PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP PROGRAM

Children's Hospital and Health System
Medical College of Wisconsin
Children's Specialty Group

OUR FACULTY

For more detailed information, please visit our website:

http://www.mcw.edu/OTO/Departments/PediatricOtolaryngology

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FELLOWSHIP PROGRAM DESCRIPTION

The pediatric otolaryngology fellows will train at the Children's Hospital of Wisconsin. The facility is a non-private (University) setting. Rotations will be one to two months in duration, combining an ambulatory and inpatient experience.

During each rotation the fellow will have an **ambulatory clinic experience** rotating between pediatric otolaryngology staff. During those months the fellow will attend and participate in that faculty member's clinic in addition to the multidisciplinary clinic that is staffed by the faculty member. The fellow will have exposure to common disorders of the head and neck in infants and children, in addition to patients with more complex needs and uncommon disease processes. If desired, a fellow may pursue additional clinic experience accordant with the fellow's interests.

Multidisciplinary Clinics

By collaborating with pediatric otolaryngology staff in their own clinics and in the following multidisciplinary clinics the fellow will have an opportunity in understanding and managing pediatric patients with congenital anomalies of the head and neck, hearing impairment, genetic and developmental anomalies, swallowing disorders, sinus disease, airway disorders, and head and neck tumors.

Children's Hospital of Wisconsin Digestive and Airway Clinic (CHOWDA) Aerodigestive Voice Clinic is a multidisciplinary approach to children with complex feeding and airway issues. The specialty clinic is staffed by otolaryngology, gastroenterology, pulmonary, and speech and language swallowing therapists. The objective for the clinic for the education of the fellow is to understand the complex nature and overlap that children may have with complex feeding and airway issues. The fellow will attend CHOWDA clinic for one-half day every two weeks for 2 months. Children typically seen in clinic may have many disease processes including tracheoesophageal repair, chronic dyphagia,

esophageal strictures, laryngotracheomalacia, laryngeal clefts, chronic aspiration and lung disease, vocal cord immobility, subglottic stenosis, gastroesophageal reflux, eosinophilic esophagitis, etc. Surgical time is blocked for these patients who are often evaluated simultaneously by team members by bronchoscopy and esophagoscopy as indicated.

Cleft Lip/Cleft Palate Clinic is a multidisciplinary clinic including genetics, otolaryngology, speech and language pathology, plastic surgery, audiology, orthodontics, prosthodontics, case management, and psychiatry in the care for these complex patients. The fellow would participate in the evaluation of velopharyngeal insufficiency in these children and of their chronic ear disease and work with the team in the treatment of these disease processes. The fellow will attend Cleft Lip/Cleft Palate clinic for one-half day twice a month for two months.

The Fetal Concerns Program is a cooperative joint effort between the FMLH, the Medical College of Wisconsin Birth Center and CHW. The program provides a full range of care when there is a health concern in pregnancy. Program services include: fetal diagnosis of birth defects, counseling regarding the specific diagnosis, access to prenatal treatments, medical care of the infant, linking families to support services, specially trained nurse who helps schedule services, help creating palliative care plans, when appropriate. Conditions commonly treated through the Fetal Concerns Program include: abdominal wall defects, genetic defects, spina bifida and other neurosurgical anomalies, chest lesions, urologic anomalies, multiple fetuses and prematurity risk counseling. The fellow would participate in patient management including pre-procedure evaluation, Ex-uterine Intrapartum Treatment procedures, and post-delivery management of the patient, including surgical resection or other procedures, if indicated. The fellow will participate in presenting at the Maternal-Fetal Conference on patients with head and neck pathology.

The Koss Cochlear Implant Program [http://www.mcw.edu/OTO/Departments/OtologyandNeuroOtologicSkullBasedSurgery] at Children's Hospital of Wisconsin is a collaborative program with Froedtert Memorial Lutheran Hospital (FMLH) and MCW. In addition to being the largest cochlear implant program in the state of Wisconsin, the program is recognized nationally for its strong clinical program, participation in investigational studies, on-going research related to cochlear implantation, and contribution to the field. The fellow will attend Cochlear Implant team meetings once a month and spend time in clinics with neuro-otology staff. Services offered in the Cochlear Implant Program includes evaluation for implantation, device programming, aural rehabilitation therapy, Speech/language evaluation and therapy, educational consultation and collaboration with the schools and other local service providers, post-implant communication assessment, parent and family support groups.

