Department of Otolaryngology and Communication Sciences
DEPARTMENT OF OTOLARYNGOLOGY AND COMMUNICATION SCIENCES

John S. Rhee, MD, MPH
John C. Koss Professor and Chair
Brad Schiereck
Administrator

DIVISION OF COMMUNICATION SCIENCES
Center for Communication and Swallowing Disorders
Koss Hearing and Balance Center
Christina L. Runge, PhD, Chief
Koss Cochlear Implant Program
Christina L. Runge, PhD, Director
David R. Friedland, MD, PhD
Medical Director

DIVISION OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
Sachin S. Pawar, MD, Chief
John S. Rhee, MD, MPH

DIVISION OF COMPREHENSIVE OTOLARYNGOLOGY
Christopher M. Long, MD, Chief
Satish Kodali, MD
Alexander A. Romashko, MD
Jessica E. Southwood, MD

DIVISION OF HEAD AND NECK SURGICAL ONCOLOGY AND RECONSTRUCTION
Michael E. Stadler, MD, Chief
Bruce H. Campbell, MD, FACS
Becky L. Massey, MD
Joseph Zenga, MD

DIVISION OF LARYNGOLOGY AND PROFESSIONAL VOICE
Joel H. Blumin, MD, FACS, Chief
Jonathan M. Bock, MD, FACS
Nikki Johnston, PhD

DIVISION OF ORAL AND MAXILLOFACIAL SURGERY
Carolyn Brookes, DMD, MD
Interim Chief
Gonzalo Sader, DDS, MSD

DIVISION OF OTOLOGY AND NEUROTOLOGIC SKULL-BASE SURGERY
David R. Friedland, MD, PhD
Vice-Chair and Chief
Michael S. Harris, MD
Steven A. Harvey, MD, FACS
Christina L. Runge, PhD

DIVISION OF PEDIATRIC OTOLARYNGOLOGY
Cecille G. Sulman, MD, Chief
David J. Beste, MD
Robert H. Chun, MD
Stephen F. Conley, MD, FAAP, FACS
Valerie A. Flanary, MD, FACS
Charles J. Harkins, MD, FACS
Wenzhou Hong, DVM, PhD
Nikki Johnston, PhD
Joseph E. Kerschner, MD, FAAP, FACS
Dean, School of Medicine, Provost, and Executive Vice President
Medical College of Wisconsin
Timothy J. Martin, MD
Michael E. McCormick, MD
Thomas C. Robey, MD
Associate Residency Program Director
Sophie Shay, MD

DIVISION OF RHINOLOGY AND SINUS SURGERY
David M. Poetker, MD, MA, Chief
Residency Program Director
Todd A. Loehrl, MD
Jessica E. Southwood, MD

DIVISION OF SLEEP MEDICINE
B. Tucker Woodson, MD, FACS, Chief
Cecille G. Sulman, MD

ADVANCED PRACTICE PROVIDERS
Kristina Keppel, DNP, APNP
Helen Kim, MSN, APNP
Roxanne Link, MSN, APNP
Laura Musolf, MSN, CPNP
Laurie Newton, MSN, APNP
Maria Park, PA-C
Sharon Schroeder, MSN, APNP
Jennifer Seider, FNP-BC, APNP
Rachel Stephenson, MS, APNP
Michelle Trampe, MSN, CPNP
Mai X. Vang, DNP, FNP-BC, APNP
Mark Vukovich, MSN, APNP
Mary Wiesen, MSN, APNP

Department of Otolaryngology and Communication Sciences
8701 Watertown Plank Road
Milwaukee, WI 53226

414-955-0834
www.mcw.edu/ent

Medical College of Wisconsin
A Message from Dr. John Rhee

In 2018, the Medical College of Wisconsin’s (MCW) program in otolaryngology and communication sciences reached an historic milestone: celebrating 20 years as a fully independent department.

The contributions that led to this achievement began many decades earlier.

The field of otolaryngology has been an official part of academic medicine in the Milwaukee area since the Wisconsin College of Physicians and Surgeons and the Milwaukee Medical College merged to become the Marquette University

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**MILESTONES IN THE WORLD AND AT MCW**

- **1896**
  American Academy of Ophthalmology and Otolaryngology (AAOO) is founded.

