A Word on LEADERSHIP (PART 2)

In our Fall 2013 SCOPE I commented on the interplay of departmental and divisional leadership, particularly as it related to a department’s reputation. I was also proud to acknowledge a number of national leadership positions our faculty currently hold.

A word now on leadership development. Yes, there are some gifted individuals homozygous for the “A+ Leadership” gene; Teddy Roosevelt is one of my personal favorites. For the majority of us, however, it is a discipline requiring study, osmosis, modeling, and continual refinement. A myriad of books and courses are available to aide this process.

I would like to note a source of leadership development which is often underappreciated: our Academy and Societies. These organizations offer young faculty the opportunity to become involved in various committees and witness a number of leadership styles. Setting agendas, engaging committee members, developing strategies and tactics, prioritizing action items, and ensuring accountability are approached differently by various committee chairs. Observing leadership styles also occurs within one’s academic department and institution, but our committees offer a particularly robust training ground. And, symbiotically, the effectiveness of our Academy and Societies benefit tremendously from the broad involvement of so many gifted members. It is a credit to all these national organizations that they provide numerous opportunities to serve and advance our specialty’s educational, clinical, and research missions. During my career, for example, there has been over a 200% increase in the number of physicians serving on national committees. With time, these experiences become the basis for an eclectic style of leadership for each participant.

I am pleased with the degree of national committee involvement by our faculty. Table 1 shows a steady growth of over 6-fold during the last decade (admittedly, our faculty has doubled during that interval). Committee involvement and leadership skill development have resulted in a similar significant increase in leadership positions within our major organizations and societies (Table 2).

Again, I acknowledge these accomplishments with tremendous pride.
The Carolinas Pediatric Airway Course
This resident training course held on October 10 - 11, 2013 was co-hosted by MUSC and the University of North Carolina. The two days of lectures and hands-on labs focused on pediatric endoscopic and open airway surgical techniques. Diego A. Preciado, M.D., Ph.D., Children’s National Medical Center, Washington, DC was the featured guest speaker. Drs. David R. White (MUSC) and Carlton J. Zdanski (UNC) co-directed the course with faculty instructors and residents from MUSC, UNC, Duke, Emory, Georgia Health Sciences, University of Florida, and Wake Forest.

Temporal Bone Dissection Course for Residents
This inaugural resident training course held on November 1 - 2, 2013 was co-hosted by MUSC and Duke University. Parwis Mir-Salim, M.D., Berlin, Germany was guest speaker. Host faculty were Drs. Ted A. Meyer and Paul R. Lambert (both of MUSC) and Dr. Cal Cunningham (Duke). MUSC and Duke residents participated in the lectures focused on procedures for chronic ear disease and included hands-on training in our state-of-the-art temporal bone lab.

The 13th Annual Charleston Magnolia Conference
Our distinguished guest speakers for the 2013 Magnolia Conference held May 31 - June 1, 2013 were George T. Hashisaki, M.D., University of Virginia Health Systems, Charlottesville, VA, Robert C. Kern, M.D., Feinberg School of Medicine, Chicago, IL, and Gregory Postma, M.D., Georgia Health Science Medical Center, Augusta, GA. Over 50 participants came from around the country for the presentations and round table lunch discussions covering the breadth of our specialty, directed by Paul R. Lambert, M.D. The weather was ideal, providing the perfect setting to enjoy historic Charleston, the beaches, golf, and the Spoleto Festival USA.

The Charleston Course: Otolaryngology Literature Update
The department hosted its 3rd Annual Literature Update Course on July 26 - 28, 2013 at the beautiful Kiawah Island Golf Resort. Over 50 Otolaryngologists representing 20 states enjoyed the two-and-a-half days of our faculty critically analyzing the year’s most relevant, evidence-based medical literature. The course was directed by Paul R. Lambert, M.D. Afternoons were free to enjoy the beaches, golf, tennis, restaurants and many other activities on the island, or to take a short drive into historic downtown Charleston.

