]. *Otolaryngol Head Neck Surg* 2011; 145:883-5.

Rosenfeld RM. Innovation [editorial]. *Otolaryngol Head Neck Surg* 2012; 146:1-2.

Burton MJ, Ryan MW, **Rosenfeld RM**. Cochrane Corner: Topical steroid for chronic rhinosinusitis. *Otolaryngol Head Neck Surg* 2012; 146; 175-9.

Shiffman RN, Michel G, **Rosenfeld RM**, Davidson C. Building better guidelines with BRIDGE-Wiz: a software assistant to promote quality, transparency, and implementability. *J Amer Med Inform Assoc* 2012; 19:94-101.

Van der Wees P, Qaseem A, Kaila M, Ollenschlaeger G, **Rosenfeld RM**. Prospective systematic review registration: perspective from the Guidelines International Network (G-I-N). *Systematic Reviews* 2012;1:3-8.

Rosenfeld RM. Belief [editorial]. *Otolaryngol Head Neck Surg* 2012; 146:521-3.

Burton MJ, Altman KW, **Rosenfeld RM**. Cochrane Corner: Topical anesthetic or vasoconstrictor preparations for flexible fiberoptic nasal pharyngoscopy and laryngoscopy. *Otolaryngol Head Neck Surg* 2012; 146:694-7.

Rosenfeld RM. Harms [editorial]. *Otolaryngol Head Neck Surg* 2012; 146:687-9.

Singer MC, Rosenfeld RM, Sundaram K. Laryngeal Nerve Monitoring- Current utilization among Head and Neck Surgeons. *Otolaryngol Head Neck Surg*; 2012; 146: 6; 895-899.

Singer MC, Rosenfeld RM, Sundaram K. Laryngeal nerve monitoring use: an emerging consensus? *Head Neck Surg*; In press.

Sperling NM. Book review: otology, neurotology, and lateral skull base surgery: an illustrated handbook. *Otolaryngol Head Neck Surg* 2011; 144: 1013.

Sundaram K, Aynehchi BB. Teaching Recurrent Laryngeal Nerve Dissection to Residents in Head and Neck Endocrine Surgery. *Int J Head and Neck Surg* 2012; 3 (1):5-7.

Smith P, Fadel FA, Ayaz A, **Sundaram K**. Paranasal sinus involvement in metastatic carcinoma- Report of a case and review of the literature. *Neurological Surg Report*. Accepted for publication.

Westreich RW, Burstein D, Fraser M. The effect of facial asymmetry. *Facial Plast Surg*. 2011 Oct; 27(5):397-412. Epub 2011 Oct 25.

Presentations

Richard M. Rosenfeld, MD, MPH

Microbiology and antibiotics in otolaryngology. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, July 2011.

How to review a journal manuscript. Instructional course, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Evidence-based otitis media. Instructional course, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Impact of acute otitis media randomized trials on management. Miniseminar, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Polysomnography before tonsillectomy in children. Miniseminar, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Editorial update 2011. Otolaryngology – Head and Neck Surgery Editorial Board, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Taming the statistical shrew. Instructional course, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

How to read, interpret, and create a high quality systematic review. Instructional course, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Partners in evidence-based medicine: AAO-HNS and the Cochrane Collaboration. Miniseminar, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

How to write case series. Miniseminar, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

Outcomes research in pediatric otolaryngology. Miniseminar, AAO-HNS Annual Meeting, San Francisco, CA, September 2011.

How to read journal articles. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, October 2011.

Evidence-based otitis media 2011. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, November 2011.

Update on pediatric sinusitis. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, December 2011.

Clinical aspects of guideline development: from evidence to action. AAO-HNS, Alexandria, VA, January 2012.

How to plan a research project. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, March 2012.

Healthcare reform: what every pediatric otolaryngologist should know. ASPO Annual Meeting, San Diego, CA, April 2012.

Subcertification in pediatric otolaryngology. AAO-HNS Spring Board of Governor's Meeting, Alexandria, VA, May 2012.

Tympanostomy tubes for otitis media. AAO-HNS Tympanostomy Tube Guideline Development Group, Alexandria, VA, May 2012.

Otolaryngology and healthcare reform. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Krishnamurthi Sundaram, MD

Thyroid/Parathyroid. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, August 2011.

Teaching laryngeal nerve dissection to residents as primary surgeons in H&N endocrine surgery. Poster. American Thyroid Association Annual Meeting, Indian Wells, CA, October 2011.

The case of an unusual neck mass. 2012 Triological Society Section Meeting, Miami Beach, FL, January 2012.

Intramuscular hemangioma-presentation of an unusual neck mass. 2012 Triological Society Section Meeting, Miami Beach, FL, January 2012.

What is new in Thyroid Surgery? 6th Indo-US Winter symposium, Tamil Nadu Dr. M.G.R. Medical University, Chennai India. Invited presentation, January 2012. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, January 2012.

The effect of diffusion of 4% lidocaine through the Medtronic EMG endotracheal tube cuff on NIM-response. International Anesthesia Research Society Annual Meeting, Boston, MA, May 2012.

Brooklyn ENT Chronicles. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Frank Lucente, MD

The Rodney Dangerfield of Otolaryngology. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, October 2011.

Boris Bentsianov, MD

Larynx/Dysphonia. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, July 2011.

Laryngology Essentials Review. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, April 2012.

Marina Boruk, MD

Otolaryngic Allergy. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, September 2011.

Sydney Butts, MD

Plastic Surgery Emergencies. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, July 2011.

Suturing & Knot Tying Skills - & Nasal Packing Skills. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, August 2011.

Facial Trauma Review. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, September 2011.

Practice Trends Among Otolaryngologists Treating Hemangiomas. Poster Presentation at the American Academy of Otolaryngology-Head and Neck Surgery Foundation Annual Meeting, San Francisco CA, September 2011

Sinonasal Myxoma in an Infant: Report of a Case. Poster Presentation at the American Society for Clinical Pathology Annual Meeting/WASPaLM XXVI World Congress, Las Vegas NV, October 2011.

Expanding Role of Endoscopy in the Management of Facial Lesions. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, March 2012.

Steven Cannady, MD

Free-Flap Reconstruction for Osteoradionecrosis of the Jaws: Outcomes and Predictive Factors for Success. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, August 2011.

Free-Flap Reconstruction for Osteoradionecrosis of the Jaws: Outcomes and Predictive Factors for Success. Otolaryngology Grand Rounds. University of Maryland Medical Center. Otolaryngology Grand Rounds. Baltimore, MD, September 2011.

Primary Oropharyngeal Surgery in the Era of Chemoradiation. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, May 2012.

Parotid Neoplasm. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, June 2012.

Ari Goldsmith, MD

Introduction to the Pediatric Airway. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, August 2011.

Nira Goldstein, MD, MPH

Pediatric Deep Neck Space Infections. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, November 2011.

Ethics: Culturally Competent Care of the Deaf and Hard of Hearing. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, March 2012.

Validation of a Clinical Assessment Score for Pediatric Sleep-Disordered Breathing. Presented at the Triological Society 115th Annual Meeting, San Diego, CA, April 2012.

Efficacy of Adenotonsillectomy in Pediatric Sleep-Disordered Breathing. Presented at the American Society of Pediatric Otolaryngology Twenty-Seventh Annual Meeting, San Diego, CA, April 2012.

Management of Limited-English Proficient and Hearing Impaired Patients in US Pediatric Otolaryngology Practices. Presented at the American Society of Pediatric Otolaryngology Twenty-Seventh Annual Meeting, San Diego, CA, April 2012.

Matthew Hanson, MD

Balance & Vertigo. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, August 2011.

ENG. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, September 2011.

Aspects of Business in Medicine. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, September 2011.

Gady Har-El, MD

Salivary Glands. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, September 2011.

Jessica Lim, MD

Core Clinical- Skills Sessions: Airway Cases. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, July 2011.

The U.S. Health Care Insurance System. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, April 2012.

Richard Kollmar, PhD

Regeneration of Spiral Ganglion Neurites in Adults. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, October 2011.

The C1q Protein Family in Zebrafish and Otolith Formation. 35th Annual Midwinter Research Meeting of the Association for Research in Otolaryngology, San Diego, CA, February 2012.

Neuroprotective Effect of Leupeptin in Zebrafish Hair Cells. Annual Research Day, School of Graduate Studies, SUNY Downstate Medical Center, April 2012.

The C1q Protein Family in Zebrafish and Otolith Formation. Annual Research Day, School of Graduate Studies, SUNY Downstate Medical Center, April 2012.

Glycogen Synthase Kinase 3 Regulates Neurite Regeneration from Cultured Adult Spiral Ganglion Neurons. Annual Research Day, School of Graduate Studies, SUNY Downstate Medical Center, April 2012.

Abraham Shulman, MD

Tinnitus-Basic Tinnitology. Otolaryngology Basic Science Program, SUNY Downstate Medical Center, Brooklyn, NY, July 2011.

Intracranial Pressure and External Ear Probe for Tinnitus. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Joshua Silverman, MD, PhD

Head and Neck Anatomy and Pathology. Physician Assistant Training Program, SUNY Downstate, Brooklyn, NY, August 2011.

Laryngotracheal Stenosis. Division of Pulmonology, Department of Pediatrics, SUNY Downstate, Brooklyn, NY, September 2011.

Complications of Pediatric Sinusitis, Pediatric Department, SUNY Downstate, Brooklyn, NY, November 2011.

Malignant Laryngo-Tracheal Disease. Invited speaker at the 2nd Annual Multidisciplinary Head and Neck Symposium, SUNY Downstate, Brooklyn, NY, December 2011.

Airway and Esophageal Foreign Body Management. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, December 2011.

Upper Airway Obstruction in Children. Department of Pediatrics Grand Rounds, SUNY Downstate, Brooklyn, NY, March 2012.

Neil M. Sperling, MD

Hearing & Hearing Loss. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, August 2011.

Richard Westreich, MD

Nasal/Sinus Physiology. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, July 2011.

The Subalar Graft and its Role in Nasal Tip Medialization and Improved Nostril Symmetry. Combined Otolaryngological Spring Meetings, San Diego, CA, April 2012.

Rhinoplasty. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, February 2012.

Behrad Aynehchi, MD

Microtia Repair. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, September 2011.

Teaching Recurrent Laryngeal Nerve Dissection (Early Identification and Preservation Using Nerve Monitoring and Loupe Magnification) In Head and Neck Endocrine Surgery. American Thyroid Association Annual Meeting, Indian Wells, CA, October 2011.

Atypical Presentation of Laryngeal Tuberculosis in a Pediatric Patient. Triologic Society Combined Sections Meeting, Miami Beach, FL, January 2012.

Challenges in Cochlear Implantation for Sudden Idiopathic Sensorineural Hearing Loss Associated with Neutrophilic Dermatositis (Sweet's Syndrome). Triologic Society Combined Sections Meeting, Miami Beach, FL, January 2012.

The Subalar Graft and its Role in Nasal Tip Medialization and Improved Nostril Symmetry.*Presented at Combined Otolaryngology Spring Meetings: American Academy of Facial Plastic and Reconstructive Surgery Section Podium Presentation, San Diego, CA April 2012.

Local Flaps in Keloid Reconstruction. Combined Otolaryngology Spring Meetings: American Academy of Facial Plastic and Reconstructive Surgery Section, San Diego, CA, April 2012.

Vertical Incision Intraoral Chin Augmentation. American Academy of Otolaryngology – Head and Neck Surgery Annual Meeting Podium Session, San Francisco, CA, September 2011. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

David Burstein, MD

Efficacy of Adenotonsillectomy in Pediatric SDB. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Jonathan Cohen, MD

Anterior Skull Base Anatomy and Pathology. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, May 2012.

Trends in Head and Neck Cancer Disparities in Brooklyn, NY. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Marisa Earley, MD

Pediatric Head and Neck Masses. Department of Otolaryngology, SUNY Downstate, Brooklyn, November 2011.

Case Report: An Unusual Case of a Cheek Mass. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Sherry Fishkin, MD

SDB in Children with Asthma and Behavioral Consequences. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Marika Fraser, MD

Surgical Management of Intractable Aspiration. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, April 2012.

Treatment Outcomes of Advanced Laryngeal Cancer. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Scott Harris, MD

A Case Report: Multiple Unilateral Head & Neck Schwannomas. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Anita Konka, MD

Facial Rejuvenation. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, February 2012.

Submucosal Inferior Turbinoplasty: Evaluation of Functional Recovery and Complications. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Christopher Mascarinas, MD

Frontal Sinus Fractures. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, December 2011.

Smoking, Alcohol, and Laryngopharyngeal Reflux. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Miguel Mascaro, MD

Benign Neoplasms of the Sinus Tract. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, January 2011.

Subalar Graft, Nasal Tip Medialization, and Nostril Symmetry. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Niv Mor, MD

Outcome Measures for Cholesteatoma: A Systematic Review. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

Nasopharyngeal Carcinoma. Otolaryngology Grand Rounds. SUNY Downstate. Brooklyn, NY, June 2012.

Colleen Plein, MD

Velopharyngeal Insufficiency. Otolaryngology Grand Rounds, SUNY Downstate, Brooklyn, NY, March 2012.

Case Report: Fracture of a Calcified Stylohyoid Bone. Annual Frank E. Lucente Resident and Alumni Research Day, Department of Otolaryngology, SUNY Downstate, Brooklyn, June 2012.

AFFILIATED HOSPITALS

University Hospital of Brooklyn At Long Island College Hospital

University Hospital of Brooklyn at Long Island College Hospital is a 506-bed, teaching hospital located in the Brooklyn Heights/Cobble Hill neighborhood. Founded in 1858 as a medical school as well as a hospital, LICH has made exceptional contributions to U.S. medicine. In 1860, it became the first U.S. medical school to make bedside teaching a standard part of its medical curriculum, establishing an approach that was subsequently adopted throughout the country. Medical achievements of early LICH faculty include introduction of the stethoscope and early use of anesthesia. In 1930, the Long Island College of Medicine was incorporated as a separate medical school, with LICH as its hospital affiliate, and the College of Medicine became part of SUNY in 1954. Today, UHB at LICH prides itself on combining the best features of a major medical center with the personal, caring approach of a community-centered hospital.

Five residents rotate at LICH including one resident in a research rotation during the third otolaryngology year. LICH has an active emergency room. The hospital also has a large medical library containing 6,000 texts and 400 journals. The Department of Otolaryngology has its own library of recent otolaryngology texts, videotapes, current journals and a computer workstation for resident use. Grand Rounds and Basic Science lectures are held in this institution which is easily accessible from all affiliated hospitals. Animal surgical facilities are located across the street from the hospital with three full-time veterinary and technical staff.

The Department of Otolaryngology is actively involved in large and small animal research, basic science, and audiological research in this institution. Four full time audiologists perform all current tests and are engaged in several projects. Long Island College Hospital has an approved residency in Allergy and Immunology with a full time director. Both departments share clinical and academic programs.