- **1902**
  First electric hearing aid is invented.

- **1913**
  Otolaryngology division of the Marquette University School of Medicine’s department of surgery is established. Franz Pfister, MD, is named its first chief.

- **1914–1918**
  World War I is waged. The horrific impact of this “industrial war” is heightened by the ferocious and repetitive noise in battle that affects hearing and related well-being.

- **1924**
  American Board of Otolaryngology is established.
School of Medicine in 1913.\(^1\) Similar to most otolaryngology programs nationwide, ours began as a division of the department of surgery.

Several decades later, in 1946, division leaders began a community-based residency program driven by volunteer faculty. In fact, the residency program could not have survived had it not been for teaching provided by community volunteer and part-time faculty. Until the early 1990s, up to nine local otolaryngologists staffed surgery at the Veterans Administration (VA) Medical Center. Similarly, volunteers staffed surgery during the first few years after Froedtert Hospital opened until enough full-time faculty were recruited to cover all of the patient care needs and sub-specialties. All teaching and clinical care activities at Milwaukee Children’s Hospital (now Children’s Hospital of Wisconsin) were done by community otolaryngologists until the recruitment of David Beste, MD ’79, GME ’84, the first full-time pediatric otolaryngologist, in 1987.

Over the years, our division progressed steadily in terms of patient care, education and research. In 1998, under the leadership of P. Ashley Wackym, MD, the division of otolaryngology and human communication became the department of otolaryngology and communication sciences.

This critical milestone marked a significant leap in leadership’s ability to strategically shape the subsequent 20 years — and I continue to be astounded by our department’s rapid transformation and achievement of sustainability during that time.

**Growth Parallels Expansion of Partner Institutions**

In many ways, our transformation coincides with the evolution of the Milwaukee Regional Medical Center (MRMC).

In the early years of our residency program, clinical experience took place primarily at the Wood VA Hospital (now known as the Clement J. Zablocki VA Medical Center), and then at the Milwaukee County General Hospital.

With the opening of Froedtert Hospital in 1980, we gained another site for treating patients and educating residents. Initially, Froedtert and the County Hospital were adjacent to one another and were eventually connected by a tunnel. For a time, the clinics were in the County Hospital building, while the inpatient beds and operating rooms were in Froedtert Hospital, and the teams had to circulate back and forth to complete their clinical duties.

In 1995, when Froedtert bought the assets of the County Hospital, Froedtert’s services expanded throughout the campus and community. Today, the Froedtert & the Medical College of Wisconsin health network spans eastern Wisconsin, with five hospitals and nearly 40 health centers and clinics.

\(^1\) In 1967, Marquette terminated its sponsorship of the Medical School, and in 1970, the private freestanding Medical School was renamed the Medical College of Wisconsin.
The growth of our adult clinical otolaryngology practice has paralleled that of Froedtert, and now comprises a full-time faculty of 15 fellowship-trained specialists, three comprehensive otolaryngologists and two maxillofacial surgeons.

Concurrently, our otolaryngology service has been meeting the needs of pediatric patients for many years. By 1969, we were providing year-round otolaryngology resident coverage to Milwaukee Children’s Hospital (since 1985 known as Children’s Hospital of Wisconsin). In 1988, the hospital moved to the MRMC and, over time, significantly expanded its footprint.

Our division of pediatric otolaryngology has expanded alongside Children’s Hospital. Our pediatric faculty has grown from one fellowship-trained specialist in 1987 to 11 full-time faculty today—positioning us as one of the largest groups of such pediatric specialists in the nation.

A Culture of Character and Collegiality

As I reflect on the past and look to the future, I am grateful for the individuals who were instrumental in developing our otolaryngology program into one of the nation’s largest. And I am proud of our department’s leadership and excellence in education, patient care, research and community engagement.

Over the past 20 years, our full-time faculty has grown from 10 individuals to 32, representing all facets of the specialty. These physicians are nationally and internationally recognized as leaders in otolaryngology as well as in their respective subspecialties. Our department now includes a division of oral and maxillofacial surgery, and we have a robust program of research, receiving almost $4 million of external funding annually.