We hope you will join us for the 4th Annual Otolaryngology Literature Update to be held on July 11 - 13, 2014, again at Kiawah. Bring the family and experience all the area has to offer.
The Charleston Swallowing Conference

The 3rd Charleston Swallowing Conference “Cutting Edge Assessment and Treatment”, held October 11-13, 2013 in Charleston, South Carolina, USA was the largest clinical conference dedicated solely to swallowing and swallowing disorders. Directed by Bonnie Martin-Harris, Ph.D., hosted by the MUSC Department of Otolaryngology Head & Neck Surgery, Evelyn Trammell Institute for Voice and Swallowing, and sponsored by Northern Speech Services, this gathering was a genuine reflection of interdisciplinary collaboration and integration of evidence-based practice. A stellar faculty of 49 speakers, from over 20 universities around the United States and Canada, represented a diverse range of professionals including speech-language pathologists, otolaryngologists, pulmonologists, gastroenterologists, neurologists, radiologists, biostatisticians, health services professionals, and clinical researchers. Drs. Boyd Gillespie, Chris Discolo, Lucinda Halstead, Ashli O’Rourke, and David White were host faculty. The record-breaking attendance of 609 participants included speech-language pathologists representing 44 U.S. states, Puerto Rico, and 5 Canadian Provinces, along with nine international attendees, three of which were from the United Kingdom.

The Head & Neck Oncology Summit to Sea

This CME conference, co-hosted by MUSC and the University of Utah held October 18 - 19, 2013, brought together world class head and neck oncologic surgeons, medical oncologists, radiation oncologists, nurse practitioners, speech language pathologists, nurses, dentists, dental hygienists, and other health professionals involved in the diagnosis, treatment and long-term issues related to head & neck oncology. Terry A. Day, M.D. directed the course with local, national, and internationally recognized head & neck oncology experts who discussed state of-the-art treatment strategies and areas of controversy in a challenging arena of cancer care. The summit included didactic sessions, panel discussions, a “how I do it” video session, and a session for participants to present their cases. The course was held at Kiawah Island Golf Resort, which offers a unique experience for golf, relaxation, nature and adventure, and is only minutes to historic Charleston.

Charleston Sleep Surgery Symposium

Our 3rd Annual Charleston Sleep Surgery Symposium was held at the Charleston Renaissance Hotel February 21 - 22, 2014 under the direction of M. Boyd Gillespie, M.D., M.Sc. and Christopher M. Discolo, M.D., MRSC. Over 50 otolaryngologists from 18 states, China, and Australia attended the lectures, discussions, live patient demonstration, and hands-on labs focused on procedures for snoring and sleep disordered breathing. Guest professors included Scott E. Brietzke, M.D., M.P.H., Walter Reed Hospital, Washington, DC; Lon R. Doles, D.D.S., Oral Maxillofacial Associates, Charleston, SC; Michael Friedman, M.D., Chicago ENT, Chicago, IL; Dominic B. Gault, M.D., Children’s Hospital Greenville Health System, Greenville, SC; Sally R. Shott, M.D., University of Cincinnati and Cincinnati Children’s Hospital, Cincinnati, OH; Erica R. Thaler, M.D., University of Pennsylvania School of Medicine, Philadelphia, PA; B. Tucker Woodson, M.D., Medical College of Wisconsin, Milwaukee, WI; Fahri Yildiz, M.D., Istanbul, Turkey. Seats for the hands-on lab filled up fast, researve yours early for the February 2015 course!
Evolution of Endoscopic Skull Base Surgery

Rodney J. Schlosser, M.D.

Endoscopic skull base surgery initially began with repair of small CSF leaks in the 1990s. Success rates were equivalent to open repair techniques with lower morbidity. Endoscopic skull base repair and our understanding of skull base pathology continued to evolve. We now understand that spontaneous CSF leaks and meningoencephaloceles are related to idiopathic intracranial hypertension. These patients are most often obese middle aged females and spontaneous defects historically have higher failure rates than simple traumatic defects. We recently published our series of 63 consecutive spontaneous defects repaired surgically at MUSC with a primary success rate of 94% and a secondary success rate of 100%. These patients may benefit from multi-layered repair and adjuvant therapies to reduce CSF pressure postoperatively, such as acetazolamide.