A Temporal Bone Surgical Dissection Laboratory was installed in January 1994 and is fully equipped with surgical instrumentation and microscopes. The educational capabilities are enhanced by a full video system to highlight video taped instruction as well as monitoring of an instructor's dissection. The laboratory has stimulated an increased utilization of Temporal Bone teaching. Our residents currently receive a three month instruction course in Temporal Bone anatomy and surgical dissection in each of their four years of training. Post graduate courses, including the instruction of laser application to Otolgic surgery, are held on a regular basis at this facility.

University Hospital of Brooklyn

University Hospital of Brooklyn (UHB) is a 354-bed teaching and research hospital which functions as a regional referral center for the boroughs of Brooklyn and Staten Island. The hospital has the largest kidney transplantation program on the eastern seaboard and performs approximately 100 renal transplants a year. It is also a major referral center for neonatal intensive care, high-risk obstetrics, oncology services and neuroscience. The Department of Otolaryngology 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 Otolaryngology Service are active and multidisciplinary conferences are held regularly with corresponding medical specialties. The former otolaryngology 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 Otolg, Head and Neck, Oncology, Pediatric Otolaryngology, 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 Otolaryngology is extremely busy at KCHC and runs an active out-patient facility, in-patient consultation service and surgical schedule. Four residents cover KCHC and UHB as a combined service, with the assistance of one general surgery resident and a dedicated otolaryngology physician assistant. The Department of Otolaryngology has scheduled Operating Room activities five days a week. All otolaryngologic subspecialties are covered with emphasis on head and neck cancer surgery, facial plastic and reconstructive surgery, pediatric otolaryngology 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 otolaryngologists.

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 Otolaryngology 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 Otolaryngology 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 Monday where members of the chemotherapy, 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 otolaryngology 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 oncologic patients allows for the development of diagnostic techniques as well as for the performance of numerous surgical procedures. The Otolaryngology 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.

Educational Programs

Executive Summary

The Department of Otolaryngology at SUNY Downstate Medical Center/UHB at Long Island College Hospital had intensive continuing medical education activities during the academic year of 2011-2012. 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 UHB at Long Island College Hospital site for three hours on Thursday mornings. 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 15 and 30 attendees per session, with total attendance of 1100.

The morning conference is divided into four parts. 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 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 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.

The roster of guest speakers for 2011-2012 is included in this report. In general, all the speakers were knowledgeable and gave excellent lectures with organized information relevant to the practice of Otolaryngology-Head and Neck Surgery. The overall quality of the presentation was rated highly, as per the anonymous evaluation forms submitted. Practitioners, as well as residents, use the information which is disseminated during these conferences for their day to day clinical practice. The same lectures are used also as a forum for the audience to ask questions and to discuss difficult cases.

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, 2012 – June 30, 2013

Department of Otolaryngology
SUNY-Downstate and Affiliated Hospitals
Educational Program for Residents

Sponsoring Institution: State University of New York-Downstate Medical Center

Affiliated Institutions: Kings County Hospital Center, UHB at Long Island College Hospital, Maimonides Medical Center, Brooklyn VA Medical Center, University Hospital of Brooklyn

Chair 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 5 academic centers, as well as in private offices in the region. The academic centers are located in Brooklyn and include UHB at Long Island College Hospital (LICH), Kings County Hospital Center (KCHC), University Hospital of Brooklyn (UHB), Maimonides Medical Center (Maimo), and the Brooklyn Veterans Administration Medical Center (BVAMC).

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. Ample 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 those 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.

ACGME Core Residency Training Competencies by Training Year (SUNY Downstate Department of Otolaryngology)

Purpose

This document describes expectations by training year for otolaryngology residents enrolled in the training program at the SUNY Downstate Department of Otolaryngology and apply to the primary training hospital and all affiliates. This is intended as a supplement to the document entitled “Residency Program Goals and Objectives,” which is a more comprehensive overview of the program structure. To view the Department of Otolaryngology’s “Residency Program Goals and Objectives” please go to <http://www.downstate.edu/otolaryngology/>.

Table 1

Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Annual otolaryngology in-service examination	Participate in examination	Meet or exceed median PGY-2 score	Meet or exceed median PGY-3 score	Meet or exceed median PGY-4 score	Meet or exceed median PGY-5 score
Basic science*	Familiarity	Attend Basic Science Course	Attend Basic Science Course	In-depth knowledge	In-depth knowledge
H&N Anatomy	Familiarity	Thorough understanding	In-depth knowledge	Mastery	Mastery
Clinical medicine learning focus	Approach to the patient	Surgical indications and general otolaryngology	General otolaryngology and subspecialties	Otolaryngology subspecialties	Mastery
Temporal bone course†	—	Mastoidectomy, labyrinthectomy	Cochleostomy, ossiculoplasty	Develop confidence; avoid complications	Teach junior residents
COCLIA‡	—	Present basic topics	Present more advanced topics	Present advanced and complex topics	Supervise junior residents; present
AO North America Maxillofacial Trauma Course	—	—	Attend as PGY-3 or PGY-4 resident	Attend as PGY-3 or PGY-4 resident	—
Cornell-Weill otolaryngic allergy course	—	—	Participate in on-line session	Participate in on-line sessions	—
Textbook reading (Bailey’s and/ or Cummings)	Case-based; skim chapters	Read all chapters for exposure to field	Read all chapters for understanding	Re-read all chapters for greater insight	Re-read all chapters for mastery
Journal reading	Skim core journals	Read core** ≥ 60 minutes/ week	Read core** and selected others	Read core** & sub-specialty journals	Read core** & sub-specialty journals
Home Study Course	Exposure	100% participation	100% participation	100% participation	100% participation

*Basic Science includes anatomy, physiology, genetics, audiology, speech pathology, taste/smell, wound healing, child development

†Temporal Bone Course includes anatomy, mastoid drilling technique, middle ear prosthesis placement, and implantable hearing devices

‡COCLIA, or Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach, is a teaching tool from the AAO-HNS Foundation to help residents learn otolaryngology – head and neck surgery

through bimonthly conferences with faculty supervision

**Core journals are Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin NA.

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.

	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Clinical skills and basic procedures	Perform H&N exam	Proficiency in H&N exam; perform flexible endoscopy	Proficiency in adult endoscopy; develop laser skills	Proficiency in peds endoscopy; learn stroboscopy	Mastery; develops personal style and approach
Admissions, transfers, discharges	Participates	Coordinates with senior residents	Coordinates with senior residents	Supervision and teaching	Supervision and teaching
Use of labs, ancillary studies, consultations	Understands appropriate use	Handles with supervision	Effective and appropriate use	Masters appropriate use	Mastery and team leader
Administrative skills: EHR, documentation, medical records, transcripts	Uses appropriately	Timely and accurate completion of assignments	Timely and accurate completion of assignments	Increasing role in supervision and teaching	Mastery and team leader
Follow-up care	Participates	Completes assignments	Plans care and ensures follow-up	Increasing role in coordination of care	Master and team leader
Universal precautions	Uses appropriately	Uses appropriately	Uses and teaches	Uses and teaches	Leader & role model
General otolaryngology, head and neck surgery	<ul style="list-style-type: none"> Physical examination ACLS/ ATLS Central line placement Arterial blood gas sampling Nasogastric tube placement Foley catheter placement Incision and drainage, simple abscesses Management tracheostomy tubes Basic wound management 	<ul style="list-style-type: none"> Fine needle aspiration, neck Insertion of tracheostomy tube Direct laryngoscopy, diagnostic I&D neck abscess 	<ul style="list-style-type: none"> Level 1 neck dissection Tracheotomy Deep lymph node excision/ biopsy Submandibular gland excision Caldwell Luc procedure Esophagoscopy, diagnostic, dilation Panendoscopy with biopsy 	<ul style="list-style-type: none"> Superficial parotidectomy Selective neck dissection Partial glossectomy Thyroidectomy Parathyroidectomy Excision congenital neck mass, all types including thyroglossal duct and branchial cleft cysts Endoscopic approach hypopharynx Lip wedge resection Oral cavity tumor resection Auricular excision 	<ul style="list-style-type: none"> Total parotidectomy ± facial nerve graft Total glossectomy Radical neck dissection Modified radical neck dissection Lateral rhinotomy Skull base resection, anterior, middle Composite resection, oral cavity/ oropharynx Mandibular resection Parapharyngeal space tumor excision Maxillectomy ± orbital exenteration Laryngopharyngectomy Major vessel repair

Otology and neurotology	N/A	<ul style="list-style-type: none"> Microscopic examination, external ear In-office adult myringotomy/ tube Audiogram interpretation Tympanogram interpretation 	<ul style="list-style-type: none"> Tympanoplasty, I Simple mastoidectomy 	<ul style="list-style-type: none"> Tympanoplasty IHV Mastoidectomy, canal wall down Canaloplasty Resection cerebellopontine angle tumor, assistant 	<ul style="list-style-type: none"> Ossiculoplasty Stapedectomy Temporal bone resection Skull base resection, lateral Aural atresia repair Facial nerve decompression Repair perilymphatic fistula Labyrinthectomy Cochlear implantation Resection CPA tumor, assistant
Allergy	N/A	<ul style="list-style-type: none"> Fiberoptic intubation, angioedema 	<ul style="list-style-type: none"> Administer and interpret allergy skin test Allergy emergency protocol 		
Adult sleep medicine and surgery	N/A	<ul style="list-style-type: none"> Septoplasty, turbinate reduction Tonsillectomy 	<ul style="list-style-type: none"> Uvulopalatopharyngoplasty 	<ul style="list-style-type: none"> Lingual tonsillectomy 	<ul style="list-style-type: none"> Tongue advancement procedure
Laryngology	<ul style="list-style-type: none"> Flexible laryngoscopy 		<ul style="list-style-type: none"> Bronchoscopy, diagnostic Laryngoscopy with excision 	<ul style="list-style-type: none"> Endoscopic laser ablation ± dilation Laryngotracheal stenosis Laryngoscopy with microflap excision, vocal fold mass Endoscopic/ open excision Z-plasty Tracheostomy Tracheoesophageal fistula creation Arytenoidectomy 	<ul style="list-style-type: none"> Total laryngectomy Partial laryngectomy, open or endoscopic Laryngotracheoplasty Repair laryngeal fracture Tracheal resection, anastomosis Thyroidectomy, arytenoid adduction Injection laryngoplasty
Sinonasal	<ul style="list-style-type: none"> Flexible nasopharyngoscopy 	<ul style="list-style-type: none"> Anterior and posterior nasal packing Septoplasty Submucous turbinate resection 	<ul style="list-style-type: none"> Endoscopic anterior ethmoidectomy Endoscopic maxillary antrostomy Endoscopic polypectomy Endoscopic nasopharyngeal biopsy 	<ul style="list-style-type: none"> Endoscopic posterior ethmoidectomy Endoscopic sphenoidectomy Endoscopic frontal sinusotomy Frontal sinus trephination 	<ul style="list-style-type: none"> Endoscopic repair CSF leak Endoscopic sphenoplatine ligation Osteoplastic frontal sinus obliteration Advanced endoscopic frontal sinusotomy Dacryocystorhinostomy
Pediatric otolaryngology	N/A	<ul style="list-style-type: none"> Foreign body removal, ear, nose, pharynx Myringotomy and tube placement Tonsillectomy Adenoidectomy Frenuloplasty 	<ul style="list-style-type: none"> Excision congenital neck masses, all types Bronchoscopy, diagnostic, foreign body removal Esophagoscopy with foreign body removal 	<ul style="list-style-type: none"> Endoscopic management, laryngotracheal stenosis Choanal atresia repair Otoplasty Tracheostomy, age under 2 years 	<ul style="list-style-type: none"> Laryngotracheal reconstruction, open Lymphangioma excision Management subglottic hemangioma Excision juvenile nasopharyngeal angiofibroma
Plastic and reconstructive surgery	<ul style="list-style-type: none"> Suturing of uncomplicated lacerations 	<ul style="list-style-type: none"> Closed reduction, mandible fracture Closed reduction, nasal fracture Excision skin lesions, primary closure 	<ul style="list-style-type: none"> Reduction facial fractures, nasal, malar, orbital blowout, mandible, frontal Pedicle flap procedure, local Split and full thickness skin grafts Repair complex facial lacerations Scar revision 	<ul style="list-style-type: none"> Rhinoplasty, closed Pedicle flap procedure, regional Reconstruction external ear Tissue expander placement, removal Eyelid weight placement Brow lift Rhytidectomy 	<ul style="list-style-type: none"> Pedicle flap procedure, myocutaneous Rhinoplasty, open Microsurgical free flap Blepharoplasty Facial nerve graft or repair Facial reanimation procedures Cleft palate. Cleft lip repair

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.

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities	Yes	Yes	Yes	Yes	Yes
Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	Participate	Participate	Present at multi-disciplinary tumor board	Organize tumor board & present at M&M	Organize tumor board & present at M&M
Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning	Yes	Yes	Yes	Yes	Yes
Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems	Learn search strategies	Use information resources effectively	Learn critical appraisal techniques	Assimilate and apply evidence to patient care	Assimilate and apply evidence to patient care
Participate in the departmental Grand Rounds program	Attend and learn format	Case report and topic review	Evidence-based presentations	Evidence-based presentations	Invite speakers* and organize program
Participate in monthly journal club	Learn critical appraisal	Learn critical appraisal	Master critical appraisal	Master critical appraisal	Organize and teach
Participate in the education of patients, families, students residents, and other health professionals	Participate in team	Participate in team	Develop independence	Serve as role model	Serve as role model
Research expectations	Co-Investigator	Case report	Chart review	Planned, protocol-driven research	Present and publish research

*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

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	Participate with supervision	Participate with supervision	Greater independence	Continued improvement	Team leader and mentor to junior residents
Communicate effectively with physicians, other health professionals, and health related agencies	Participate with supervision	Participate with supervision	Greater independence	Continued improvement	Team leader and mentor to junior residents
Work effectively as a member or leader of a health care team or other professional group	Work effectively as team member	Work effectively as team member	Improve leadership	Prepare for role as chief resident	Team leader
Act in a consultative role to other physicians and health professionals	Gather information and present	Gather information and present	Formulate plan with supervision	Increased independence	Mastery
Maintain comprehensive, timely, and legible medical records	Yes	Yes	Yes	Yes	Yes

Table 5

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

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Demonstrate compassion, integrity, and respect for others	Yes	Yes	Yes	Yes	Yes
Demonstrate responsiveness to patient needs that supersedes self-interest	Awareness	Awareness	Progressive implementation	Progressive implementation	Mastery
Demonstrate respect for patient privacy and autonomy	Yes	Yes	Yes	Yes	Yes
Demonstrate accountability to patients, society, and the profession	Accountability to patients; self-mastery	Accountability to patients; self-mastery	Serve as role model for team, department	Role model at regional and national meetings	Role model at regional and national meetings
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	Self-mastery	Self-mastery	Serve as role model	Serve as role model	Serve as role model

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.