Each year, the Medical College of Wisconsin bestows the Distinguished Service Award, MCW’s highest faculty and staff honor, to a maximum of three individuals who have demonstrated outstanding service to their profession, who have achieved exceptional personal distinction and, in turn, who have brought prestige to the institution.

In recognition of their renowned contributions, the following otolaryngology faculty have received this honor: Robert J. Toohill, MD ’60 (2000); John S. Rhee, MD, MPH ’04 (2017); and Bruce H. Campbell, MD, GME ’85 (2018).

1980
Froedtert Hospital opens.

1986
Robert J. Toohill, MD ’60, begins his tenure as division chief. He will serve in the role through 1995.

1988
Division of otolaryngology is renamed the division of otolaryngology and human communication.

1988
Children’s Hospital of Wisconsin moved from its 17th Street and Wisconsin Avenue location to its current location adjacent to Froedtert Hospital and MCW.

1993
Program graduates 100th resident.

1995–1996
Thomas J. Haberkamp, MD, serves as interim division chief.

1986
Robert Chun, MD; David Beste, MD ’79, GME ’84
Grounded in the latest evidence-based clinical pathways and practice guidelines for patient assessment and treatment in our field, our residency training offers a comprehensive educational experience designed to build personal character as well as superior professional skills. Residents are not viewed as “workers or trainees,” rather, as colleagues and learners. Also, our large faculty-to-learner ratio ensures they are exposed to diverse philosophies and styles.

Advances in medicine have made interdisciplinary collaboration more important than ever, and we are working increasingly with MCW colleagues in other fields. For example, the number of our combined skull-base cases with the department of neurosurgery has expanded, and we perform more endoscopic, endonasal approaches to the pituitary than any hospital in the state. Further, our combined orbital surgeries with oculoplastic specialists is one of the busiest caseloads in the nation. MCW’s new Hub for Collaborative Medicine has enhanced our teamwork with other academic medical professionals by providing common areas to interact, sometimes spontaneously — prompting research inspiration, educational opportunities and enhanced patient care.

Within our department, we take pride in the collegiality demonstrated among physicians, advanced practice providers, other medical specialists, nurses and staff. We have long implemented a philosophy of recruiting individuals with great talent and cultivating an atmosphere of professional and personal development. As a result, we’ve experienced high retention and a collective culture of long-term thinking.

Our research efforts are thriving as we strive to expand the volume, diversity and complexity of clinical trials and other investigations. We have been a site for several international studies and continue to work with industry on cutting-edge research.

Finally, although we believe we have “arrived,” we will not rest on our laurels. We will continue to seek areas of differentiation in patient care, invest strategically in pockets of research excellence, innovate in our educational methods and more.
The department of otolaryngology and communication sciences at the Medical College of Wisconsin began as a division of the department of surgery in the Marquette University School of Medicine. In 1967, Marquette terminated its sponsorship of the Medical School, and in 1970, the private freestanding Medical School was renamed the Medical College of Wisconsin (MCW).

From 1913 to 1998, 12 physicians served as division chiefs of otolaryngology. Following the maturation of the division into an independent department in 1998, two individuals have served as chair.

**Time of Growth: 1966-1986**

The program and system changed significantly during the 1966-1986 tenure of Roger H. Lehman, MD, GME ’51, as division chief of otolaryngology at the Medical School. Dr. Lehman was a resident at the Veterans Administration (VA) Hospital and Milwaukee County General Hospital before joining the faculty in 1952, and became chief of the VA otolaryngology service and VA ophthalmology service shortly thereafter.

During his tenure, the VA built a new hospital, ophthalmology and otolaryngology split into two specialties, and the Medical School became a private freestanding institution and moved from the Marquette University campus to the Milwaukee Regional Medical Center campus.

County Hospital continued to grow, and Froedtert Hospital opened. With each transition, Dr. Lehman’s diligence laid the groundwork for subsequent expansion. The Roger H. Lehman, MD Lectureship was established in 1988 and is held annually to honor Dr. Lehman’s educational leadership. Dr. Lehman retired in 1993 and died in 2006.