Given the success with endoscopic CSF leak repair and resection of small benign neoplasms, the interest and ability of otolaryngologists and neurosurgeons to perform endoscopic, minimally invasive approaches for more advanced malignancies and intracranial pathology has exploded over the last decade. A number of advances in equipment, experience and technique have permitted this development. Increasing comfort with endoscopic approaches, two surgeon techniques, image guided surgery and improved instrumentation were critical. Just ten years ago, skull base series were plagued by unacceptably high rates of postoperative CSF leaks, pneumocephalus and other intracranial complications directly attributable to failure of the skull base reconstruction. These early attempts utilized common techniques based upon the use of free tissue grafts of mucosa, fat or fascia. While these free grafting techniques had a high success rate when used for simple CSF leaks, they did not have similar success rates when treating larger skull base defects or high flow, intraventricular leaks often seen when operating upon skull base neoplasms.

Initial reports of postoperative leak rates using free tissue grafts were as high as 40% and failure of the skull base reconstruction is/was a major cause of peri-operative morbidity. The development of vascularized, pedicled mucosal flaps was a huge advance for endoscopic skull base surgeons. Recent reviews have demonstrated that large skull base defects secondary to endoscopic resection of tumors can be repaired without lumbar drains using pedicled flaps with a postoperative CSF leak rate of 0-4%.

In addition to successfully stopping CSF leakage, it is critical that endoscopic skull base repairs also prevent intracranial complications, including meningitis, seizure, abscess and pneumocephalus. Back in 2008 we reviewed over 100 consecutive patients who had undergone endoscopic skull base reconstruction and were able to demonstrate that such endoscopic repairs do decrease the rate of intracranial complications, both in the peri-operative period, as well as long term.

Table: Summary of findings from MUSC series, analysis of published spontaneous CSF leaks (SCSF), and systematic review of endoscopic repair of all forms of CSF leaks

<table>
<thead>
<tr>
<th></th>
<th>MUSC SCSF leaks</th>
<th>Pooled analysis of published SCSF (95% CI)</th>
<th>Pooled analysis of all published leaks of any etiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fistulae</td>
<td>63</td>
<td>162</td>
<td>1685</td>
</tr>
<tr>
<td>Gender</td>
<td>M = 2 (4%)</td>
<td>M = 24% (18% to 31%)</td>
<td>M = 49% (43% to 54%)</td>
</tr>
<tr>
<td></td>
<td>F = 43 (96%)</td>
<td>F = 75% (67% to 82%)</td>
<td>F = 51% (48% to 53%)</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>35.1 kg/m²</td>
<td>36.4 kg/m²</td>
<td>Not Stated</td>
</tr>
<tr>
<td>Success</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>94%</td>
<td>92% (88% to 96%)</td>
<td>91% (80% to 93%)</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>99% (96% to 99%)</td>
<td>97% (94.1% to 98%)</td>
</tr>
</tbody>
</table>

When faced with a skull base defect, the most commonly used pedicled flap is the nasoseptal flap, supplied by the posterior septal branch of the sphenopalatine artery. This is a large flap that can be easily raised using standard septoplasty techniques familiar to most otolaryngologists. Typically, a multi-layer repair using subdural free grafts of fat or dermal/collagen allografts is performed with the septal flap serving as the final intranasal layer. Other pedicled flaps using the inferior turbinate, middle turbinate, nasal floor and lateral nasal wall have all been described as well and each has its advantages and disadvantages. Other uses we have found for pedicled flaps include coverage of pseudoaneurysms, coverage of neurovascular structures in planned radiation fields, closure of septal perforations, and choanal atresia repair.