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Work effectively in various health care delivery settings and systems relevant to their clinical specialty	Work effectively at LICH and UHB/KCHC	Work effectively at LICH and UHB/KCHC	Work effectively at VAMC	Work effectively at Maimonides Hospital	Mastery
Coordinate patient care within the health care system relevant to their clinical specialty	Participate in team	Participate in team	Coordinate with supervision	Progressive responsibility	Mastery
Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate	Understand and consider	Understand and consider	Incorporate	Incorporate	Incorporate
Work in interprofessional teams to enhance patient safety and improve patient care quality	Attend dept. M&M; Program evaluation committee	Attend dept. M&M; Program evaluation committee	Present at dept. M&M; Program evaluation committee; Residency Selection Committee	Present at dept. M&M; Program evaluation committee; Residency Selection Committee	Lead and present at dept. M&M; Program evaluation committee; Residency Selection Committee
Participate in identifying system errors and implementing potential system solutions	—	Patient Safety Committee at KCHC	Residents' Fellows Subcommittee of GMEC at UHB	Residents' Fellows Subcommittee of GMEC at UHB	Root Cause Analyses (prn)
Advocate for quality patient care and optimal patient care systems	Yes	Yes	Yes	Yes	Yes

Be familiar with ethical, socioeconomic, and medico-legal issues that affect the provision of quality and cost-effective care and the utilization of resources within the health care system; the provision of quality and cost-effective otolaryngology care within the context of the health care system; and the use of resources of that health care system, other medical specialists, information technology, CME, and ongoing analysis of clinical outcomes to ensure such care

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 Long Island College Hospital, 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 Long Island College Hospital, 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 including weekly grand rounds at Long Island College Hospital, 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.

Basic understanding of the most commonly encountered problems of the head and neck region, including otitis media and otitis externa, sinusitis, adenotonsillar disease, head and neck cancer, upper airway obstruction, and hearing loss.

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 Fraser, Educational Coordinator (718.270.1638) who can set up appointments with Nira 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 laboratory is maintained on the campus of UHB at Long Island College Hospital. It is equipped with 8 workstations containing microdissection instruments, microscopes and drills for detailed study of temporal bone anatomy. An additional instructor's station equipped with video camera, classroom video monitors for demonstration or video review, and other teaching tools (charts, dissection manuals and models) enhances the educational experience.

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.

SUNY Downstate Department of Otolaryngology
Presents the Annual Frank E. Lucente

ALUMNI AND RESIDENT RESEARCH DAY

Thursday, June 14, 2012 ★ 9:30 am to 6:00 pm

University Hospital of Brooklyn at Long Island College Hospital
Avram Conference Center A & B

Conference Chair

Richard W. Westreich, MD
Assistant Professor of Otolaryngology
SUNY Downstate Medical Center
Director of Resident Training and
Facial Plastic Surgery Division
UHB @ Long Island College Hospital
Brooklyn, New York

Invited Faculty

Harold C Pillsbury III, MD, FACS
Thomas J. Dark Distinguished
Professor of Otolaryngology/
Head and Neck Surgery
Chair, Department of
Otolaryngology/Head and Neck
Surgery
Executive Director, W. Paul Biggers Carolina
Children's Communicative Dis. Program
University of North Carolina Medical School



Jared Wasserman, MD

Asst. Director, Voice and
Swallowing Center,
ENT and Allergy Associates
Hackensack University Medical
Center, Englewood Hospital
And Medical Center
SUNY Downstate Graduate, Class of 2007



SUNY Downstate Faculty

Richard M. Rosenfeld, MD, MPH
Professor and Chairman of Otolaryngology

Frank E. Lucente, MD

Professor of Otolaryngology and Vice Dean for
Graduate Medical Education

Krishnamurthi Sundaram, MD

Professor and Vice-Chairman of Otolaryngology

Abraham Shulman MD

Professor Emeritus of Clinical Otolaryngology

SUNY Downstate Residents

Behrad Aynehchi, MD
David Burstein, MD
Jonathan Cohen, MD
Marisa Earley, MD
Sherry Fishkin, MD
Marika Fraser, MD
Scott Harris, MD
Anita Konka, MD
Miguel Mascaro, MD
Christopher Mascarinas, MD
Niv Mor, MD
Colleen Plein, MD

Alumni and Resident Research Day

SUNY Downstate Medical Center – June 14, 2012

AGENDA

- 9:30 AM** **Registration & Coffee**
- 10:00 AM** Welcome – Westreich
- 10:10 AM** Introductory Remarks – Lucente, Rosenfeld
- 10:15 AM** New Trends in Cochlear Implants - Pillsbury
- 11:05 AM** Office Based Laryngology Procedures – Wasserman
- 11:50 AM** Healthcare Reform: Implications for Otolaryngology – Rosenfeld
- 12:10 PM** **Lunch**
- 1:10 PM** Submucosal Inferior Turbinoplasty: Evaluation of Functional Recovery and Complications – Konka
- 1:23 PM** Subalar Graft, Nasal Tip Medialization, and Nostril Symmetry – Mascaro
- 1:36 PM** Outcome Measures for Cholesteatoma: A Systematic Review – Mor
- 1:49 PM** Vertical Incision Intraoral Chin Augmentation – Aynehchi
- 2:02 PM** Trends in Head and Neck Cancer Disparities in Brooklyn, NY – Cohen
- 2:15 PM** Intracranial Pressure and External Ear Probe for Tinnitus – Shulman
- 2:35 PM** **Coffee Break 1**
- 3:05 PM** Treatment Outcomes of Advanced Laryngeal Cancer – Fraser
- 3:18 PM** Smoking, Alcohol, and Laryngopharyngeal Reflux – Mascarinas
- 3:31 PM** Efficacy of Adenotonsillectomy in Pediatric SDB – Burstein
- 3:44 PM** SDB in Children with Asthma and Behavioral Consequences – Fiskhin
- 3:57 PM** Brooklyn ENT Chronicles – Sundaram
- 4:20 PM** **Coffee Break 2**
- 4:45 PM** Case Report: Multiple Unilateral Head & Neck Schwannomas – Harris
- 4:53 PM** Case Report: An Unusual Case of a Cheek Mass – Earley
- 5:01 PM** Case Report: Fracture of a Calcified Stylohyoid Bone – Plein
- 5:09 PM** Workforce Issues in Otolaryngology – Head & Neck Surgery – Pillsbury
- 5:50 PM** Concluding Remarks – Lucente, Westreich
- 6:00 PM** **Adjourn**

Abstracts for Resident Presentations 2012**1:10PM Konk A. MD, Tarashansky K. MD, Westreich R. MD**
Submucosal Inferior Turbinoplasty: Evaluation of Functional Recovery and Complications

Abstract: Numerous techniques currently exist for the surgical treatment of inferior turbinate hypertrophy. In this historical cohort study we present a novel method for submucosal inferior turbinoplasty that addresses all structural components of the inferior turbinate. To evaluate the rate of patient recovery and safety of the procedure, we measure outcomes including duration of nasal packing, frequency of debridement, length and duration of nasal crusting, post-operative complications, and reoperation rate and demonstrate that this method of submucosal inferior turbinoplasty is a viable option during functional nasal surgery.

1:23PM: Aynehchi B. MD, Mascaro M. MD, Rosenfeld RM. MD, Westreich R. MD
The Subalar Graft and its role in Nasal Tip Medialization and improved Nostril Symmetry

Objective: The objective of the study is to evaluate the effect of the subalar graft in correcting nasal and alar asymmetries on patients undergoing functional and cosmetic rhinoplasty.

Method: This was undertaken by utilizing objective and consistent measurements by two distinct investigators. The Alar-Facial (both from a front and base view – AFAF and AFAB) angle and the Nasal angle (NA) were analyzed in 37 patients. Both traumatic and non-traumatic nasal deformities were included into the study. The subsequent changes in these angles between pre and post op imaging were measured.

Results: The results were as follows: The interrater reliability was found to be 0.999 for NA, 0.993 for AFAB and 0.995 for AFAF for pre and post-operative measurements. Data was subsequently evaluated via Spearman rank correlations. These were $R=0.591$ for NA-AFAB, $R=0.595$ for AFAB-AFAF and $R=0.411$ for NA-AFAF giving a R^2 of 35%, 35%, and 17% respectively.

Conclusions: These findings show that there is a predictable and sustainable outcome from this technique when attempting to manipulate the angle of the caudal pyramid with minimal morbidity. This allows the nasal reconstructive surgeon the ability to manipulate the cartilaginous suprastructure with minimal changes to the underlying nasal foundation.

1:36PM: Mor N. MD, Finkel D. MS, Hanson M. MD
Outcome Measures for the Surgical Treatment of Cholesteatoma: A Systematic Review

Hypothesis: There has been no standard measurement to evaluate the surgical outcomes after treatment of cholesteatoma.

Objectives:

Objectives #1: Describe the varied outcome measurements reported by investigators after the surgical treatment of cholesteatoma.

Objectives #2: Identify the most useful outcome measurements used by physician to assess their results after the surgical treatment of cholesteatoma.

Objectives #3: Propose a standard measurement tool to evaluate surgical performance for the treatment of cholesteatoma thereby allowing the establishment of best practice guidelines.

Significance: Without an agreed upon standard to assess surgical performance for the treatment of cholesteatoma physicians are free to establish their own criteria for what constitutes superb, adequate or unfavorable outcomes. Lack of standardization also makes comparison between various studies unreliable. A best practice measurement tool will allow physicians to monitor their surgical results, and may even unveil specific variables that could be more influential in establishing a favorable outcome. For instance, extent of disease, location of disease or pre-operative presentation may be more influential on patients' performance than surgical technique.

Methods:

- a. Systematic review of articles reporting surgical outcomes for the treatment of cholesteatoma.
- b. inclusion criteria:
 - i. Observational Trial
 - ii. Randomized Control Trials
 - iii. Human subjects
 - iv. Surgical studies reporting outcomes of middle ear cholesteatoma
 - v. Studies from past 30 years (1982 to the present)
- c. Exclusion criteria:
 - vi. Studies with less than 50 subjects
 - vii. Studies looking at chronic ears without cholesteatoma
 - viii. Non surgical management of cholesteatoma
 - ix. Surgical approaches that do not include a mastoidectomy

**1:49PM: Aynehchi B. MD, Burstein D. MD, Parhiscar A. MD, and Erlich M. MD
Vertical Incision Intraoral Silicone Chin Augmentation**

Objective: Solid silicone augmentation mentoplasty is a common procedure with consistent aesthetic results in properly selected patients. While many plastic surgeons employ the external approach, the intraoral method affords excellent aesthetic outcomes while avoiding an external scar. This is the largest series in the literature describing the midline intraoral incision approach with minimal disruption of soft tissues.

Study Design: Case series.

Subjects and Methods: One hundred twenty-five patients underwent chin augmentation with solid silicone implants between 2004 and 2010. Among these implants, 105 were placed transorally. Eighty-five patients were followed for at least 1 year. Demographic information, indications, patient satisfaction questionnaire results, and complications were recorded.

Results: All implants yielded satisfactory results with no displacement, infection, tissue reaction, lower lip incompetence, mental nerve injury, or intraoral implant contamination. Two cases of superficial mucosal irritation at the suture site were observed and resolved without consequence. Symmetry, projection, and overall balance of facial components were excellent. Although all patients were satisfied with the functional and aesthetic results, 20% stated they would like further augmentation. Patients were extremely satisfied with the lack of an external scar.

Conclusions: Based on our series, the intraoral technique with a midline incision avoiding disruption of the mentalis muscle is recommended for its ease, simplicity, patient satisfaction, low complication rate, and circumvention of an external scar. The external approach should be considered in cases that require a very large implant.

**2:02PM: Jonathan Cohen MD, Rudolph Parris MA, Marisa Earley MD, Jason Abramowitz,
Joshua Aizen
Trends in H&N Cancer Disparities in Brooklyn, NY**

Objective(s): An extensive review of the present literature suggests that there are rising and persistent health disparities in Head and Neck (H&N) cancer morbidity and mortality in the United States. These cancer disparities are often driven by differences in time of patient presentation, race/ethnicity, gender, socio-economic status (SES), health insurance status and the presence of co-morbidities. This study seeks to collect the data necessary to assess each of the aforementioned risk-factors, and to determine if there are increasing trends in H&N cancer disparities in Brooklyn, NY. All newly diagnosed patients will be included (second primaries also). Recurrent cancers will be excluded. The research also seeks to construct a cancer database, which will be utilized by the ENT department for the current and future research studies.

Research Design: A retrospective chart review will be conducted, looking at patients who presented at the ENT departments at the University Hospital at Brooklyn (UHB) and LICH, from 2007 to 2010. All medical information deemed pertinent towards achieving the research objectives mentioned prior, will be collected and stored into the ENT cancer database recently developed by one of the SUNY Downstate Medical Center's School of Public Health doctorate candidates.

Methodology: The study will be performed using patient information from the ENT clinics at UHB and LICH. Upon completion of the data entry portion of the research, statistical analyses (using SPSS statistical software) will be conducted so as to ascertain the extent of H&N cancer disparities as measured in an urban, inner-city, hospital-based setting. Demographic information and all other health protected information will be handled in compliance to HIPAA regulations, including the de-identification of patient information during analysis and when issuing reports. It is hypothesized that there will be an increasing trend in H&N cancer disparity in Brooklyn residents, with many of these health inequalities being largely driven by racial/ethnic, SES and health insurance differences in patients who present at UHB and LICH from 2007 to 2010. Findings: In line with the national trend, it is expected that an increase in H&N cancer disparities will be evident in Brooklyn, NY. H&N cancer inequality information will be available, accessible and better assessed upon completion of the cancer database entry. A retrospective chart review will then ascertain the nature of the relationship between hypothesized risk-factors (time of patient presentation, race/ethnicity, gender, SES, health insurance status and number of co-morbidities) and how they relate to the increasing and persistent H&N cancer disparities in the UHB & LICH catchment area in Brooklyn, NY.

3:05PM Fraser M. MD, Floyd E., Rosenfeld R. MD MPH, Sundaram K. MD, Weiss M. MD
Treatment of Laryngeal Cancer at the Brooklyn, VA

Objective: To compare survival outcomes in patients treated with advanced laryngeal cancer. To illustrate the prevalence of tracheotomy and PEG placement in the organ preservation group and its implication for counseling patients.

Method: A retrospective chart review was performed from January 1999 to December 2009 of patients with Laryncancer AJCC stage III and IV at the Brooklyn VA Hospital. The endpoints examined were 2 year overall survival and disease free survival . The secondary endpoints were the rate of salvage laryngectomy, tracheotomy and PEG (Percutaneous Endoscopic Gastrostomy) in each cohort.