**Further Expansion: 1986-1995**

Eight years after joining the division of otolaryngology as a full-time faculty member, Robert J. Toohill, MD ’60, began serving as division chief in 1986. During this period, the program added sub-specialty-focused full-time faculty, a balance center and a voice center; developed a new relationship with the Koss Corporation; constructed a temporal bone laboratory; made advances in quality assurance, continuing medical education and other documentation-rich activities; and grew in independence from the department of surgery. Also during this period, Children’s Hospital of Wisconsin moved to its current location on the campus of the Milwaukee Regional Medical Center.

Lauded for his clinical skills, leadership and work in building our current department, Dr. Toohill was recognized for his contributions to the field of otolaryngology and his gifts as a teacher and mentor with the establishment of the annual Robert J. Toohill Lecture. Dr. Toohill was still active in the department when he died in 2013.
Transformation: 1998-2010

With the recruitment of P. Ashley Wackym, MD, to MCW’s full-time faculty, the division of otolaryngology was granted department status and became the department of otolaryngology and communication sciences. It also was during this time that the John C. Koss Professorship in Otolaryngology and Communication Sciences was created.

Under Dr. Wackym’s leadership, the department grew exponentially, becoming the largest group of sub-specialty-trained otolaryngologists in Wisconsin. In the words of current department chair, Dr. John Rhee, “When Dr. Wackym shared his vision for our discipline at MCW and the potential we could achieve, there was no question that this was where I wanted to be. He was the architect of the transformation to our modern-day department.”

Advancement: 2011-Present

Since becoming the chair of the department in 2011, John S. Rhee, MD, MPH ’04, has propelled the department to a new level of maturity and a culture of greatness. While holding the departmental leadership position, he also has served MCW in multiple leadership roles: interim chair of the departments of dermatology and ophthalmology, interim chief executive officer of Medical College Physicians and interim senior associate dean-adult practice.

During Dr. Rhee’s tenure as chair of otolaryngology and communication sciences, the department’s full-time faculty roster has grown from 21 to 32 through recruitment of clinicians and researchers and practice acquisitions, maintaining MCW’s position as the largest group of otolaryngologists in the state and in the top-tier nationally in terms of size and quality rankings. MCW faculty and staff otolaryngologists now provide services at satellite clinics and affiliated hospitals throughout the area within the four “corners” of southeastern Wisconsin — from Kenosha to West Bend and Mequon to Delafield.

John S. Rhee, MD, MPH ’04, an NIH-funded investigator, holds specialty leadership positions including current chair of the Otolaryngology Residency Review Committee of the ACGME and president-elect of the American Board of Otolaryngology–Head and Neck Surgery, and is editor-in-chief of JAMA Facial Plastic Surgery.

Christina Runge, PhD; Dr. John Rhee; Sophie Shay, MD
Since 1946, we have prepared residents in otolaryngology–head and neck surgery for board certification and clinical practice. As medicine has evolved, our educational program also has transformed significantly to fully prepare residents to practice and develop advances for the needs of today and tomorrow. Throughout the years, our overarching goal has endured: to develop residents into well-rounded clinicians who practice evidence-based medicine, exhibit high-quality surgical skills, and serve as future leaders, researchers and educators in our field.

Affiliations
Together with our top-tier partner institutions, we provide residents with access to a wide scope of patient populations, opportunities to pursue advanced career interests, state-of-the-art technology and more. Our residency program has been fortunate to provide quality well-rounded hospital experiences since its inception.

In the program’s early years, clinical experiences occurred primarily at the Wood Veterans Administration (VA) Hospital (now known as the Clement J. Zablocki VA Medical Center), and at the Milwaukee County General Hospital. Residents gained pediatric experience at Milwaukee Children’s Hospital (now known as Children’s Hospital of Wisconsin). In 1980, Froedtert Hospital opened — providing another training site. Other hospital affiliations have included St. Luke’s Hospital (1969–2001), the Gunderson Clinic (early 1990s) and the Marshfield Clinic (2010). In 2018, Froedtert & the Medical College of Wisconsin’s Community Memorial Hospital was added as a training site.