In addition to intranasal and transcranial pathology, endoscopic skull base teams now routinely treat intracranial pathology, such as meningiomas. The field of endoscopic skull base surgery continues to evolve rapidly and it is likely that robotic surgery, 3D endoscopes, and other technologic developments will permit us to push the envelope even further. Vascularized skull base reconstruction has been a major advance in improving patient outcomes and is a versatile technique with a variety of uses outside the skull base.

Intraoperative view of optic chiasm and anterior cerebral arteries after endoscopic removal of olfactory cleft meningioma.

Post op endoscopic view and MRI of skull base reconstruction after endoscopic resection of Kadish C esthesioneuroblastoma.
Head and neck cancer survivors have challenging follow-up care schedules for surveillance, imaging, speech, dental, nutrition, physical therapy and psychosocial needs. Our group has been conducting several studies examining quality of life in head and neck cancer survivors and their primary caregivers. These studies have highlighted the significant physical and emotional challenges patients and their family members face at the end of treatment and the need for tailored head and neck cancer survivorship care planning interventions.

The long-term goal of our research program is to improve post-treatment clinical outcomes in head and neck cancer patients and psychosocial outcomes in both patients and their caregivers. Toward this goal, we are currently conducting two studies to develop and test survivorship interventions at the end of treatment. This research builds on a key recommendation of the Institute of Medicine “From Cancer Patient to Cancer Survivor: Lost in Transition” report that all cancer patients should receive a care summary and follow-up care plan at the end of treatment. Building on this recommendation, the Commission on Cancer-American College of Surgeons will require all accredited cancer programs to meet this standard by January 1, 2015.

In our 5-year SAIL Study (Survivorship and Inspiration for Life) funded by the American Cancer Society, we are developing a survivorship care plan tailored to the specialized needs of head and neck cancer survivors using a software called Journey Forward (www.journeyforward.org) with input from multidisciplinary specialists. We have conducted interviews with patients, caregivers and health care providers to characterize end-of-treatment needs and pretest our care plan. Early results have confirmed that patients report still experiencing significant physical and emotional challenges six months following treatment completion and needing information and assistance with care coordination and managing their uncertainty. Also, caregivers report the provision of unique types of support, including critical assistance with wound care and nutrition as well as spiritual support and assistance with adjusting to cosmetic changes and sometimes facing addictions. In the next year, we will begin a randomized controlled trial to test the impact of our intervention on clinical and psychosocial outcomes in 80 patients and their caregivers.
FDA Approves Inspire® Upper Airway Stimulation (UAS) Therapy for Obstructive Sleep Apnea

Fully Implanted Device Represents New Treatment Option for Patients Unable to Use CPAP

In the related 2-year SNAP Study (Survivorship Needs Assessment Planning Tool) funded by the National Cancer Institute, we are developing a survivorship needs assessment tool using touch-screen tablet technology. The SNAP Tool will be used in the clinic to systematically assess the symptoms, concerns, needs and health behaviors of head and neck cancer patients and their caregivers after treatment. The tool will be used to generate a personalized care plan in real time with resources and referrals to facilitate improved outcomes over time. We are currently in the IT development phase for this study and have conducted focus groups with head and neck cancer health care providers to pretest the tool. In the next year, we will test the use of the SNAP tool with 25 patients and their caregivers in the follow-up clinic.

Inspire® Upper Airway Stimulation (UAS) therapy is a promising new FDA-approved treatment option for a subset of people with moderate to severe Obstructive Sleep Apnea (OSA) who are unable to use Continuous Positive Airway Pressure (CPAP).

Inspire therapy is a fully implanted system that delivers mild stimulation to keep a patient’s airway open during sleep. In contrast to traditional OSA surgeries, Inspire therapy preserves the natural airway and facial anatomy. It has been clinically proven to significantly reduce apnea events and significantly improve patient quality of life measures.