Result: Kaplan-Meier survival for the Surgery/RT Group at 2 years was 75.6% (95% CI) (54.9 to 96.3%) and the survival for the Chemo/RT Group at 2 years was 62.2% (95% CI) (43.6 to 80.8%). There was no statistically significant difference in overall survival between the surgery/RT vs. Chemo/RT group. The laryngeal preservation rate was 19/28 (68%) which was lower than the RTOG 91-11(84 %) and over half these patients required a tracheostomy (52%) or a PEG (68%).

Conclusion: Our study has not shown a significant survival difference between Surgery and Radiation vs. Chemo-radiation protocols. However chemo-radiation as an organ sparing technique does not ensure normal laryngeal function, particularly with frequent need for tracheostomy and gastrostomy. We hope our study will highlight the potential for problematic functional outcomes in these patients.

3:18PM Mascarinas C. MD, Fraser M. MD, Rosenfeld R. MD MPH, Bentsianov B. MD
Title: Body mass index (BMI), smoking, alcohol consumption and the symptoms and physical findings of laryngopharyngeal reflux (LPR) in a VA study population

Objective: To investigate the association of obesity as measured with BMI (Body Mass Index), smoking and alcohol consumption with the severity of the symptoms and physical findings laryngopharyngeal reflux (LPR) in a VA study population.

Study Design: Cross-sectional study

Methods: Patients at the Brooklyn VA ENT clinic were consecutively offered enrollment. Enrolled patients filled out the RSI (reflux symptom index) survey, and a questionnaire assessing alcohol and smoking consumption derived from the 1995 Health Habits and History Questionnaire. Height and weight measurement, head and neck physical examination, and flexible fiberoptic laryngoscopy with digital images were performed. Fiberoptic laryngoscopy digital images were reviewed by a blinded member of the Department of Otolaryngology, which was then scored based on the RFS (reflux finding score) index. The amount of alcohol consumption in grams/week and amount of smoking in terms of packs/year and cigarettes/day was calculated using the patient questionnaire. RSI score (0-40), RFS score (0-26), BMI, alcohol consumption (grams/

week), and smoking (packs/year and cigarettes/day) were analyzed as continuous variables using regression analysis on statistical analysis SAS software to investigate any correlations between reflux and obesity, smoking, or alcohol consumption. Secondary analysis was done using RFS and RSI as dichotomous variables against obesity, smoking, and alcohol consumption.

Results & Conclusion: Pending

3:31PM **Burstein DH. MD, Jackson A. BA, Weedon J. PhD, Graw-Panzer K. MD,
Fahmy S. MD, Goldstein NA. MD MPH
Efficacy of Adenotonsillectomy in Pediatric Sleep-Disordered Breathing**

Objectives: To determine the efficacy of adenotonsillectomy (T&A) in the treatment of pediatric sleep-disordered breathing (SDB) as determined by polysomnography (PSG).

Study Design: Matched historical cohort study

Methods: The charts of children aged 1-12 who underwent PSG between 1/2006 and 6/2009 were reviewed to identify children with positive studies [apnea-hypopnea index (AHI) ≥ 5 or apnea index (AI) ≥ 1]. Children not treated by T&A were recruited into the study. These subjects were matched by age, time since initial PSG, and AHI to children who underwent T&A. All participants were evaluated by a clinical assessment score (CAS-15), follow-up PSG, and the Child Behavior Checklist (CBCL).

Results: Sixteen matched pairs completed the study. There was a greater median improvement in AHI in the surgical group compared to the nonsurgical group (10.3 vs. 6.5, $p=0.044$). Those who underwent T&A were more likely to have a follow-up AHI < 2 (11 vs. 5, OR 4.0, 95% CI 0.93-27.5, $p=0.065$), although this result was not statistically significant. The T&A group had significantly lower mean (SD) scores on the CAS-15 [8.9(6.1) vs. 29.4(16.2), $p<0.001$] and the CBCL total problem score [43.9(8.7) vs. 58.9(13.0), $p<0.001$]. Younger age at presentation ($\rho=-0.76$, $p<0.001$), initial AHI (0.87, $p<0.001$), and initial AI (0.63, $p=0.05$) were correlated with change in AHI in the T&A group.

Conclusions: T&A was effective in reducing AHI and improving clinical assessment and CBCL scores as compared to no surgery. Median AHI improved in the nonsurgical group, and 5/16 (31%) of the controls were cured based on PSG results.

3:44PM **Goldstein NA. MD MPH, Fishkin S. MD, Lee H. MD, Weaver D. MD, Aronin C. BA
The Prevalence of Sleep-Disordered Breathing in Children with Asthma and its
Behavioral Consequences**

Objective: Our objectives are to determine the prevalence of sleep-disordered breathing (SDB) in children with asthma compared to non-asthmatic children and to determine if behavior problems are independently associated with asthma and SDB.

Methods: We recruited 51 asthmatics and 50 non-asthmatics between the ages of 2 and 14 to determine the prevalence of sleep-disordered breathing (SDB) in children with asthma compared to children without asthma. For each patient, a parent completed the Pediatric Sleep Questionnaire (PSQ) and the Child Behavior Checklist and the child was referred for polysomnography if he/she snored more than half the time. We determined the prevalence of SDB in asthmatics, the association of asthma severity and SDB, and determined potential risk factors for SDB: age, prematurity, body mass index (BMI), socioeconomic status (SES), and history of allergy. We also determined the association between behavior problems and asthma and SDB.

Results: Our study indicated higher prevalences of snoring and SDB as determined by a positive PSQ score in asthmatics compared to non-asthmatics (36% vs. 10% and 28% vs. 2%, respectively). The prevalence of positive PSG in asthmatics was 12% (95% CI 5, 26) and in non-asthmatics was 2% (95% CI $<.01$, 12). Asthma severity was associated with SDB. Potential risk factors including age, prematurity, BMI, SES, and history of allergy were not associated with SDB. Abnormal CBCL scores were associated with a positive PSQ score but not snoring or asthma.

Conclusion: Sleep disordered breathing as indicated by snoring and positive PSQ score has a

higher prevalence in children ages 2-14 with asthma compared to children ages 2-14 without asthma. In addition, asthma severity was associated with sleep-disordered breathing. We found some association with behavioral problems and both asthma and sleep disordered breathing on our preliminary analysis. This is an ongoing study, and we expect to demonstrate stronger independent associations once we have recruited our full sample size. The relationship between SDB and asthma in pediatric populations indicates the importance of suspecting, screening, and possibly diagnosing SDB in asthmatics.

4:45PM Scott Harris, MD

Atypical Presentation of Multiple Unilateral Head and Neck Schwannomas

Schwannomas are benign tumors of schwann cells of the peripheral nerve sheath that in most cases present as sole lesions and when present in multiples are typically syndromic. We present a case of a young lady with multiple unilateral head and neck schwannomas including a vestibular schwannoma, and impairment of cranial nerves VII, VII and X. She had no other associated cutaneous lesions, ocular lesions or family history. This case does not fit the known schwannoma associated syndromes, It does not fit with Neurofibromatosis type II with no associated central lesions, nor fitting with Neurofibromatosis type I where peripheral, bone, ocular and skin lesion predominate. Furthermore it does coincide with Schwannomatosis due to vestibular tumor, as well as atypical unilateral cranial nerve involvement.

4:53PM: Marisa Earley, MD

An Unusual Case of a Cheek Mass

Introduction: Evaluation of head and neck masses is an important part of the practice of Otolaryngology. Epidermal inclusion cysts are commonly found in the head and neck, though rarely are they multiple and calcified.

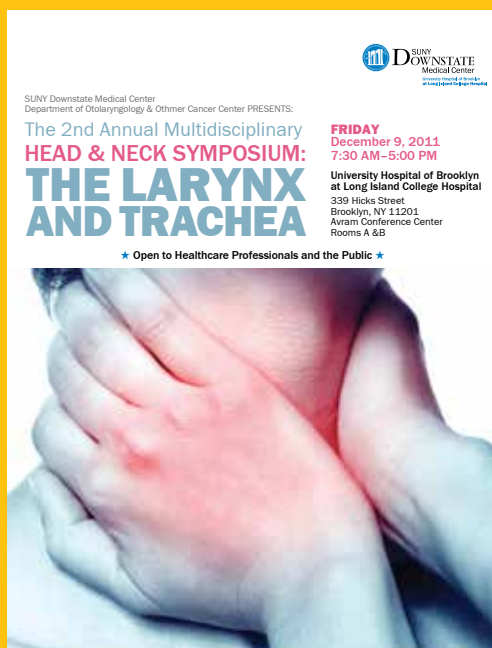
Case Report: We present a case of a patient presenting with two painful cheek lesions. The lesions were palpable and associated with pain with chewing and mouth opening and trismus. CT scan imaging revealed two calcified lesions anterior to the parotid gland, within the masseter muscle. There was no history of trauma or sialoadenitis. Upon excisional biopsy, the pathology revealed a calcified epidermal inclusion cyst.

Conclusions: Differential diagnosis for calcified facial lesions should include epidermal inclusion cysts. If asymptomatic, these lesions do not necessitate excision, however, definitive diagnosis may mandate such intervention. Fine needle aspiration is typically a good alternative for masses in the head and neck, though yield may be low on calcified lesions.

5:01PM Colleen Plein, MD

Fracture of a Calcified Stylohyoid Bone Secondary to Trauma

Abstract: We present the case of an elderly woman referred for evaluation of neck pain after a fall. A CT scan performed to evaluate for facial fractures revealed a large, calcified stylohyoid bone with evidence of an acute fracture as the likely etiology of the patient's neck pain. We then review the current literature surrounding stylohyoid ligament ossification and its sequelae, diagnosis and management, with an emphasis on acute and subacute presentations.



UHB at Long Island College Hospital
Department of Otolaryngology &
Othmer Cancer Center Present

THE SECOND ANNUAL HEAD & NECK SYMPOSIUM: THE LARYNX AND TRACHEA

Friday, December 9, 2011
7:30am-5:00pm

Faculty

Course Director:

Krishnamurthi Sundaram, MD, FACS

Co-Director: **Jessica Lim, MD**

Richard M. Rosenfeld, MD, MPH

Professor & Chairman
Department of Otolaryngology
SUNY Downstate Medical Center
UHB-LICH

Marshall Strome, MD, MS

Director
Center for Head & Neck
Oncology and the Head
& Neck Transplantation
Program
Roosevelt St. Luke's Hospital
Immediate past Professor &
Chairman
The Cleveland Clinic Head &
Neck Institute

Louis Harrison, MD

Professor & Chairman
Department of Radiation
Oncology
Physician-in-Chief
Continuum Cancer Center

Frank E. Lucente, MD, FACS

Professor and Immediate Past
Chairman
Department of Otolaryngology
SUNY Downstate Medical Center
Vice-Dean, Graduate Medical
Education, SUNY-Health
Science Center at Brooklyn
Chief, Academic Affairs,
UHB-LICH

Gady Har-El, MD, FACS

Chairman
Department of Otolaryngology
- Head and Neck Surgery
Lenox Hill Hospital
Professor, Department of
Otolaryngology & Clinical
Neurosurgery
SUNY Downstate Medical Center
Adjunct Professor, Otolaryngology
NYU Medical Center

Deborah Reede, MD

Chief
Department of Radiology
SUNY Downstate Medical Center
UHB-LICH

Jessica W. Lim, MD

Department of Otolaryngology
UHB-LICH
SUNY Downstate Medical
Center &
Lenox Hill Hospital, North Shore
LIJ System.

Ari Goldsmith, MD

Associate Professor
SUNY Downstate Medical Center
UHB-LICH

Svetoslav Bardarov, MD

Attending Pathologist
SUNY Downstate Medical Center
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Joshua Silverman, MD, PhD

Assistant Professor
Department of Otolaryngology
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Director, Pediatric Otolaryngology
Kings County Hospital Center

Boris Bentsianov, MD

Assistant Professor
Department of
Otolaryngology
SUNY Downstate Medical Center
Director, Laryngology, Voice
and Swallowing Disorders
SUNY Downstate Medical
Center

**Danielle Nascimento, MS,
CCC-SLP**

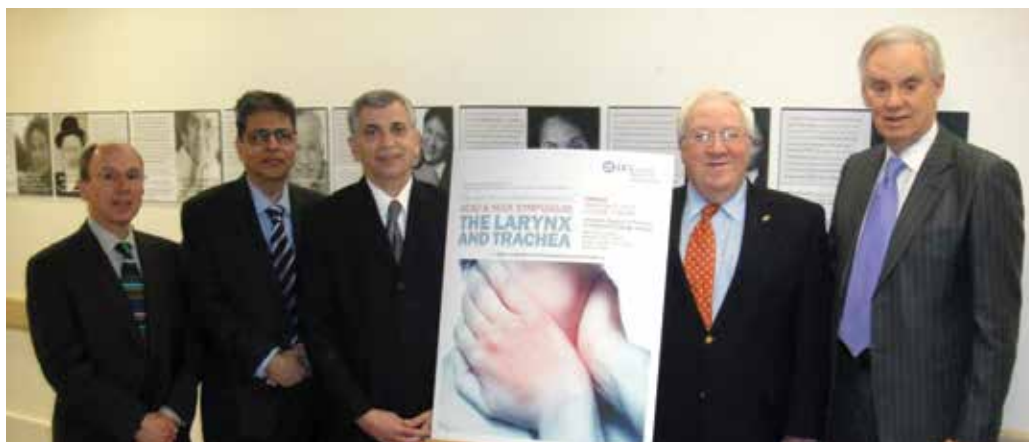
Speech Language Pathologist
UHB-LICH

The Second Annual Multidisciplinary Head & Neck Symposium: The Larynx and Trachea

AGENDA

7:30-8:00 AM	Registration Continental Breakfast
8:00-8:30	Welcome – Richard M. Rosenfeld, MD, MPH Inauguration – Ms. Debra Carey, CEO
8:30-10:00	Session One Moderator: Jessica W. Lim, MD
8:30-9:00	Challenges in Contemporary Laryngology – Frank Lucente, MD
9:00-9:30	Laryngeal & Tracheal Pathology – Svetoslav Bardarov, MD
9:30-10:00	Imaging of the Larynx and Trachea – Deborah Reede, MD
10:00-10:30	BREAK
10:30-12:45 PM	Session Two Moderator: K. Sundaram, MD
10:30-11:15	The Rivi Har-El, PhD & Gady Har-El, MD Lecture: Laryngeal Transplantation, How Do We Reach Prime Time? Guest of Honor: Marshall Strome, MD, MS
11:15-11:45	Partial Laryngectomy Gady Har-El, MD
11:45-12:15	Invited Lecture: Management of Locoregional Recurrence Louis Harrison, MD
12:15-12:45	Advanced Larynx Cancer – K. Sundaram, MD
12:45-1:30	LUNCH
1:30-3:45	Session Three Moderator: Jessica W. Lim, MD
1:30-2:15	Panel on Larynx Cancer – Moderator: Gady Har-El, MD
2:15-2:45	Benign Laryngo-tracheal Disease in Children – Ari Goldsmith, MD
2:45-3:15	Malignant Laryngo-tracheal Disease in Children – Joshua Silverman, MD, PhD
3:15-3:45	Adult Laryngo-tracheal Stenosis – Jessica W. Lim, MD
3:45-4:00	BREAK
4:00-5:00	Session Four Moderator: K. Sundaram, MD
4:00-4:30	Phonosurgery – Boris Bentsianov, MD
4:30-5:00	Speech Evaluation and Therapy – Danielle Nascimento, MA, CCC, SLP
5:00	CLOSING REMARKS