Practicalities
Changes in campus locations (from downtown Milwaukee to today’s Milwaukee Regional Medical Center) and hospital affiliations enabled our program to expand; we were graduating three to four residents by the mid-1960s. Our residency program was traditionally a “2-3 program” (two years of general surgery and surgical specialty rotations followed by three years of otolaryngology); it later became a “1-4 program” and then, in 2010, a five-year program in otolaryngology. Since 2016, first-year residents spend six months on otolaryngology services.
Despite an adjustment in program intensity when the Accreditation Council for Graduate Medical Education (ACGME) mandated an 80-hour work week in 2003, residents continue to receive top-level education through abundant and diverse clinical and academic experiences. Innovative rotations and teaching venues have shed light on new ways to impart essential information to our learners as they prepare for the rapidly evolving medical profession.

**Volunteers**
In the early years of our residency program, faculty members were primarily volunteers. Roger H. Lehman, MD, GME ’51, a full-time employee of the VA Medical Center, served as program director. He led both the ophthalmology and otolaryngology residencies for a time. He also depended on a cadre of local otolaryngologists — largely unpaid — to teach the residents, as he had a limited clinical practice. Robert J. Toohill, MD ’60, was a part-time volunteer who became a full-time faculty member in 1978.

James Duncavage, MD, GME ’80, joined the faculty in 1981, and built a strong collaborative interest in laser surgery. In 1986 and 1987, the division added three fellowship-trained faculty members (pediatric otolaryngology, otology and head/neck). The hands-on role of the volunteer faculty members declined after that, as the new full-time faculty assumed roles in teaching, clinical care and research.

**Curriculum**
Historically, residents rotated on the clinical service, participated in Grand Rounds and morbidity and mortality (M&M) conferences, and attended other lectures as scheduled.

Through the years, however, the curriculum has evolved greatly in breadth and depth. Today, in addition to clinical rotations, Grand Rounds and M&M conferences, residents participate in an intense research curriculum, core curriculum and sub-specialty conferences; engage in patient safety and quality improvement projects; and learn the “business of medicine.” Standardized training includes innovative simulation courses in bronchoscopy, tracheoscopy and ear tube placement, along with state-of-the-art facilities that offer hands-on experience in temporal bone drilling and cadaver dissection.

**Global Outreach**
Through MCW’s Office of Global Health, otolaryngology residents experience and improve healthcare worldwide. Department alumni, faculty and residents have engaged in various global health initiatives — including educational, often life-changing, experiences in Kenya, Peru, India, West Africa and the Philippines.

“The most gratifying part of mission work is the unconditional appreciation from our patients and their families. We have been given the opportunity to truly change the lives of people who otherwise would never receive care.”
— Chris Long, MD ’96, GME ’01
Today and Tomorrow

Faculty in the department of otolaryngology and communication sciences, mindful that residents remain the frontline laborers in an ever-changing healthcare environment, provide residents with a high-quality education in an academic setting while also recognizing their individual needs.

Faculty and residents work to provide exceptional patient care as clinical services continue to expand. Satellite clinics provide a diverse patient population, enhancing residents’ experience and knowledge.

Current advances to engage Millennial and Gen Z learners include innovative design with flipped classrooms and an e-learning curriculum to enhance residents’ independent self-study skills; preparation for lifelong learning, self-discipline and time management abilities; and a lifetime of well-being curriculum to advance wellness and professional development.

Our Residency Program Aims

• Develop residents into well-rounded clinicians who practice evidence-based medicine and exhibit high-quality surgical skills in all areas of otolaryngology.

• Prepare future leaders, researchers and educators in otolaryngology.

• Provide and support a training experience that will allow graduates to choose their own specialty career paths.

• Establish an environment committed to promoting a healthy work-life balance and lifelong learning.

The number of MCW resident alumni who are current faculty members in the MCW department of otolaryngology and communication sciences.