Inspire therapy is a fully implanted system consisting of three components: a small generator, a sensing lead and a stimulation lead. The single external component is a small handheld Inspire sleep remote used to turn the therapy on before bed and off upon waking. When activated, Inspire therapy senses breathing patterns and delivers mild stimulation to key airway muscles, which keeps the airway open during sleep. In contrast to other surgical options to treat sleep apnea, Inspire therapy does not require removal or permanent alteration of facial or airway anatomy. As such, the procedure is less invasive and should result in a shorter recovery time.

M. Boyd Gillespie, M.D., MSc and the Department of Otolaryngology – Head and Neck Surgery of the Medical University of South Carolina was one of twenty-two leading centers in the United States and Europe that participated in the Star Trial (Stimulation Therapy for Apnea Reduction). Patients who participated in the pivotal STAR clinical trial and were implanted with Inspire therapy experienced a 68 percent reduction in apnea events, a 70 percent reduction in oxygen desaturation events, and significant improvements in daytime functioning as measured by two validated questionnaires. These results were published in the January 9, 2014 issue of the New England Journal of Medicine.

Inspire therapy will be commercially available to patients in the United States in the second half of 2014. Dr. M. Boyd Gillespie and the MUSC Department of Otolaryngology – Head and Neck Surgery will serve as an implant center for the Inspire® Upper Airway Stimulation (UAS) therapy system.

"Inspire therapy consists of three fully implanted components: a small generator, a breathing sensor lead, and a stimulation lead."

"Inspire therapy will be commercially available to patients in the United States in the second half of 2014. Dr. M. Boyd Gillespie and the MUSC Department of Otolaryngology – Head and Neck Surgery will serve as an implant center for the Inspire® Upper Airway Stimulation (UAS) therapy system."
MUSC Department of Otolaryngology - Head & Surgery bids farewell to another impressive class of residents and fellows who left their mark at MUSC and will continue to be leaders throughout their careers.

Caroline Banks, MD, demonstrated leadership on the clinical and research fronts during residency. She received CORE and AAO-HNS Resident grants on the role of macrophages in chronic rhinosinusitis and authored 6 publications. Although she arrived in Charleston solo, she left with husband Matt and son Theo in tow to pursue a facial plastics and reconstruction fellowship at the Massachusetts Eye & Ear Infirmary.

Taylor Fordham, MD, also excelled in all areas while at MUSC. In addition to three publications and a book chapter, Dr. Fordham received a AAO-HNS Resident research award for the role of cigarette smoke in chronic rhinosinusitis. Taylor, wife Whitney, and their two children move to the nation’s capital for his fellowship in pediatric otolaryngology at Children’s National Hospital.

Travis Reeves, MD, was known for his enthusiasm, stylish dress, and love of Duke basketball (and for that we forgave him). He completed a research project on the role of Vitamin D in head and neck cancer immune response under the mentorship of Dr. Rita Young while authoring five publications and a book chapter. Travis leaves the southern coast for the great white north of Minneapolis to complete a fellowship in pediatric and craniofacial surgery at Minnesota Children’s Hospital.

Arnaud Bewley, MD, Head and Neck Oncology and Microvascular Fellow, was well loved by residents for his kind demeanor and effective teaching during surgery. Although his work hours were demanding, he was able to leave the operating room long enough to secure a faculty position with the UC-Davis Department of Otolaryngology-Head and Neck Surgery.

Mayuri Rajapurkar, MD, served two years as a Head and Neck Oncology and Research fellow. Mayuri studied the role of ceramides in head and neck cancer under the direction of Dr. Besim Ogretman, followed by a busy year of clinical head and neck and microvascular surgery. Mayuri will take her highly developed skills back to her home country of India which has the highest rates of oral cancer in the world. She joins the Department of Otolaryngology - Head and Neck Surgery faculty of the Sir H.N. Hospital Reliance Foundation in Mumbai. We are hopeful that an exchange between the MUSC Head and Neck Program and Indian programs will continue in the future.