The Second Annual Head & Neck Symposium: The Larynx and Trachea



L to R: Richard M. Rosenfeld, MD, MPH, Chairman, Krishnamurthi Sundaram, MD, Conference Chair, Gady Har-El, MD, Faculty, Frank E. Lucente, MD, and Marshall Strome, MD, Keynote Speaker



L to R: Richard M. Rosenfeld, MD, MPH, Chairman, Debra Carey, CEO, and Krishnamurthi Sundaram, MD, Conference Chair



Steven Cannady, MD, Faculty and Debra Carey, CEO



Conference attendees



Gady Har-El, MD, Faculty giving his lecture



Standing L to R: Abraham Shulman, MD, Faculty and Marshall Strome, MD, Keynote Speaker, Gady Har-El, MD, Faculty; Sitting L to R: Krishnamurthi Sundaram, MD, Conference Chair, and Steven Cannady, MD, Faculty

Grand Rounds 2011-2012

CONFERENCE	DATE	TIME	SPEAKER
Core Competencies: Residency Goals And Objectives	7/7/11	6:30 – 7:00	Richard Rosenfeld, MD Jessica Lim, MD
Nasal/Sinus Physiology	7/7/11	7:00 – 7:50	Richard Westreich, MD
Plastic Surgery Emergencies	7/7/11	8:00 – 8:50	Sydney Butts, MD
Research Review	7/14/11	6:30 – 7:00	Nira Goldstein, MD
Microbiology & Antibiotics in Otolaryngology	7/14/11	7:00 – 7:50	Richard Rosenfeld, MD
Morbidity and Mortality Conference	7/14/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	7/14/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
ACGME-Related Discussion: Fatigue	7/21/11	6:30 – 7:00	Jessica Lim, MD
Larynx/Dysphonia	7/21/11	7:00 – 7:50	Boris Bentsianov, MD
Neck Masses	7/21/11	8:00 – 8:50	Deborah Reede, MD
Core Clinical- Airway Cases	7/28/11	6:30 – 7:00	Jessica Lim, MD
Audiogram/OAE	7/28/11	7:00 – 7:50	Stuart Motechin, MS
Tinnitus-Basic Tinnitology	7/28/11	8:00 – 8:50	A. Shulman, MD
Multidisciplinary Head & Neck Tumor Board	7/28/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
New Innovations: Surgical Case Logs	8/4/11	6:30 – 7:00	Richard Rosenfeld, MD
Transoral Robotic Surgery: Radical Tonsillectomy	8/4/11	7:00 – 7:50	Jason Leibowitz, MD
Thyroid/Parathyroid	8/4/11	8:00 – 8:50	K. Sundaram, MD
Research Review	8/11/11	6:30 – 7:00	Nira Goldstein, MD
Hearing & Hearing Loss	8/11/11	7:00 – 7:50	Neil M. Sperling, MD
Balance & Vertigo	8/11/11	8:00 – 8:50	Matthew Hanson, MD
Multidisciplinary Head & Neck Tumor Board	8/11/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
ACGME-Related Discussion: New Innovations	8/18/11	6:30 – 7:00	Jessica Lim, MD
Osteoradionecrosis of the Mandible and Maxilla.	8/18/11	7:00 – 7:50	Steve Cannady, MD
Morbidity and Mortality Conference	8/18/11	8:00 – 8:50	
Core Clinical Skills Sessions: Otology	8/25/11	6:30 – 7:00	Matthew Hanson, MD

Suturing & Knot Tying Skills - & Nasal Packing Skills	8/25/11	7:00 – 7:50	Sydney Butts, MD
Introduction to the Pediatric Airway	8/25/11	8:00 – 8:50	Ari Goldsmith, MD
Multidisciplinary Head & Neck Tumor Board	8/25/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Patient Care, Work Hours	9/1/11	6:30 – 7:00	Richard Rosenfeld, MD Jessica Lim, MD
Salivary Glands	9/1/11	7:00 – 7:50	Gady Har-El, MD
Otolaryngic Allergy	9/1/11	8:00 – 8:50	Marina Boruk, MD
Research Review	9/8/11	6:30 – 7:00	Nira Goldstein, MD
ENG	9/8/11	7:00 – 7:50	Matthew Hanson, MD
Aspects of Business in Medicine	9/8/11	8:00 – 8:45	Matthew Hanson, MD
Medical Student Presentation: Cochlear Implant Surgery	9/8/11	8:45 – 9:00	Tehila Abramowitz
Multidisciplinary Head & Neck Tumor Board	9/8/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
ACGME-Related Discussion: Professionalism	9/15/11	6:30 – 7:00	Jessica Lim, MD
Resident Presentation: Microtia Repair	9/15/11	7:00 – 7:50	Behrad Aynehchi, MD
Journal Club	9/15/11	8:00 – 8:50	
COCLIA: Salivary Gland Disease in Surgery	9/15/11	9:00 – 9:50	Joshua Silverman, MD
Facial Trauma Review	9/22/11	6:30 – 7:00	Sydney Butts, MD
Management of Cholesteatoma; Why Two Operations When One Can Do The Job	9/22/11	7:00 – 7:50	Simon Parisier, MD
Morbidity and Mortality Conference	9/22/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	9/22/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Practice-Based Learning: How to Read Journal Articles	10/6/11	6:30 – 7:00	Richard Rosenfeld, MD
Regeneration of Spiral Ganglion Neurites in Adults	10/6/11	7:00 – 7:50	Richard Kollmar, PhD
The Rodney Dangerfield of Otolaryngology	10/6/11	8:00 – 8:50	Frank E. Lucente, MD
COCLIA: Thyroid Disease	10/6/11	9:00 – 9:50	K. Sundaram, MD
Research Review and Methodology: Journal Review	10/13/11	6:30 – 7:00	Nira Goldstein MD

Virtual Reality in Otolaryngology and Neurotology	10/13/11	7:00 – 7:50	Robert Jyung, MD
Journal Club	10/13/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	10/13/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
CANCELLED - Annual NYC Pediatric Symposium at Montefiore Hospital	10/20/11		
ACGME Related Discussion: Equipment Issues	10/27/11	6:30 – 7:00	Nira Goldstein, MD
Translational Research on Otitis Media In Aboriginal Children	10/27/11	7:00 – 7:50	Harvey Coates, MD
Morbidity and Mortality Conference	10/27/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	10/27/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Core Competency and Residency Issues: Residency Goals and Objectives	11/3/11	6:30 – 7:00	Richard Rosenfeld, MD
Evidence Based Otitis Media	11/3/11	7:00 – 7:50	Richard Rosenfeld, MD
Resident Presentation: Pediatric Head and Neck Masses	11/3/11	8:00 – 8:50	Marisa Earley, MD
COCLIA	11/3/11	9:00 – 9:50	Joshua Silverman, MD
Research Review and Methodology	11/10/11	6:30 – 7:00	Nira Goldstein MD
Genetic Syndromes of the Head and Neck	11/10/11	7:00 – 7:50	Felicitas Lacbawan, MD
Journal Club	11/10/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	11/10/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
ACGME Related Discussion: Resident Work Hours, Departmental Escalation Policy, Resident Education Initiatives	11/17/11	6:30 – 7:00	Nira Goldstein, MD
Pediatric Deep Neck Space Infections	11/17/11	7:00 – 7:50	Nira Goldstein, MD
Morbidity and Mortality Conference	11/17/11	8:00 – 8:50	
COCLIA	11/17/11	9:00 – 9:50	Joshua Silverman, MD
CANCELLED – Thanksgiving	11/24/11		
Core Competency and Residency Issues: Systems-Based Practice, ACGME Resident Survey	12/1/11	6:30 – 7:00	Nira Goldstein, MD
New Concepts in the Management of Congenital Vascular Malformations	12/1/11	7:00 – 7:50	Milton Waner, MD

Journal Club	12/1/11	8:00 – 8:50	
COCLIA	12/1/11	9:00 – 9:50	Sydney Butts, MD
Research Review and Methodology	12/8/11	6:30 – 7:00	Nira Goldstein, MD
Pediatric Obstructive Sleep Apnea	12/8/11	7:00 – 7:50	Carin Lamm, MD Kristen Kelly, MD
Update on Pediatric Sinusitis	12/8/11	8:00 – 8:50	Richard Rosenfeld, MD
Multidisciplinary Head & Neck Tumor Board	12/8/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
CANCELLED – MATCH INTERVIEWS	12/15/11		
Core Clinical: Frontal Sinus Fractures	12/22/11	6:30 – 7:00	C. Mascarinas, MD
Infantile Hemangioma	12/22/11	7:00 – 7:50	Sharon Glick, MD
Morbidity and Mortality Conference	12/22/11	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	12/22/11	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Resident – Faculty Mentor Session	12/29/11	6:30 – 7:00	
Airway Foreign Bodies	12/29/11	7:00 – 7:50	Joshua Silverman, MD
Resident Presentation: Neonatal Respiratory Distress	12/29/11	8:00 – 8:50	Scott Harris, MD
Mock Oral Boards	12/29/11	9:00 – 9:50	Marina Boruk, MD
Review of ACGME Mock Resident Survey	1/5/12	6:30 – 7:00	Richard Rosenfeld, MD
Management of Adult Obstructive Sleep Apnea	1/5/12	7:00 – 7:50	Steven Park, MD
Resident Presentation – Benign Neoplasms of The Sinus Tract	1/5/12	8:00 – 8:50	Miguel Mascaro, MD
COCLIA: Glottic and Subglottic Stenosis	1/5/12	9:00 – 9:50	Joshua Silverman, MD
CANCELLED: MATCH INTERVIEWS	1/12/12		
ACGME Related Discussion: Resident Work Hours	1/19/12	6:30 – 7:00	Nira Goldstein MD
Dacryocystorhinostomy	1/19/12	7:00 – 7:50	David Jakubowicz, MD
Journal Club	1/19/12	8:00 – 8:50	
COCLIA	1/19/12	9:00 – 9:50	Joshua Silverman, MD
Core Faculty Clinical Discussion: Case of the Month	1/26/12	6:30 – 7:00	Joshua Silverman, MD
What's New in Thyroidectomy	1/26/12	7:00 – 7:50	K. Sundaram, MD
Morbidity and Mortality Conference	1/26/12	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	1/26/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD

Core Competency and Residency Issues: New Innovations and Surgical Case Logs	2/2/12	6:30 – 7:00	Richard Rosenfeld, MD
Resident Presentation: Facial Rejuvenation	2/2/12	7:00 – 7:50	Anita Konka, MD
Rhinoplasty	2/2/12	8:00 – 8:50	Richard Westreich, MD
COCLIA	2/2/12	9:00 – 9:50	Sydney Butts, MD
Research Review and Methodology	2/9/12	6:30 – 7:00	Nira Goldstein MD
Blepharoplasty	2/9/12	7:00 – 7:50	Yael Halaas, MD
Journal Club	2/9/12	8:00 – 8:50	
Endocrine Head and Neck Conference	2/9/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD Vladimir Privman, MD
ACGME Related Discussion: Resident Burnout and Impairment	2/16/12	6:30 – 7:00	Nira Goldstein, MD
Endoscopic Management of the Aging Face	2/16/12	7:00 – 7:50	Thomas Romo III, MD
Morbidity and Mortality Conference	2/16/12	8:00 – 8:50	
COCLIA	2/16/12	9:00 – 9:50	Sydney Butts, MD
Core Faculty Clinical Discussion: Facial Plastic and Reconstructive Surgery	2/23/12	6:30 – 7:00	Sydney Butts, MD
Unconventional Approaches to Conventional Nasal Tip Problems	2/23/12	7:00 – 7:50	K. Tarashansky, MD
Nonsurgical Management of the Aging Face	2/23/12	8:00 – 8:50	Edward Kwak, MD
Head & Neck Tumor Board	2/23/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Core Competency and Residency Issues: Patient Care, Work Hours	3/1/12	6:30 – 7:00	Richard Rosenfeld, MD
Complicated Functional Rhinoplasty	3/1/12	7:00 – 7:50	M. Constantinides, MD
Panel Discussion: Complications in Facial Plastic Surgery	3/1/12	8:00 – 8:50	Sydney Butts, MD
Research Review and Methodology	3/8/12	6:30 – 7:00	Nira Goldstein, MD
Role of Platelet Preparations in Enhancing Wound Healing and Facial Rejuvenation	3/8/12	7:00 – 7:50	Anthony Sclafani, MD
Journal Club	3/8/12	8:00 – 8:50	Richard Kollmar, PhD

Multidisciplinary Head & Neck Tumor Board	3/8/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Ethics: Culturally Competent Care of the Deaf and Hard of Hearing (Academy U lecture)	3/15/12	6:30 – 7:00	Nira Goldstein, MD
Orthognathic Surgery	3/15/12	7:00 – 7:50	Brett Miles, DDS, MD
Expanding Role of Endoscopy in the Management of Facial Lesions	3/15/12	8:00 – 8:50	Sydney Butts, MD
COCLIA	3/15/12	9:00 – 9:50	Marina Boruk, MD
Core Clinical Discussion: Principles of Trauma: NOE Fractures	3/22/12	6:30 – 7:00	Jon Cohen, MD
Preservation and Repair of the Nasal Valve During Rhinoplasty	3/22/12	7:00 – 7:50	Maurice Khosh, MD
Morbidity and Mortality Conference	3/22/12	8:00 – 8:50	
Faculty-Resident Mentor Session	3/29/12	6:30 – 7:00	
Resident Presentation: Velopharyngeal Insufficiency	3/29/12	7:00 – 7:50	Colleen Plein, MD
A Personal Evolution of Primary Rhinoplasty	3/29/12	8:00 – 8:50	Norman Pastorek, MD
Mock Oral Boards	3/29/12	9:00 – 9:50	Marina Boruk, MD
Core Competency and Residency Issues: Medical Knowledge, Practice-Based Learning & Improvement	4/5/12	6:30 – 7:00	Richard Rosenfeld, MD
Lasers in Laryngology	4/5/12	7:00 – 7:50	Milan Amin, MD
Resident Presentation: Surgical Management of Intractable Aspiration	4/5/12	8:00 – 8:50	Marika Fraser, MD
Research Review and Methodology: COSM Presentations	4/12/12	6:30 – 7:00	Nira Goldstein, MD
Neurolaryngology	4/12/12	7:00 – 7:50	Brian Benson, MD
Journal Club	4/12/12	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	4/12/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
The U.S. Health Care Insurance System	4/19/12	6:30 – 7:00	Jessica W. Lim, MD
Stopping the Allergic March in its Infancy	4/19/12	7:00 – 7:50	Marc Thomas, RN
Interesting Case Discussions	4/19/12	8:00 – 8:50	Joshua Silverman, MD
COCLIA	4/19/12	9:00 – 9:50	Sherry Fishkin, MD
Laryngology Essentials Review	4/26/12	6:30 – 7:00	Boris Bentsianov, MD
Transnasal Esophagoscopy	4/26/12	7:00 – 7:50	Craig Zalvan, MD
Morbidity and Mortality Conference	4/26/12	8:00 – 8:50	