Laryngology and Voice Clinic is a multidisciplinary clinic in which children with voice and breathing issues are evaluated together by laryngologists and speech-language pathologists. This clinic has a regional referral draw and meets three one-half days per month. Laryngeal problems treated range from vocal fold nodules to singers with professional voice concerns. There is also a high case volume of paradoxical vocal fold motion impairment disorders including irritable larynx, recurrent laryngospasm, and respiratory dystonia. The Fellow will have the opportunity to participate in this clinic and learn nuances of voice evaluation and laryngeal diagnostics including videostroboscopy and electromyography.

Multidisciplinary Sinus Clinic is a multidisciplinary clinic with otolaryngology and allergy and asthma medicine that evaluates children with chronic sinusitis and allergic disease. Fellows will attend this clinic for one-half day every other week for 2 months. Children are evaluated in clinic with nasal endoscopy, imaging, spirometry, and allergy testing for chronic medical or surgical management. The spectrum of allergy, sinusitis, and asthma are discussed.

Saliva Control Clinic is a multidisciplinary clinic with otolaryngology, physical medicine and rehabilitation physicians (PMR), and speech therapists in the evaluation and management of children with difficulty with salivary control. This fellow will attend the saliva control clinic for one-half day every 3 months. The role for medical therapy, swallow therapy, and surgical management (BOTOX injections, salivary gland excision, etc) will be discussed in this clinical venue.

The decision for medical versus surgical management will be discussed in a multidisciplinary environment with PMR and speech therapy.

Sleep Clinic [http://www.mcw.edu/OTO/Departments/SleepMedicine] is a multidisciplinary clinic in collaboration between otolaryngology and pediatric pulmonology to evaluate upper and lower airways and sleep disordered breathing in children. For one-half day per week during this two month rotation, the fellow will be provided the opportunity to collaborate with the sleep medicine faculty on surgical and non-surgical management for children with sleep disorders. The fellow will be introduced to the interpretation of pediatric sleep studies.

Tracheotomy and Ventilation Clinic is a multidisciplinary clinic that provides a single clinical setting for patients to see pulmonary medicine, nutrition, speech and language pathology, and otolaryngology. For one-half day every two weeks for two months, fellows will see patients with tracheotomies. The fellow will assess patients for chronic tracheotomy management, nutrition, swallowing and voice disorders, and airway obstruction. Coordinated care for patients is discussed for children with a chronic need for tracheotomy. Discussions and planning leading to decannulation are also presented in this forum.

Vascular Anomalies Clinic is a multidisciplinary clinic including otolaryngology, dermatology, oncology, pathology, plastic surgery, interventional radiology, general pediatric surgery, orthopedic surgery, and case managers. The fellow will attend the vascular anomalies clinic for one-half day twice a month over two months. This clinic reviews patients locally, nationally and internationally with vascular anomalies and lymphatic malformations. Patients are treated from a multidisciplinary team approach to provide different options for treatment. The objective of the clinic is to provide the fellow an opportunity to participate in the complex care for these patients which involves several physicians in multiple specialties in their treatment.

Velocardiofacial Syndrome Clinic offers a multidisciplinary clinic designed to address the various medical, educational, and psychosocial needs of the children and their families with this syndrome. This clinic is offered for one-half day every three months. The team provides coordinated care and individualized case management by experienced professionals. They include genetics, speech/language pathology, otolaryngology, audiology, psychology, occupational therapy, and gastroenterology.