Allison M. Dobbie, MD, finished her fellowship in Pediatric Otolaryngology with three papers and two book chapters. She co-authored a presentation that received the Craniofacial/Cleft Palate Award at the 2013 SENTAC meeting. She recently joined the Department of Pediatric Otolaryngology faculty at the Children’s Hospital of Colorado.

Oswaldo Henriquez, MD, had a productive year as Rhinology and Skull Base fellow. Oz was a great teacher to the residents and completed a clinical study examining the impact of synchiae after endoscopic sinus surgery on long term outcomes in CRS. He returns to Emory University where he completed his residency to join the faculty with a primary appointment at Grady Hospital.

Stephen M. Kieran, MD, served as Otology-Neurotology fellow at MUSC from July-December 2012. He supervised residents in the temporal bone lab while mastering advanced surgical care of the ear and lateral skull base. He returned to his home in Ireland to serve as consultant to the Children’s University Hospital and Mater University Hospital, Dublin.
Meet the Residents: Drs. Travis Schrank, Valerie Fritsch and William Carroll

The MUSC Department of Otolaryngology-Head & Neck Surgery welcomed three new PGY2’s to the service in July 2013.

William Carroll, MD is from Davidson, NC where he attended Davidson College and earned a B.S. in Biology. There he played Division I soccer and was a part of the winningest class in Davidson Men’s Soccer history. After his undergraduate studies he attended medical school at MUSC where he was inducted into the Alpha Omega Alpha honor society and has co-authored research on chronic sinusitis, salivary surgery, and radiofrequency ablation for snoring. He is married to Kiften Carroll who is a nurse practitioner with Pediatric Surgery at MUSC. They live on John’s Island with their 15 month old son Liam and their golden retriever Rudy. In his spare time he enjoys running and being outdoors.

Valerie Fritsch, MD grew up in northern Kentucky near Cincinnati before attending the College of Charleston where she received a B.S. in Exercise Science. As a student at MUSC, Valerie was inducted into the Alpha Omega Alpha and published nine research papers on head and neck cancer using a national cancer database. She has completed 10 marathons. When she is not working, Valerie enjoys running in downtown Charleston and at local beaches, live music, travel, yoga, and being outdoors.

Travis Schrank, MD, PhD is from Denton, TX. He attended Texas State University in San Marcos, TX where he earned a B.A. in music with a focus on percussion and a special interest in Baroque music and the marimba. After his undergraduate studies he moved to Galveston to participate in the combined MD/PhD program at the University of Texas Medical Branch. In medical school he served as a co-director of the student run free clinic, earned induction into AOA, and published experimental biophysics research funded by an NIH training program. Travis now enjoys living in downtown Charleston, SC. In his free time he enjoys playing guitar, backpacking, rock climbing, and adventurous eating.

Sarfaraz Banglawla, MD
MD & Residency: McMaster University
Interests: Rhinology and skull base surgery

David Gudis, MD
MD & Residency: University of Pennsylvania
Special Interests: Pediatric otology, rhinology, bronchoesophagology, head and neck surgery, and humanitarian missions

Jeffery Houlton, MD
MD: University of Texas Medical Branch
Residency: University of Cincinnati
Special Interests: Head & Neck Oncology / Microvascular Reconstruction

Habib Rizk, MD
MD: Saint Joseph University, Beirut, Lebanon
Residency: Hotel-Dieu de France Hospital, Beirut, Lebanon
Fellowship: Otolologic Medicine and Surgery, Christiana Care Health Sys, Wilmington, Delaware
Special Interests: Neurotology

Paul Tennant, MD
MD: University of Tennessee College of Medicine
Residency: University of Louisville School of Medicine
Special interest: Head & Neck ablative and reconstructive surgery

To learn more about our residency and fellowship programs please visit our website at ENT.musc.edu
Faculty

Otolaryngology - Head & Neck Surgery

Otology & Neurotology

Paul R. Lambert, M.D.
Professor and Chairman
Director, Otology-Neurotology
M.D.: Duke University
Residency: UCLA
Fellowship: House Ear Institute, Los Angeles