Multidisciplinary Head & Neck Tumor Board	4/26/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Core Competency and Residency Issues: Professionalism, Interpersonal, and Communication Skills	5/3/12	6:30 – 7:00	Richard Rosenfeld, MD
Sialoendoscopy in the Management of Sialolithiasis and Sialadenitis	5/3/12	7:00 – 7:50	David Kutler, MD
1. Nasal Polyposis is not a Chronic Sinusitis, but a Disease of the Olfactory Mucosa	5/3/12	8:00 – 8:50	Roger Jankowski, MD
2. Are the Ethmoid Labyrinths Sinuses?			
COCLIA	5/3/12	9:00 – 9:50	Sherry Fishkin, MD
Research Review and Methodology	5/10/12	6:30 – 7:00	Nira Goldstein, MD
Management of Head and Neck Lesions	5/10/12	7:00 – 7:50	Mark Persky, MD
Journal Club	5/10/12	8:00 – 8:50	Richard Rosenfeld, MD
Multidisciplinary Head & Neck Tumor Board	5/10/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
ACGME Related Discussion: Physician Impairment/Substance Abuse	5/17/12	6:30 – 7:00	Nira Goldstein, MD
Primary Oropharyngeal Surgery in the Era of Chemoradiation	5/17/12	7:00 – 7:50	Steven Cannady, MD
Anterior Skull Base Anatomy and Pathology	5/17/12	8:00 – 8:50	Jon Cohen, MD
COCLIA	5/17/12	9:00 – 9:50	Sherry Fishkin, MD
Faculty Core Clinical: Head and Neck Case Review	5/24/12	6:30 – 7:00	Steven Cannady, MD
Surgery for Primary Hyperparathyroidism	5/24/12	7:00 – 7:50	Keith Heller, MD
Morbidity and Mortality Conference	5/24/12	8:00 – 8:50	
Multidisciplinary Head & Neck Tumor Board	5/24/12	9:00 – 9:50	Gady Har-El, MD K. Sundaram, MD S. Bardarov, MD Deborah Reede, MD Frank Dipillo, MD Alan Schulsinger, MD
Faculty-Resident Mentor Session	5/31/12	6:30 – 7:00	
Surgical Management of the Neck for SCC of the Upper Aerodigestive Tract: Perspectives in the Era of Multidisciplinary Care	5/31/12	7:00 – 7:50	Douglas Frank, MD

Radiology Review	5/31/12	8:00 – 8:50	Deborah Reede, MD
Mock Oral Boards	5/31/12	9:00 – 9:50	Marina Boruk, MD
Accurate Documentation of Language Assistance Services in Medical Records	6/7/12	6:30 – 6:40	Mary Ann Randazzo
Core Competency and Residency Issues: Systems-Based Practice, ACGME Resident Survey	6/7/12	6:40 – 7:00	Richard M. Rosenfeld, MD, MPH
Recurrent Thyroid Carcinoma	6/7/12	7:00 – 7:50	Ashok Shaha, MD
Resident Presentation: Nasopharyngeal Carcinoma	6/7/12	8:00 – 8:50	Niv Mor, MD
COCLIA	6/7/12	9:00 – 9:50	Sherry Fishkin, MD
Resident & Alumni Research Day	6/14/12	9:00 – 5:30	
ACGME Related Discussion: Year In Review	6/21/12	6:30 – 7:00	Nira Goldstein, MD
Comprehensive Management of Pharyngoesophageal Stenosis	6/21/12	7:00 – 7:50	Adam Jacobson, MD
Morbidity and Mortality Conference	6/21/12	8:00 – 8:50	
COCLIA	6/21/12	9:00 – 9:50	Sherry Fishkin, MD
New Resident Orientation	6/28/12	6:30 – 10:00	Nira Goldstein, MD Richard Rosenfeld, MD

Otolaryngology Residents

July 1, 2011- June 30, 2012

Fifth Year Otolaryngology



David H. Burstein, MD

College: University of Pennsylvania – 2003
Medical School: New York University School of Medicine – 2007
Internship: SUNY – Health Science Center at Brooklyn – 2008



Sherry Fishkin, MD

College: Brandeis University – 2002
Medical School: New York Medical College – 2007
Internship: SUNY – Health Science Center at Brooklyn – 2008



Christopher Mascarinas, MD

College: Stony Brook University – 2002
Medical School: SUNY - Health Science Center at Brooklyn – 2007
Internship: SUNY – Health Science Center at Brooklyn - 2008

Fourth Year Otolaryngology



Behrad Aynehchi, MD

College: University of California, Berkeley - 2004
Medical School: Temple University School of Medicine – 2008
Internship: SUNY – Health Science Center at Brooklyn – 2009



Jonathan Cohen, MD

College: University of South Carolina – 2002
Medical School: Medical University of South Carolina College of Medicine – 2008
Internship: SUNY – Health Science Center at Brooklyn – 2009



Marika Fraser, MD

College: SUNY - Binghamton – 2004
Medical School: SUNY - Health Science Center at Brooklyn – 2008
Internship: SUNY – Health Science Center at Brooklyn - 2009

Third 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 - 2009
Internship: Geisinger Medical Center - 2010

Second 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

First 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

Incoming Residents (Starting July 1, 2012)



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



Lyuba 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

Graduating Residents – June 2012

The three residents who graduated from our training program in 2012 have advanced to further training and practice opportunities.

David Burstein, MD, begins a facial plastics fellowship in Houston, Texas.

Sherry Fishkin, MD, enters private practice outside of Chicago, Illinois.

Christopher Mascarinas, MD enters private practice in Northern California.

Graduating Residents



Front Row L to R: Christopher Mascarinas, MD, Graduating Resident; Sherry Fishkin, MD, Graduating Resident; David Burstein, MD, Graduating Resident

2nd Row L to R: Frank E. Lucente, MD, Former Chairman; Richard M. Rosenfeld, MD, MPH, Professor and Chairman; Nira A. Goldstein, MD, MPH, Faculty; Mauro Ruffy, MD, Faculty

3rd Row L to R: Sydney C. Butts, MD, Faculty; Abraham Shulman, MD, Faculty; Marina Boruk, MD, Faculty; Richard Westreich, MD, Faculty

4th Row L to R: Matthew B. Hanson, MD, Faculty; Neil M. Sperling, MD, Faculty; Krishnamurthi Sundaram, MD, Faculty; Steven B. Cannady, MD, Faculty

Department of Otolaryngology

Resident Rotation Schedule (Academic Year 2011-2012)

2011

	KCHC/SUNY	MAIMO	VA	LICH	NON-OTO PGY-1
JULY	BURSTEIN FRASER MOR HARRIS PLEIN	COHEN	MASCARINAS KONKA	FISHKIN MASCARO EARLEY AYNEHCHI-(RSCH.) PUNAM - (PGY-1)	LEWIS(BVA) WASSERMAN (LICH)
AUGUST	BURSTEIN FRASER MOR HARRIS PLEIN	COHEN	MASCARINAS KONKA	FISHKIN MASCARO EARLEY AYNEHCHI-(RSCH.) WASSERMAN-PGY-1	LEWIS(LICH) THAKKER(LICH)
SEPTEMBER	BURSTEIN FRASER MOR HARRIS EARLEY	COHEN	MASCARINAS KONKA	FISHKIN MASCARO PLEIN AYNEHCHI-(RSCH.) LEWIS- PGY-1	THAKKER(ER) WASSERMAN (BVA)
OCTOBER	BURSTEIN FRASER MOR HARRIS EARLEY	COHEN	MASCARINAS KONKA	FISHKIN MASCARO PLEIN AYNEHCHI-(RSCH.)	LEWIS(ER) THAKKER(NS) WASSERMAN (GENERAL)
NOVEMBER	FISHKIN COHEN KONKA PLEIN EARLEY	AYNEHCHI	BURSTEIN MASCARO	MASCARINAS MOR HARRIS FRASER-(RSCH.)	LEWIS(NS) THAKKER(BVA) WASSERMAN (ER)
DECEMBER	FISHKIN COHEN KONKA PLEIN EARLEY	AYNEHCHI	BURSTEIN MASCARO	MASCARINAS MOR HARRIS FRASER-(RSCH.)	LEWIS(VAC) THAKKER(SICU) WASSERMAN (K-TRAM)

2012

	KCHC/SUNY	MAIMO	VA	LICH	NON-OTO PGY-1
JANUARY	FISHKIN	AYNEHCHI	BURSTEIN	MASCARINAS	LEWIS (TRANSPLANT)
	COHEN		MASCARO	MOR	THAKKER (GENERAL)
	KONKA			EARLEY	WASSERMAN (SICU)
	HARRIS PLEIN			FRASER-(RSCH.)	
FEBRUARY	FISHKIN	AYNEHCHI	BURSTEIN	MASCARINAS	LEWIS(K-TRAM)
	COHEN		MASCARO	MOR	THAKKER (TRANSPLANT)
	KONKA			EARLEY	WASSERMAN (NS)
	HARRIS PLEIN			FRASER-(RSCH.)	
MARCH	MASCARINAS	FRASER	FISHKIN	BURSTEIN	LEWIS (GENERAL)
	AYNEHCHI		MOR	KONKA	THAKKER(VAC)
	MASCARO			PLEIN	WASSERMAN (TRANSPLANT)
	EARLEY HARRIS			COHEN-(RSCH.)	
APRIL	MASCARINAS	FRASER	FISHKIN	BURSTEIN	THAKKER (ANESTHESIA)
	AYNEHCHI		MOR	KONKA	WASSERMAN (VAC)
	MASCARO			PLEIN	
	EARLEY			COHEN-(RSCH.)	
	HARRIS			LEWIS- PGY-1	
MAY	MASCARINAS	FRASER	FISHKIN	BURSTEIN	LEWIS(SICU)
	AYNEHCHI		MOR	KONKA	WASSERMAN (ANESTHESIA)
	MASCARO			HARRIS	
	PLEIN			COHEN-(RSCH.)	
	EARLEY			THAKKER- PGY-1	
JUNE	MASCARINAS	FRASER	FISHKIN	BURSTEIN	LEWIS (ANESTHESIA)
	AYNEHCHI		MOR	KONKA	THAKKER (K-TRAM)
	MASCARO			HARRIS	
	PLEIN			COHEN-(RSCH.)	
	EARLEY			WASSERMAN – PGY-1	

Department of Otolaryngology

Resident Rotation Schedule (Academic Year 2012-2013)

2012

	KCHC/SUNY	MAIMO	VA	LICH	NON-OTO PGY-1
JULY	AYNEHCHI MOR HARRIS WASSERMAN LEWIS	MASCARO	FRASER PLEIN	COHEN EARLEY THAKKAR KONKA –(RSCH.) FLOYD –(PGY-1)	ARJOMANDI(ER) GITMAN(CT)
AUGUST	AYNEHCHI MOR HARRIS WASSERMAN LEWIS	MASCARO	FRASER PLEIN	COHEN EARLEY THAKKAR KONKA –(RSCH.) GITMAN –(PGY-1)	ARJOMANDI (BVA) FLOYD (PED SURG)
SEPTEMBER	AYNEHCHI MOR HARRIS WASSERMAN THAKKAR	MASCARO	FRASER PLEIN	COHEN EARLEY LEWIS KONKA –(RSCH.) ARJOMANDI –(PGY-1)	GITMAN (NS) FLOYD (ER)
OCTOBER	AYNEHCHI MOR HARRIS WASSERMAN THAKKAR	MASCARO	FRASER PLEIN	COHEN KONKA LEWIS EARLEY –(RSCH.) GITMAN –(PGY-1)	ARJOMANDI (LICH) FLOYD (NS)
NOVEMBER	COHEN MASCARO PLEIN LEWIS THAKKAR	KONKA	AYNEHCHI EARLEY	FRASER HARRIS WASSERMAN MOR –(RSCH.) FLOYD –(PGY-1)	ARJOMANDI (NS) GITMAN(ER)
DECEMBER	COHEN MASCARO PLEIN LEWIS THAKKAR	KONKA	AYNEHCHI EARLEY	FRASER HARRIS WASSERMAN MOR –(RSCH.) ARJOMANDI –(PGY-1)	FLOYD(BVA) GITMAN(VAC)

2013

	KCHC/SUNY	MAIMO	VA	LICH	NON-OTO PGY-1
JANUARY	COHEN MASCARO PLEIN LEWIS WASSERMAN	KONKA	AYNEHCHI EARLEY	FRASER HARRIS THAKKAR MOR -(RSCH.)	ARJOMANDI (VAC) FLOYD(LICH) GITMAN -(SICU)
FEBRUARY	COHEN MASCARO PLEIN LEWIS WASSERMAN	KONKA	AYNEHCHI EARLEY	FRASER MOR THAKKAR HARRIS -(RSCH.)	ARJOMANDI (PED SURG) FLOYD (TRANSPLANT) GITMAN (TRANSPLANT)
MARCH	FRASER KONKA EARLEY THAKKAR WASSERMAN	MOR	COHEN HARRIS	AYNEHCHI PLEIN LEWIS MASCARO -(RSCH.)	ARJOMANDI (SICU) FLOYD(VAC) GITMAN(BVA)
APRIL	FRASER KONKA EARLEY THAKKAR WASSERMAN	MOR	COHEN HARRIS	AYNEHCHI PLEIN LEWIS MASCARO -(RSCH.)	ARJOMANDI (TRANSPLANT) FLOYD (ANESTHESIA) GITMAN (PED SURG)
MAY	FRASER KONKA EARLEY THAKKAR LEWIS	MOR	COHEN HARRIS	AYNEHCHI PLEIN WASSERMAN MASCARO -(RSCH.)	ARJOMANDI(CT) FLOYD(SICU) GITMAN (ANESTHESIA)
JUNE	FRASER KONKA EARLEY THAKKAR LEWIS	MOR	COHEN HARRIS	AYNEHCHI MASCARO WASSERMAN PLEIN -(RSCH.)	ARJOMANDI (ANESTHESIA) FLOYD(CT) GITMAN(LICH)

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 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, pediatric surgery, plastic surgery, surgical oncology.
2. One month of structured education in each of the following four clinical areas: emergency medicine, critical care unit (intensive care unit, trauma unit or similar), anesthesia, neurological surgery.
3. An additional maximum of 3 months of otolaryngology head and neck surgery is optional, and any remaining months of the PGY-1 year may be taken on the clinical services listed above.