The Inpatient Experience

The pediatric otolaryngology fellow will also participate in inpatient activities with patient consults as well as home call. The inpatient experience will capture patient populations such as those with head and neck trauma or oncologic diseases that are not addressed in an ambulatory setting. The fellow will be expected to be knowledgeable about the inpatient service and participate on rounds with the resident housestaff (PGY2 and PGY4) and faculty. The fellow will serve as an interface between the residents and the faculty for patient consults and during home call. The fellow will evaluate and manage the inpatient services with the residency housestaff and in collaboration with the faculty. Residents will present patients to the fellow after initial evaluation to discuss patient assessment and plan. The fellow will have the opportunity to advance the knowledge of the residents by teaching and helping the resident refine the assessment and plan prior to presenting to faculty. Management decisions and responsibility would ultimately be assumed by the faculty, but the decision making and management would be made in collaboration with the fellow. The fellow will gain more independence in patient management commensurate with experience, knowledge base, and abilities.

Operative Cases

The pediatric otolaryngology fellow will participate in operative cases throughout each rotation. Operative patients may be ambulatory or inpatient. At the onset of the fellowship experience the fellow is expected to demonstrate proficiency

with basic pediatric cases. The level of responsibility will increase with fellow proficiency to include involvement in resident supervision and acting as primary surgeon in more advanced cases. The fellow will be exposed to the full breadth of pediatric otolaryngology operative cases, including aerodigestive endoscopy, airway reconstruction, tracheostomy, otologic disease, obstructive sleep apnea, congenital and infectious head and neck masses, sinus surgery, head and neck tumors, salivary diseases, facial soft tissue and bony trauma, and removal of aerodigestive foreign bodies. Faculty oversight will be provided for all cases. Fellow operative training will be directed towards the goal of independent practice by the end of fellowship training.

Monthly otolaryngology conferences

Monthly conferences that the fellow will attend with the residents include: Research conference, Pediatric Otolaryngology Conference, Morbidity and Mortality, and Grand Rounds. The fellow will also attend required lectures provided by the Graduate Medical Education Program (MCWAH) including topics such as fatigue, burnout, and substance abuse. The fellow will be expected to participate in the "OTO 911" summer lecture series by assisting faculty to teach residents in the emergency management of the pediatric otolaryngology patient. This includes post-operative management and mock scenario training of assembling endoscopy equipment for aerodigestive foreign bodies in children. The fellow would also be given lectures provided by our house staff in otology, allergy/rhinology, oral cavity/pharynx diseases, laryngology/bronchoesophagology, head and neck, and facial and plastic surgery. Some of these lectures will be provided in our pediatric and general resident lecture series provided by our faculty in addition to lectures given to our fellow and rotating house staff. The fellow will participate in planning and conducting conferences specific to pediatric otolaryngology, including case conferences, the bronchoesophagology course, grand rounds, and didactic lectures. Case conferences, grand rounds, and didactic lectures incorporate basic science and histopathology.

Educational experiences that also take place monthly exclusively for pediatric otolaryngology staff and residents include Neuroradiology Conference with radiology staff and Attending Rounds. Neuroradiology Conference is held jointly between the Radiology Department and Pediatric Otolaryngology Division. Attending Rounds includes formal patient presentations by the resident and fellow on complex patients currently on service. Extensive discussion on patient medical and surgical management will take place in this venue.

Pediatric Otolaryngology Journal Club occurs every 2 months for all otolaryngology residents, fellow(s), and pediatric otolaryngology staff. The fellow and the chief resident (PG-4) will each be responsible for organizing three journal clubs, which involves selecting journal club topics and articles.

It is through interaction with faculty, patient care, daily teaching and lecture series, participation in our multidisciplinary clinics, and resident education that this curriculum hopes to fulfill the core competencies in pediatric fellowship education.