Ted A. Meyer, M.D., Ph.D.
Associate Professor
Director, Cochlear Implant Program
M.D. & Ph.D.: University of Illinois
Residency: Indiana University
Fellowship: University of Iowa

Head & Neck Oncology

Terry A. Day, M.D.
Professor and Director
MUSC HN Tumor Program
Wendy and Keith Wellington Chair in Head & Neck Surgery
M.D.: University of Oklahoma
Residency: LSU-Shreveport
Fellowship: UC Davis

M. Boyd Gillespie, M.D., M.Sc.
Professor
Director, MUSC Snoring Clinic
M.D., Residency & Fellowship: Johns Hopkins

Joshua D. Hornig, M.D., FRCSC
Associate Professor
Director, Microvascular Surgery and Functional Outcomes
M.D. & Residency: University of Alberta
Fellowship: MUSC

Eric J. Lentsch, M.D.
Associate Professor
M.D. & Residency: University of Louisville
Fellowship: M.D. Anderson

Roy B. Sessions, M.D.
Professor
M.D.: Louisiana State University, New Orleans
Residency: Washington University School of Medicine, St. Louis

Mary Beth Chalk, M.S.N., R.N., APRN-BC
Nurse Practitioner
MSN: MUSC

TK Garris, NP-C
Nurse Practitioner
DNP: MUSC

Ashley Laursen, B.S.N., R.N.
Registered Nurse, Program Coordinator
BSN: MUSC

Jennifer R. Page, R.N., M.S.N., NP-C
Nurse Practitioner
MSN: MUSC

Audiology

Kimberly A. Orr, Au.D., CCC-A
Director, Audiology
M.A.: Ohio State University

Elizabeth Camposeo, Au.D., CCC-A
Instructor
Au.D.: Northwestern University

Laura A. Droege, Au.D., CCC-A
Instructor
M.A.: Northern Illinois University

Meredith A. Holcomb, Au.D., CCC-A
Instructor
Clinical Coordinator, Cochlear Implant Program
Au.D.: UNC Chapel Hill

Cortney J. Hudak, Au.D., CCC-A
Instructor
Au.D.: University of Akron/Kent State University

Elizabeth A. Poth, M.S., CCC-A
Instructor
M.S.: UNC Chapel Hill

Michelle L. Reiter, Au.D., CCC-A
Instructor
Au.D.: UNC Chapel Hill

Christine C. Strange, Au.D., CCC-A
Instructor
M.A.: SUNY Plattsburgh

Facial Plastic & Reconstructive Surgery

Krishna G. Patel, M.D., Ph.D.
Assistant Professor
Director, FPRS
M.D./Ph.D.: Medical College of Georgia
Residency: UNC Chapel Hill
Fellowship: UC Davis

Judith M. Skoner, M.D.
Assistant Professor
M.D.: University of South Carolina
Residency: MUSC
Fellowship: Oregon Health and Science University

Maxillofacial Prosthodontics

Betsy K. Davis, D.M.D., M.S.
Associate Professor
Director, Division of Maxillofacial Prosthodontics
D.M.D.: MUSC
Residency: University of Iowa
Fellowship: M.D. Anderson, UCLA

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**General Otolaryngology & Allergy**

Mark J. Hoy, M.D.
Assistant Professor
Director, General Otolaryngology & Allergy
M.D.: Temple University
Residency: University of Louisville

Robert C. Waters, M.D.
Clinical Assistant Professor
M.D.: MUSC
Residency: Barnes Hospital Washington University School of Medicine

Mary Ann Howerton, PA-C
Physician Assistant
MSPAS: MUSC

Claire O’Bryan, ANP-C
Nurse Practitioner
MSN: MUSC

**Pediatric Otolaryngology**

David R. White, M.D.
Associate Professor
Director, Pediatric Otolaryngology
M.D.: MUSC
Residency: UNC Chapel Hill Fellowship: Cincinnati Children’s Hospital