Rotations take place at LICH, KCHC, and UHB as described below:

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

Typical Procedures Performed During PGY-1

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

The PGY-2 year includes one four-month rotation at Long Island College Hospital and two four-month rotations at 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 identification and treatment of common conditions encountered in otolaryngology. The resident participates in the outpatient

clinical care of both 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 year, 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 speech faculty.

Typical Surgical Procedures Performed During PGY-2

- Closed Reduction Nasal Fracture
- Intranasal Antrotomy
- Excision Preauricular Sinus
- Turbinectomy
- Tracheotomy
- 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
- Tonsillectomy
- T & A

The PGY-3 year includes one three-month rotation at Long Island College Hospital, one four-month rotation at the Brooklyn VA Medical Center, one four-month rotation at Kings County Hospital Center and one month 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 neuroma, Ménière's disease, diseases of the thyroid gland, allergy mediated disease, and unknown primary cancer of the head and neck. Residents 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 Cysts (Globulomaxillary, Nasoalveolar)
- Tympanoplasty – Type 1
- Thyroglossal Duct Cyst Excision
- Congenital Cyst Excision
- Partial Neck Dissection
- Submandibular Gland Excision
- Lip Shave
- Hemiglossectomy, simple
- Excision other Nasopharyngeal Tumor
- Lip Wedge Resection, 1o Closure
- Local Resection Cancer Mouth
- Incision & Drainage Neck Abscess
- Cervical Lymph Node Biopsy
- Repair Complex Facial Lacerations
- Reduction Facial Fractures – Nasal
- Reduction Facial Fractures – Malar
- Reduction Facial Fractures – Orbital Blowout
- Reduction Facial Fractures – Mandibular-open
- Pedicle Flap Procedures – Local
- Pedicle Flap Procedures – Regional
- Endoscopic Sinus Surgery
- Nasal Polypectomy
- Caldwell Luc
- Esophagoscopy – Diagnostic with Foreign Body Removal
- Esophagoscopy – Diagnostic with Structure Dilation
- Bronchoscopy – Diagnostic
- Panendoscopy (Multiple Concurrent Endoscopic Procedures)

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, stapedectomy, endolymphatic sac shunt, maxillectomy, 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 II-IV (without Mastoidectomy)
- Modified Radical Mastoidectomy
- Radical Mastoidectomy
- Ossiculoplasty (independent procedure)
- Tympanoplasty with Mastoidectomy
- Simple Mastoidectomy
- Transnasal approach to the sella
- Closure of Pharyngostome
- Transantral Ligation of Vessels
- Oroantral Fistula Repair
- Choanal Atresia Repair
- Uvulopalatopharyngoplasty
- Excision of Simple Tumor of Nose
- Cricopharyngeal Myotomy
- Tissue Expander, placement and management
- Lingual Tonsillectomy
- Pedicle Flap Procedures-Myocutaneous
- Lymphangioma excision
- Parathyroidectomy
- Thyrotomy (Laryngofissure)
- Vertical Hemilaryngectomy
- Supraglottic Laryngectomy
- Pharyngeal Diverticulectomy
- Modified Neck Dissection, primary
- Excision with Flap Reconstruction
- Lateral Rhinotomy
- Superficial Parotidectomy
- Composite Resection of Primary in Floor of Mouth, Alveolus, Tongue, Buccal Region,
- Tonsillectomy, radical
- Mandibular Resection (independent procedure)
- Excision Pinna
- Surgical Speech Fistula Creation
- Arytenoidectomy, Arytenoidopexy
- Thyroid Lobectomy
- Subtotal Thyroidectomy
- Total Thyroidectomy
- Cervical Esophagostomy for Feeding
- Major Vessel Ligation
- Branchial Cleft 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
- Maxilla-Le Fort I
- Maxilla – LeFort II
- Rhytidectomy
- Scar Revision
- Frontoethmoidectomy
- 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 exposure to 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 laryngectomy, tracheal resection and reconstruction, total parotidectomy, parathyroidectomy, temporal bone resection, mediastinal resection, craniofacial resection, orbital decompression, neck dissection and composite resection, complicated reconstructive problems of the head, neck and face, neuro-otology (including middle cranial fossa surgery, Meniere'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 assuring 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/PI/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-5

- Total Parotidectomy with facial nerve preservation
- Parapharyngeal Space Tumor Excision
- Rhinectomy
- Maxillectomy
- Maxillectomy 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
- Transsternal Mediastinal Dissection
- Scalene Node Biopsy
- Facial Nerve Graft, Repair or Substitution
- Microsurgical Free Flap
- Skull Base Resection – Lateral
- Excision of Paraganglioma of Neck and Skull Base
- Laryngoplasty
- Tracheoplasty
- Fascial Sling Procedures
- Pharyngeal Flap
- Mediastinoscopy
- Pharyngogastric Anastomosis (Gastric Pull-Up)
- Skull Base Resection – Anterior
- Skull Base Resection – Middle
- Temporalis Muscle Transfer
- Composite Graft
- Osteoplastic Frontal Sinusectomy
- Frontal Sinus Ablation
- Radical Pan-Sinusectomy
- Dacryocystorhinostomy
- 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 Cerebellopontine 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 otolaryngologic 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 LICH
- 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 LICH 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 on allergy/immunology topics.

Training in Otology

Training in otology is very broad-based and comprehensive, including the following activities:

- Good volume of otologic surgical cases at all institutions with extensive preoperative, intraoperative, and postoperative discussions of all aspects of patient care. There are experienced otologic surgeons at all hospitals.
- Grand Rounds lectures on otologic topics in a concentrated block.
- Selected Grand Rounds conferences with multiple guest speakers and problem case presentations.
- Weekly otologic teaching conducted by Dr. Matthew Hanson, Dr. Abraham Shulman, and Dr. Neil M. Sperling, with extensive case discussions.
- Series of conferences/lectures given annually by the chairman covering all aspects of the external ear. Participation in otologic educational programs in the New York Metropolitan area. In most years, the metropolitan area departments hold a "NY Otology Update" conference.
- Directed reading assignments on otologic topics. Use of AAO-HNS educational materials in otology, including SIPacs, Monographs and Home Study Course readings.
- Importantly, the department opened a state-of-the-art Temporal Bone and Microdissection Laboratory at LICH in early 1994. The laboratory has 8 dissection stations with video monitors and an instructor's station with video camera. Every year, all residents participate in dissection courses conducted by members of the full-time, part-time, voluntary staff, and guest otologists.

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 LICH and SUNY and with whom we perform numerous surgical procedures.
- Interactive 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:

- | | |
|--|-------------------|
| • Downstate UHB at Central Brooklyn: | Richard Rosenfeld |
| • Downstate UHB at Long Island College Hospital: | Richard Rosenfeld |
| • Kings County Hospital Center: | Matthew Hanson |
| • Brooklyn VA Medical Center: | Michael Weiss |
| • Maimonides Medical Center: | Michael Weiss |

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.

Attending rounds are conducted by the Socratic method. Knowledge of basic sciences, including anatomy, physiology, biochemistry, microbiology and pathology are stressed in a way in which they can be related to direct patient care.

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 UHB-Long Island College Hospital. This state-of-the-art facility is the main laboratory for the department's regular basic course in otologic surgery for the residents.

There is a two station temporal bone laboratory located at Kings County Hospital. This is intended to be a supplementary laboratory to be used by the residents rotating through UHB.

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, information, 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.

Resident Rotations

PGY-1	Surgery (5 months, in at least 3 of the following: general, vascular, oncology, thoracic, pediatrics and plastics)	1 month in each of the following: Anesthesia (LICH), Critical Care (KCHC), Emergency Medicine (KCHC), and Neurosurgery (KCHC)	Otolaryngology at KCHC/UHB/LICH (2 months)
PGY-2	LICH	KCHC/UHB	KCHC/UHB
PGY-3	LICH/Research (LICH)	BVAMC	KCHC/UHB
PGY-4	Research (LICH)	Maimonides	KCHC/UHB
PGY-5	LICH	BVAMC	KCHC/UHB

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 LICH and the PGY-3 will do one less month at LICH 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 LICH. 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 LICH.

Transition period schedule for the research rotation

Transition year 1 (7/1/12 – 6/30/13):	1 mo.	3 mo.
PGY-3	Research	LICH
PGY-4	LICH	Research
Transition year 2 (7/1/13-6/30/14):	2 mo.	2 mo.
PGY-3	Research	LICH
PGY-4	LICH	Research
Transition year 3 (7/1/14-6/30/15)	1 mo.	3 mo.
PGY-3	LICH	Research
PGY-4	Research	LICH
Final schedule (7/1/15 – 6/30/16)	4 mo.	
PGY-3	Research	
PGY-4	LICH	

Didactic Teaching Program

Grand Rounds

Grand Rounds are held every Thursday morning at the UHB at Long Island College Hospital site. 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 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 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.

Morbidity 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.

Otology Conference - Kings County Hospital Center

The Otology 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.

Otology-Radiology Conference

1st Tuesday of each month at LICH: Otologic case review and temporal bone imaging conference. A resident case presentation is the precursor to the thorough review of an otologic problem. Clinical data with emphasis on the imaging studies is reviewed. Management options are discussed in detail.

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 at LICH 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.

Multidisciplinary Endocrine Surgery Conference

This Multidisciplinary Endocrine Surgery Conference takes place once every two months on a Thursday morning at the Long Island College Hospital site. The conference is dedicated to diseases of the thyroid and parathyroid glands. Our residents prepare cases for discussion by endocrinologists, radiologists, pathologists and head and neck surgeons.

Cochlear Implant Conference

3rd Tuesday of each month at LICH: Cochlear Implant Team meeting. A multidisciplinary team including audiologists, speech pathologists, social workers and otolaryngologists discuss current issues of cochlear implantation. Individual cases are reviewed in detail to determine candidacy. Progress reports and outcomes of prior implants are also discussed.

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 anatomic, physiologic, radiologic and pharmacologic aspects of otolaryngology - head and neck surgery. The second hour is devoted to topics in clinical otolaryngology, audiology and speech and language pathology.

BVAH Hospital Otolaryngology Conference

Conferences involving the attending and the otolaryngology residents assigned to the BVAH 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.

BVAH Head and Neck Conference

Weekly (Thursday afternoon) Head and Neck Conferences are held at the BVAH. 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, oncologists and radio-therapists. Patients are presented both before and following therapy. The statistics of the Tumor Registry Board of the BVAH 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, laryngectomy and rehabilitation and dysphagia.

Temporal Bone Dissection Course

The department maintains a state-of-the-art temporal bone microdissection laboratory at the LICH campus: residents attend a program over 2 weekends each year of their training. Early course work stresses anatomy and embryology, followed by intensive dissections and surgical technique practice. Dr. Neil Sperling and Dr. Matthew Hanson, 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 takes place in the UHB at LICH library, and 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 library setting allows for immediate availability of reference material as well as audio/visual 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 investigative 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.

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 SUNY-Downstate, LICH, or Brooklyn VA. Research may be basic science or clinical. Work may be performed in any department as long as the work is done in one of the approved institutions and a member of the full time Otolaryngology faculty must be one of the research advisors.

Residents are encouraged to develop projects that can be completed during the allotted research time. Cost factors are also important in determining whether a protocol is approved.

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 20th year of existence, has continued to achieve excellence in patient care, teaching, and research during the 2011-2012 academic year.

Continuing our expansion of clinical practices at multiple sites, Drs. Goldstein and Silverman now have weekly office hours and operative cases in both Brooklyn Heights and central Brooklyn. Dr. Sydney Butts is working to create a multi-disciplinary Cleft and Craniofacial Center, which offers comprehensive care for very challenging patients. Dr. Ari Goldsmith has moved his practice to Maimonides Medical Center, though he continues his academic responsibilities as Associate Professor at SUNY Downstate. A priority for the coming year is to continue to merge clinical activities between all three campuses of SUNY Downstate Medical Center, including the Bay Ridge campus.

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 he recently completed a year-long term as President of the American Society for Pediatric Otolaryngology. Nira Goldstein, MD, MPH, was honored as a Fellow of the Triological Society, and received the Triological Society Mosher Award for most outstanding research. Peer-reviewed manuscripts were published in *Otolaryngology - Head & Neck Surgery*, *International Journal of Pediatric Otorhinolaryngology*, and *Archives of Otolaryngology- Head & Neck Surgery*. Additionally, Joshua Silverman, MD, PhD, and Nira Goldstein, MD, MPH, were honored with teaching awards within the University.

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

University Hospital of Brooklyn at LICH

Richard Westreich, MD, Chief

University Hospital of Brooklyn at SUNY Downstate

Sydney C. Butts, MD, Chief

The Division of Facial Plastic and Reconstructive Surgery, under the direction of Dr. Richard Westreich, performed over 200 plastic and reconstructive surgeries during the past academic year. 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.

During the past academic year, attending and resident papers were published on assessments of facial asymmetry, nasal deviation and investigations of practice trends relating to the treatment of infantile hemangiomas. Resident research projects in the facial analysis and nasal surgery are currently underway. Chapters and other research projects are also currently being worked upon.

The otolaryngology service has become actively involved in the management of congenital craniofacial anomalies, including several cleft lip and palate cases generated from our coverage of the busy neonatal intensive care units at SUNY Downstate, Kings County Hospital and Long Island College Hospital, as well as a growing number of referrals from other institutions. Through collaboration with the NICU, general pediatrics and the pediatric subspecialties, as well as local speech/language pathologists, comprehensive and multidisciplinary care is brought to these patients.

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 70 facial fractures were repaired. Residents participate in formalized didactic activities relating to maxillofacial trauma during this rotation. Senior 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 and will chair an upcoming meeting in October 2012. Dr. Butts is serving as the section editor of both the

otolaryngology and maxillofacial trauma sections of the Atlas of Pediatric Emergency Medicine for which several of the faculty and residents are contributing co-authors and which is due to be published in October 2012.

Drs. Westreich, Butts, and Parhiscar have worked together to develop a comprehensive facial plastic surgery resident curriculum, which is scheduled on a two year cycle. Resident lectures, attending lectures, and case presentations are incorporated into the didactics. A compendium of articles which complements these lectures is distributed to each resident and updated periodically. Guest lectures from individuals with areas of specific expertise are also included.

Dr. Steven Cannady joined the department this spring and has added to the reconstructive capabilities of the division. His advanced training in reconstruction and passion for improving patient functional outcomes through reconstruction, allow him to offer the most up to date rehabilitative options after cancer surgery. These surgical techniques and advances have improved speech, swallowing, and appearance for patients undergoing cancer removal surgeries. The department is now performing multiple free tissue reconstructions monthly following ablative surgery for head and neck cancers.