VITAL STASTICS

Number of beds in hospital	296
Average Daily Census:(include 23-hour observations)	10.37
Annual Discharges	3,784
Average Length of Stay	1.16
*Average Number of Patients for Whom Fellow Is Directly Responsible:	10
Total Number of faculty Board Certified in Otolaryngology	18
Total Number of Faculty with Fellowship Training/ACGME in Pediatric Otolaryngology	7

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PROCEDURES (one year)	
HEAD AND NECK	
Salivary Glands	160
Nose and Maxilla	82
Neck	
I & D Neck Abscess	31
Neck Dissection (count each side) - modified	3
Cervical Node Biopsy	15
Tracheocutaneous Fistula Closure	17
Other	55
Larynx	
Laryngoplasty (includes laryngotracheoplasty)	16
Cricoid Split	2
Other	32
Congenital Anomalies	
Branchial Cleft Anomaly	13
Thyroglossal Duct Cyst	22
Hemangioma	11
Lymphatic Vascular Malformation	18
Anterior Skull Base Surgery	1
Other	29
Other	
Tracheotomy	7
SUBTOTAL HEAD AND NECK	532
OTOLOGIC	
Removal of Ventilation Tubes	56
Tympanoplasty I	79
Tympanoplasty II-IV (with Ossicular Reconstruction)	5
Tympanoplasty with Mastoidectomy	14
Modified Radical Mastoidectomy	3
Reconstruction Congenital EAC Atresia	1
Middle & Posterior Fossa Skull Base Surgery	3
Cochlear Implantation	39
Meatoplasty (for stenosis due to trauma, infection)	6
Other (Otologic)	129
SUBTOTAL OTOLOGIC	320
PLASTIC AND RECONSTRUCTIVE	
Otoplasty (includes auricular reconstruction)	3
Repair Complex Facial Lacerations	15
Reduction Facial Fractures	19
Pedicle Flap Procedures	7
Grafts	6
Choanal Atresia Repair	8
Excision Skin Lesions, Primary Closure	9
Scar Revision	3

PROCEDURES (one year)	
Other (Plastic)	44
SUBTOTAL PLASTIC AND RECONSTRUCTIVE	114
ENDOSCOPY	
Direct Laryngoscopy, Diagnostic	49
Direct Laryngoscopy, Diagnostic, with Operating Microscope	179
Direct Laryngoscopy with Dilatation	10
Direct Laryngoscopy and bronchoscopy with foreign Body Removal	36
Direct Laryngoscopy with Biopsy	3
Direct Laryngoscopy, Operative, with Excision of Tumor and/or Stripping of Vocal Folds or Epiglottis (laser or conventional)	81
Direct Laryngoscopy with Injection into Vocal Folds	35
Esophagoscopy, Diagnostic	31
with Foreign Body Removal	36
Bronchoscopy-Diagnostic	376
with Stricture Dilation	6
Other (Endoscopy)	576
SUBTOTAL ENDOSCOPY	1418
GENERAL	
Adenoidectomy	362
Tonsillectomy	147
Tonsillectomy &Adenoidectomy	1193
Myringotomy and Tube	1792
Nasal Septoplasty	9
Turbinectomy Reduction	3
Caldwell Luc	1
Endoscopic Sinus Surgery (count each patient once)	
Ethmoidectomy	52
Maxillary Sinusotomy	74
Sphenoid Sinusotomy	18
Nasal Sinus Endoscope	31
Other (General)	182
SUBTOTAL GENERAL	3864

DUTY HOURS

Duty hours: The fellow will follow ACGME guidelines regarding duty hours. The pediatric otolaryngology fellow will be provided with a rotation schedule which does not require more than 80 hours/week of clinical duties averaged over a four-week period, inclusive of all in-house call activities. All rotation schedules on a daily basis provide for at least 10 hours off between shifts. Continuous on-site duty must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer of care of patients, conduct outpatient clinics,

and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.

The fellow will be expected to be available by pager when on call. Home call will occur one day per work week, and on weekends when otolaryngology is on call for facial trauma (shared with plastic surgery and oral maxillofacial surgery) and aerodigestive foreign body (shared with general surgery and a private practice otolaryngology group), on average every three weeks. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit. The fellow will have 1 day off per week averaged over 4 weeks of a continuous 24-hour period free from all clinical, educational, and administrative duties. Moonlighting will not be allowed during fellowship training. The program strictly adheres to the ACGME and Graduate Medical Education Program (MCWAH) policy regarding duty hours.