Christopher M. Discolo, M.D., M.S.C.R.
Assistant Professor
M.D.: State University of New York, Brooklyn
Residency: Cleveland Clinic Fellowship: University of Minnesota / Pediatric ENT Associates

Carissa Carie, PNP
Pediatric Nurse Practitioner
MSN: MUSC

**Evelyn Trammell Institute for Voice and Swallowing**

Lucinda A. Halstead, M.D.
Associate Professor
Medical Director, ETIVS
M.D.: George Washington University
Residency: New England Medical Center, Boston

Bonnie Martin-Harris, Ph.D., CCC-SLP, BRS-S
Professor
Director, ETIVS
M.S.: Purdue University
Ph.D.: Northwestern University

Ashli O’Rourke, M.D.
Assistant Professor
M.D.: Medical College of Georgia
Residency: University of Virginia Fellowship: Medical College of Georgia

**Rhinology & Sinus Surgery**

Rodney J. Schlosser, M.D.
Professor
Director, Nasal and Sinus Center
M.D.: Mayo Clinic
Residency: University of Virginia Fellowship: University of Pennsylvania

Zachary M. Soler, M.D., M.Sc.
Assistant Professor
M.D.: Wake Forest University
Residency: Oregon Health and Science University Fellowship: Harvard Medical School

**Research**

Judy R. Dubno, Ph.D.
Professor, Director, MUSC Hearing Research Program
Ph.D.: City University of New York

Jayne B. Ahlstrom, M.S.
Instructor
MUSC Hearing Research Program
M.S.: Vanderbilt University

Mark A. Eckert, Ph.D.
Associate Professor
MUSC Hearing Research Program
Ph.D.: University of Florida

Shaun A. Nguyen, M.D., M.A., CPI
Associate Professor
Director, Clinical Research MD & Residency: University College London Fellowship: MUSC

M. Rita I. Young, Ph.D.
Professor
Head and Neck Research
Associate Director for Research, Ralph H. Johnson VA Medical Center

Kelly C. Harris, Ph.D.
Assistant Professor
MUSC Hearing Research Program
Ph.D.: University at Buffalo

Lois J. Matthews, M.S.
Instructor
MUSC Hearing Research Program
M.S.: Purdue University

Jennifer K. Mulligan, Ph.D.
Assistant Professor
Rhinology & Sinus Surgery
Ph.D.: MUSC

Judy R. Dubno, Ph.D.
Professor, Director, MUSC Hearing Research Program
Ph.D.: City University of New York
Upcoming CME Events

14th Annual Charleston Magnolia Conference
May 30 - 31, 2014  Charleston Marriott
Two half-day sessions covering the broad spectrum of Otolaryngology - Head & Neck Surgery for practicing otolaryngologists.

The Charleston Course
4th Annual Otolaryngology Literature Update Course
July 11 - 13, 2014  Kiawah Island Resort
Designed to help the busy clinician stay current with our faculty members’ expert critical assessments of over 100 of the past year’s most relevant, current evidence-based publications.

F. Johnson Putney Lectureship in Head & Neck Cancer
November 7, 2014
This half-day conference will discuss multidisciplinary management of oral cavity tumors, in accordance with national cancer institute guidelines and evidence-based literature.

Coming in 2015

Charleston Sleep Surgery Symposium
February 2015
Lectures, round table discussions, and hands-on labs focused on procedures for snoring and sleep disordered breathing. For practicing otolaryngologists.

Pediatric ENT Update
March 7, 2015
A comprehensive update for the pediatrician, family practitioner, and otolaryngologist on pediatric ENT diagnoses and dilemmas.

Temporal Bone Dissection Course
April 2015  MUSC Campus
Lectures and hands-on labs focused on procedures for chronic ear disease.

For course registration or more information contact:
Beth Cummings (843) 876-0943, mansfiee@musc.edu
Website: ent.musc.edu