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 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. Hanson, MD, Director

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 neuro-otologic disorders includes colleagues in head and neck surgery and neurosurgery. Continued growth has occurred in providing 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.

In the last year, the Division of Otology and Neurotology has continued to increase its productivity. Dr. Matthew Hanson continues to serve as Director of the Division in addition to his duties as Director of Service at Kings County Hospital. Dr. Neil Sperling remains an active participant in our program and the care of our patients, directing the radiology and cochlear implant conferences. Dr. Tahl Colen, a graduate of our residency program and a fellowship-trained otologist, is in private practice in Brooklyn and does otologic cases at UHB-LICH. This brings the total to three fellowship-trained otologists affiliated with our residency program. In addition, as the result of a gift from Dr. Abraham Shulman, we are now able to offer additional advanced vestibular testing, such as rotational chair testing, at our LICH campus. Our cochlear implant programs at both UHB and LICH remain active and we continue to benefit from our close affiliation with the Auditory Oral School of New York, which provides pre- and post-operative services for our implant patients of all ages.

Division of Head and Neck Surgery and Oncology

Krishnamurthi Sundaram, MD, FACS

Steven B. Cannady, MD

The Division of Head and Neck Surgery and Oncology continues to be extremely active and productive, both clinically and academically. Drs. Sundaram, Har-El, Cannady, Butts, Hanson and Lim, continue their role in running the leading center for head and neck cancer management in Brooklyn. Patients are being referred from Brooklyn, Queens, and Staten Island. In addition,

our voluntary attending staff, especially Drs. Dodaro, S. Kantu, M. Kantu, Sinnreich Carney, and Ciecko, continue to bring their head and neck surgical cases to our institutions, benefiting from the support of the department and residents, and enriching our teaching patient volume.

Each month, the Division of Head and Neck Surgery and Oncology run two busy head and neck tumor boards. We have a monthly multi-disciplinary general tumor board at SUNY-Downstate/Kings County Hospital and Long Island College Hospital. There is full participation of our attending and resident staff members in all tumor board conferences. Dr. Frank Lucente contributes invaluable advice on ethical issues. Other participants include radiation oncologists, medical oncologists, radiologists, and pathologists. These dedicated tumor board sessions have been very successful in discussing difficult cases and designing treatment plans.

Our Laryngologists, Dr. Boris Bentsianov's [division director] and Dr. Joshua Silverman's experience and expertise in Laryngeal cancer management as well as rehabilitation of head and neck cancer patients after ablative surgery is of great benefit to our patients. This includes management and rehabilitation of their speech and swallowing functions. Dr. Silverman won a teaching award this year.

Physicians in the Division of Facial Plastic and Reconstructive Surgery have been working closely with our cancer surgeons on advanced reconstructive procedures for head and neck cancer. Dr. Afshin Parhiscar has been working with us for over ten years at both Long Island College Hospital and Kings County Hospital. His experience and expertise in reconstructive surgery in general and in microvascular free tissue transfer in particular, has helped our patients tremendously. In fact, his success rate in free tissue transfer has been very impressive. Dr. Steven Cannady is now very active with oncologic resections as well as microvascular reconstruction. His outcomes are excellent. Dr. Richard Westreich is the Director of the Plastic Surgery Division within the Department of Otolaryngology. His experience and expertise in management of facial skin cancer is an important part of our teaching program. Dr. Sydney Butts [director at UHB], a versatile facial plastic and reconstructive surgeon has proved to be an invaluable addition to the department in caring for cancer and trauma patients. Drs. Westreich and Butts both won teaching awards last year.

As chief of the Head and Neck service at University Hospital, Dr. Steven Cannady is striving to expand and revitalize the Head and Neck service at KCHC and UHB. His excellent surgical and teaching skills have been a great addition to the service. With Drs. Butts and Parhiscar, the three have worked hard to establish a head and neck microvascular program at KCHC and expanded the arsenal of treatment and reconstruction options available to patients afflicted with advanced head and neck cancer in central Brooklyn. Dr. Marina Boruk who completed a Rhinology fellowship at Vanderbilt University after a residency at Downstate actively collaborates with the head and neck surgeons in the management of nasal and sinus tumors.

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. Presentations at national meetings such as the International head and neck conferences and the annual meetings of the AAO-HNS and Triological society are a regular feature. An annual head and neck symposium is being planned for December 2012. This year the topic is plastic and reconstructive surgery.

We had important technological additions in our operating rooms at UHB- Long Island College Hospital, SUNY-Downstate, and Kings County Hospital. First, state-of-the-art sophisticated intraoperative computerized navigation systems are available at the operating rooms. This equipment has a significant positive impact on our ability to manage skull base lesions with added patient safety. Second, we have the availability of intraoperative parathyroid hormone assay at UHB-Long Island College Hospital. This changes significantly the management of patients with primary hyperparathyroidism. Surgery is significantly shorter and post-operative hospital stay is reduced. Transoral laser microsurgery (TLM) is a standard tool in our armamentarium. Preparation to start the Transoral Robotic surgery (TORS) program is underway at University Hospital.

In collaboration with Dr. Camille Ragin from the Fox Chase Cancer Center, research is being planned on the role of viruses, genes and environmental factors in head and neck squamous cell carcinoma in the inner city. Dr. Jonathan Cohen, one of our senior residents, is planning a fellowship in head and neck oncology and microvascular reconstruction. He is currently doing research on health care disparities in head and neck cancer in Brooklyn. Dr. Aynehchi has completed a study on validating a single item fatigue questionnaire. 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

Boris L. Bentsianov M.D., Director

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. The practice is primarily located at the UHB at LICH offices at 134 Atlantic Ave. where we have access to a full complement of in office procedures including Videostroboscopy, laryngeal EMG and EMG guided injection, Endoscopic swallow evaluation, as well as percutaneous medialization 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 division also includes a Monday morning laryngology 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 UHB at LICH office facility is excited to now have a full time speech pathologist with specialty interest in head and neck and voice disorders. This has provided a higher level of patient care coordination, and allowed access for our resident clinic to participate in therapy activities. The speech therapy division has now allowed the practice to perform the highest level of outpatient swallowing evaluations including modified barium swallow diagnosis with supportive counseling and therapeutic behavior techniques for optimum patient outcomes. Our patients have greatly benefited from the comprehensive care delivered at our center and we strive to continue with new initiatives such as the LSVT program for Parkinsons patients in conjunction with SUNY Downstate department of Neurology.

The division of laryngology is also fortunate to have a new physician member, Dr. Silverman who comes to us after fellowship training in both Pediatric Otolaryngology and Laryngology. His unique skills in pediatric airway and voice, and excellent surgical training will enhance our scope of care to the community. Dr. Silverman will also extend breath and scope of the division at our Kings County and Downstate campuses and allow more rapid access of care to voice patients in the borough. Dr. Silverman also brings an extensive research experience which he plans to continue to expand within the residency program. Together the laryngology division will seek to expand its services to include transnasal esophagoscopy and incorporate endoscopic swallowing imaging into its clinical care spectrum to further enhance patient outcomes and expand the residency training experience.

The division is further enhanced by its affiliation with the Brooklyn VA hospital where 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 where 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. This aspect of our division also has facilitated in the care of post laryngectomy patients by providing this population 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 fiber hand held laser allowing us to expand our endoscopic options with improved precision and reliability allowing us to perform less invasive procedures with shorter recovery times and improved results.

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 at UHB at LICH 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, electrophysiologic 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 2011-2012, Dr. Kollmar continued his NIH supported work on the molecular genetics of otolith formation in the zebrafish. Dr. Rosenfeld continued in his role as Editor-in-Chief of the journal Otolaryngology Head and Neck Surgery and chair of the AAO-HNS Guidelines Development Task Force that sponsored panels to develop clinical practice guidelines for polysomnography for sleep-disordered breathing before tonsillectomy and sudden hearing loss. Dr. Goldstein received the Harris P. Mosher Award from the Triological Society for her work validating a clinical assessment score for pediatric sleep-disordered breathing. Drs. Weiss, Fraser, Sundaram, Floyd and Rosenfeld evaluated laryngeal cancer survival outcome after chemotherapy/radiation vs. total laryngectomy and Drs. Goldstein and Burstein studied the efficacy of adenotonsillectomy for pediatric sleep-disordered breathing. Drs. Fraser and Burstein presented their work at the 7th Metropolitan NY Resident Research Day Symposium. Drs. Sundaram, Cohen and Earley are conducting a study evaluating health care disparities in head and neck and thyroid cancer in Brooklyn. Notable publications include Dr. Sundaram's, Aynehchi's, Rosenfeld's, Obourne's and Bentsianov's Validation of the Modified Brief Fatigue Inventory in Head and Neck Cancer Patients and Dr. Parhiscar's, Dr. Erlich's, Dr. Aynehchi's and Dr. Burstein's In-office Intraoral Approach to Mentoplasty with Silicone Implants, both published in Otolaryngology Head and Neck Surgery, and Dr. Sundaram's and Aynehchi's Teaching Laryngeal Dissection to Residents published in the International Journal of Head and Neck Surgery.

Ongoing Research Projects

Richard M. Rosenfeld, MD, MPH

1. AAO-HNS clinical practice guideline: polysomnography for sleep-disordered breathing in children before tonsillectomy
2. AAO-HNS clinical practice guideline: sudden hearing loss
3. AAO-HNS clinical practice guideline: tympanostomy tubes
4. Methodology for clinical practice guideline development
5. Multiple ongoing projects assisting otolaryngology residents with research design, conduct, and data analysis

Krishnamurthi Sundaram, MD

1. Head and neck cancer in an inner city population: molecular genetics
2. Restoration of recurrent laryngeal nerve function after injury in a rat model
3. Health care disparities in head and neck and thyroid cancer in Brooklyn
4. 2011 Cancer related fatigue in head and neck patients. Prospective study
5. 2011 Teaching laryngeal nerve dissection to residents as primary surgeons

Nira Goldstein, MD, MPH

1. Validation of a clinical assessment score for pediatric sleep-disordered breathing
2. Breathing efficacy of adenotonsillectomy in pediatric sleep-disordered breathing
3. The prevalence of sleep-disordered breathing in children with asthma and its behavioral consequences
4. The risk of sleep-disordered breathing and neurocognition in preterm children
5. Developmental delay in young children with sleep-disordered breathing before and after tonsil and adenoid surgery
6. Angioedema – A prospective study

Boris Bentsianov, MD

1. The association between smoking, alcohol consumption, and obesity on the signs and symptoms of laryngopharyngeal reflux in a VA population
2. Atypical presentation of laryngeal tuberculosis in a pediatric patient

Sydney Butts, MD

1. A case of microtia and ipsilateral scalp hemangioma: developmental insights from unique co-existing lesions

Steven Cannady, MD

1. The learning curve in free flap surgery; comparison of first 100 reconstructive surgery patients to second 100
2. A novel flap design for functional reconstruction of the oropharynx
3. Systematic review of measurement tools for functional outcomes after free flap reconstruction of the oral cavity and oropharynx
4. Impact of preoperative cardiovascular disease and anticoagulation cessation on systemic clotting complications and flap complications after head and neck free flap surgery
5. Systematic review of thromboembolic events versus bleeding complications with continuation of perioperative aspirin in major head and neck surgical cases

Richard Kollmar, PhD

1. Molecular genetics of otolith formation in the zebrafish
2. Restoration of recurrent-laryngeal-nerve function after injury in a rat model
3. Neuroprotection and regeneration in the acoustico-lateralis system of the zebrafish

Joshua Silverman, MD, PhD

1. Restoration of recurrent laryngeal nerve function after injury in a rat model
2. Measuring laryngotracheal stenosis using pressure differences within the airway
3. Creating treatment algorithm for recurrent croup using endoscopic findings
4. Systematic review of surgical techniques for pediatric laryngotracheal stenosis
5. Systematic review for management of laryngeal polypoid corditis

Abraham Shulman, MD

1. Nuclear medicine imaging & tinnitus
2. MRI of the brain & tinnitus in the KCHC clinic

Michael Weiss, MD

1. Laryngeal cancer survival outcome after chemotherapy/radiation vs total laryngectomy

Resident Research Projects:**Behrad Aynehchi, MD**

1. Systematic review of the use of perioperative steroids in thyroidectomy
2. Atypical presentation of laryngeal tuberculosis in a pediatric patient

David H. Burstein, MD

1. Breathing efficacy of adenotonsillectomy in pediatric sleep-disordered breathing

Jonathan Cohen, MD

1. Health care disparities in head and neck and thyroid cancer in Brooklyn

Marisa Earley, MD

1. Health care disparities in head and neck and thyroid cancer in Brooklyn
2. Calcified lesion of masseter muscle: A case report and review of the literature

Sherry Fishkin, MD

1. Validation of a clinical assessment score for pediatric sleep-disordered breathing
2. The prevalence of sleep-disordered breathing in children with asthma and its behavioral consequences
3. Systematic review of the adverse effects of proton pump inhibitors

Elizabeth Floyd, MD

1. Laryngeal cancer survival outcome after chemotherapy/radiation vs total laryngectomy

Marika Fraser, MD

1. The association between smoking, alcohol consumption, and obesity on the signs and symptoms of laryngopharyngeal reflux in a VA population
2. Laryngeal cancer survival outcome after chemotherapy/radiation vs total laryngectomy

Scott Harris, MD

1. An unusual presentation of nasal polyposis
2. Systematic review of nasopharyngoscope cleaning techniques

Anita Konka, MD

1. Cost-benefit analysis of polysomnography versus CAS-15 for pediatric sleep-disordered breathing
2. Effect of primary rhinoplasty on observer rated attractiveness of facial subunits
3. Venous atherosclerosis of the peroneal vein in fibular free flap reconstruction: implications for preoperative diagnosis and treatment

Christopher Mascarinas, MD

1. The association between smoking, alcohol consumption, and obesity on the signs and symptoms of laryngopharyngeal reflux in a VA population

Miguel Mascaro, MD

1. Systematic review: otitis media and gastroesophageal reflux
2. Evaluating the effect of the subalar graft in correcting nasal axis deviation
3. Tension-free closure in keloid excision with local skin flaps
4. Angioedema – prospective Study

Niv Mor, MD

1. Improving the surgical options after damage to the recurrent laryngeal nerve
2. Outcome measures for the surgical treatment of cholesteatoma: a systematic review

Colleen Plein, MD

1. Systematic review of the role of PTH levels after thyroidectomy

Punam Thakkar, MD

1. Systematic review of the adverse effects of proton pump inhibitors
2. A case of microtia and ipsilateral scalp hemangioma: developmental insights from unique co-existing lesions
3. A case of microtia and ipsilateral scalp hemangioma: developmental insights from unique co-existing lesions

Jason Wasserman, MD

1. Venous atherosclerosis of the peroneal vein in fibular free flap reconstruction: implications for preoperative diagnosis and treatment

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