GRANTS (within 5 years)

MicroRNA Regulation of Cholesteatoma Growth
NIH/NIDCD, National Institutes on Deafness and Other Communication Disorders
Principal Investigator, David Friedland, MD, PhD

The Impact of Voice Therapy and Proton Pump Inhibitor Treatment on Voice Relate Quality of Life in Children with Vocal Fold Nodules
NIH/NIDCD, Challenge grant application
Co-Investigator Joseph E. Kerschner; (Principal Investigator – Hartnick, C.)

Database Development for Outcome Measurement of Otitis Media Treatment
NIH/NIDCD, Challenge grant application
Principal Investigator, Joseph E. Kerschner, MD

Gene Expression in the Middle Ear Epithelium of the Chinchilla
American Society of Pediatric Otolaryngology/AAO-HNS CORE Grant
Principal Investigator, Joseph E. Kerschner, MD

Clinical Correlation between Strial Presbycusis and Cardiovascular Disease
AAO-HNS Foundation CORE Grant Award
Principal Investigator, David Friedland, MD, PhD

Cytokine Inflammatory Mediators and Mucin Regulation in Middle Ear Epithelium
NIH/NIDCD, 1R01DC007903
Principal Investigator, Joseph E. Kerschner, MD

Mucin Gene Polymorphism and Otitis Media
American Society of Pediatric Otolaryngology
Principle investigators: Matthew Ubell, MD and Joseph E. Kerschner, MD

STAT3 Regulation in Recurrent Respiratory Papillomatosis
American Academy of Otolaryngology-HNS CORE Grant
Principle investigators: Nalin J. Patel, MD and Joseph E. Kerschner

Middle Ear Epithelial Response to Cytokine Stimulation
NIH/NIDCD, K08 DC00192

Principal Investigators: Joseph E. Kerschner, MD, Phillip A. Wackym, MD, Paula Traktman, Ph.D.

Differential Gene Expression in the Cochlear Nucleus
NIH/NIDCD, National Institutes on Deafness and Other Communication Disorders
Principal Investigator: David Friedland, MD

Validity and reliability of diagnostic methods and assessment of symptom severity for conducting clinical trials in spasmodic dysphonia.
National Institutes of Health Consortium Grant
Principle Investigator: Joel H. Blumin, MD

Recent publications in the Department of Otolaryngology & Communication Sciences

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- Sulman CG, Conley SF. Deep Neck Space Infections. Online Otolaryngology Resident Study Module, American Academy of Otolaryngology-Head and Neck Foundation (AAO-HNS), October 2007, http://www.entlink.net/education/programs/nrosg.cfm
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- Sulman CG, Maddalozzo JP. Cervical esophagus (chapter 9). In Hom D, Hebda P, Gosain A, Friedman C, eds. Essential Tissue Healing of the Face and Neck. McGraw Hill;2009
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- Blumin JH, Merati AL. Laryngeal reinnervation with nerve-nerve anastomosis versus laryngeal framework surgery alone: a comparison of safety. Otolaryngol Head Neck Surg 2008; 138(2):217-20
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- Johnston N, Wells CW, Samuels TL, Blumin JH. Pepsin in non-acidic reflux can damage hypopharyngeal epithelial cells. Ann Otol Rhinol Laryngol 2009; 118(9):677-85
- Sajan JA, Kerschner JE, Merati AL, Osipov V, Szabo S, Blumin JH. Prevalence of dysplasia in juvenile-onset recurrent respiratory papillomatosis. Arch Otolaryngol Head Neck Surg 2010; 136(1):7-11
- Brown DJ, Sultan B, Lefton-Greif MA, Ishman SL. Congenital nasal pyriform aperture stenosis: feeding evaluation and management. Int J Ped Otorhinolaryngol 2009;(8):1080-4

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- Chun RH, Choi SS. First branchial cleft cyst: A rare presentation with mesotympanic extension, International Journal of Pediatric Otorhinolaryngology Extra 4 (2009), 80-83
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