12
MCW Otolaryngology Resident Alumni

1949
Clair Flanagan, MD
Howard Morter, MD

1950
Charles Finn, MD

1951
Roger Lehman, MD

1953
John Russell, MD

1955
Richard Fogle, MD

1958
Harry McGee, MD

1959
Edward Kronschnabel, MD

1961
Patrick Noonan, MD

1962
Thomas Grossman, MD

1963
Jerome O’Hearn, MD

1964
G. Wallace Johansen, MD

1965
Lawrence Flanary, MD

1966
Donald Blatnik, MD
Marvin Collentine, MD
Jerome Veranth, MD

1967
Ronald Darling, MD
S. Fredric Horwitz, MD
Neiland Olson, MD

1968
Ronald Kornak, MD
John Stageman, MD

1969
Roland Geretti, MD
Robert Lelonek, MD
Lewis Newburg, MD
Gerald Schmitz, MD

1970
Thomas Belson, MD
James Christian, MD, DDS
Christopher Hiatt, MD

1971
James Jarrett, MD
Duane Mayhew, MD

1972
Eric Friedrich, MD
Alexander Locke, MD
Bruce McClelland, MD

1973
Gregory Chan, MD
Thomas Kidder, MD
Ruben Romero, MD
Gordon Thomas, MD

1974
Robert Bonneau, MD
William Darling, MD
James Furstoss, MD

1975
James Frisk, MD
Robert Teplin, MD
Richard Titulaer, MD

1976
S. Thomas Donovan, MD
John Kurtin, MD
D. Richard Martinelli, MD

1977
Michael Janowak, MD
Harvey Kleiner, MD
William Prudlow, MD
Roger Traxel, MD

1978
John Thomas, MD
Donald Stageman, MD
Roberta Case, MD
Steven Milien, MD

1979
James Chermak, MD
Vicki Prell, MD

1980
James Barton, MD
James Duncavage, MD
Martin Samuel, MD, DDS

1981
Susan Chobanian, MD
Kraig McGee, MD
James Nagle, MD

1982
Benjamin Ellenbogen, MD
Thomas Gerber, MD
Richard Grunke, MD
Willard Michalski, MD

^ Deceased

SLEEP MEDICINE FELLOWSHIP

Established in 2006, this one-year program provides comprehensive, academically stimulating, multidisciplinary training in adult and pediatric sleep medicine and surgery.
Eligible applicants are physicians who have completed training and are board-eligible/certified in otolaryngology, internal medicine, family medicine, neurology, pediatrics, anesthesiology or psychiatry.

When accredited by the ACGME, the Sleep Medicine Fellowship was the only such program in the nation housed within otolaryngology. In 2013, it became part of the department of medicine; otolaryngologist B. Tucker Woodson, MD, and pediatric otolaryngologist Cecille Sulman, MD, remain actively involved in leading the program.
PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP

This fellowship, offered through the Medical College of Wisconsin Affiliated Hospitals, Inc. and Children’s Hospital of Wisconsin, provides access to a comprehensive variety of cases and a robust clinical and operative education in all areas of pediatric otolaryngology. Fellows are mentored by 11 pediatric otolaryngologists, three neurotologists, a laryngologist and a facial plastic surgeon. Current program director, Robert Chun, MD, succeeded the fellowship’s inaugural director, Cecille Sulman, MD, chief of the division of pediatric otolaryngology.

Pediatric otolaryngology fellows include:

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<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
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<tbody>
<tr>
<td>1983</td>
<td>Dennis Feider, MD</td>
<td>1983</td>
<td>Patrick Kane, MD</td>
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<tr>
<td></td>
<td>Gary Ketter, MD</td>
<td></td>
<td>James Severson, MD</td>
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<td>1984</td>
<td>David Beste, MD</td>
<td>1984</td>
<td>Jan Hobbs, MD</td>
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<td>Kenneth Russo, MD</td>
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<td>John Faria, MD</td>
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<td>1985</td>
<td>Bruce Campbell, MD</td>
<td>1985</td>
<td>Ronald Chock, MD</td>
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<td></td>
<td>Greg Carl, MD</td>
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<td>Stacie Gregory, MD</td>
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<td>1986</td>
<td>Bruce Dennison, MD</td>
<td>1986</td>
<td>Peter Medved, MD</td>
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<td>Gretchen Durkin, MD</td>
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<td>Minyoung Jang, MD</td>
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<td>1987</td>
<td>Terri Chipman, MD</td>
<td>1987</td>
<td>Leonard Piazza, MD</td>
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<td></td>
<td>Mark Kita, MD</td>
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<td>John Plummer, MD</td>
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<td>1988</td>
<td>Charles Harkins, MD</td>
<td>1988</td>
<td>Shawn Shianna, MD</td>
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<td></td>
<td>Frederic Schmidt, MD</td>
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<td>Tanya Meyer, MD</td>
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<td>1989</td>
<td>Andrew Mikaelian, MD</td>
<td>1989</td>
<td>Steven Reich, MD</td>
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<td></td>
<td>Patrick Plummer, MD</td>
<td></td>
<td>Michael Dixon, MD</td>
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<tr>
<td>1990</td>
<td>David Cheng, MD</td>
<td>1990</td>
<td>Merry Sebelik, MD</td>
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<tr>
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<td>Steven Harvey, MD*</td>
<td></td>
<td>David Wahle, MD</td>
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<tr>
<td>1991</td>
<td>Robert Kany, MD</td>
<td>1991</td>
<td>Casey Flanary, MD</td>
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<td>James Schemmel, MD</td>
<td>1991</td>
<td>Edward Kass, MD</td>
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<tr>
<td>1992</td>
<td>Mary Milbrath, MD</td>
<td>1992</td>
<td>Steven Reich, MD</td>
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<td></td>
<td>Stephen Schaefer, MD</td>
<td></td>
<td>Michael Dixon, MD</td>
</tr>
<tr>
<td>1993</td>
<td>Davor Sklizovic, MD</td>
<td>1993</td>
<td>David Wahle, MD</td>
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* Current MCW faculty member
DEVELOPMENT OF FUTURE LEADERS

2006
Ricardo Cristobal, MD, PhD
Rebecca Golgert, MD
David Poetker, MD, MA*

2007
Sandra Ettema, MD, PhD
Timothy Martin, MD* Matthew Ubell, MD

2008
Jonathan Grant, MD
Brent Metts, MD, PhD
Jeffrey Tseng, MD

2009
Arunkumar Badi, MD, PhD
Christopher Cederberg, MD
Nima Shemirani, MD

2010
David Hartemink, MD
Ericka King, MD
Brian McMullin, MD^*^

2011
Kenny B. Carter, Jr., MD
Nidhi Gupta, MD
John Nash, MD

2012
Susan Fulmer, MD
Sung-Won Kim, MD
Sachin Pawar, MD*

2013
Opeyemi Daramola, MD
Kelli Rudman, MD
Matthew Sitton, MD

2014
Daniel Cannon, MD
Luke Jakubowski, MD
Elizabeth Kelly, MD

2015
Brent Nichols, MD
Timothy Stoddard, MD
Corbin Sullivan, MD

2016
Craig Hoekzema, MD
Mallory O’Niel, MD
Ruchin Patel, MD

2017
Jad Jabbour, MD
Jessica Southwood, MD* Justin Yan, MD

2018
Kevin Casey, MD
David Linn, MD
Kendra Luebke, MD

CURRENT RESIDENTS

2019
Karl Doerfer, MD
Ryan Little, MD
Derek Vanhille, MD

2020
Miranda Colletta, MD
Rachel Fee, MD
Matthew Partain, MD

2021
David Campbell, MD
Mana Espahbodi, MD
Hillary Newsome, MD

2022
Lauren North, MD
Ryan Puccia, MD
Axel Shum, MD

2023
Kenneth Akakpo, MD
Kaleigh Stabenau, MD
Adam Thompson-Harvey, MD

^ Deceased
* Current MCW faculty member

Faculty, pediatric otolaryngology fellow, and residents
LEADING PATIENT CARE AND RESEARCH

The department of otolaryngology and communication sciences has eight divisions comprising 32 full-time faculty, along with advanced practice providers and staff, who provide innovative sub-specialty care to patients and undertake research that is moving diagnosis and treatment forward.

Comprehensive Otolaryngology
Physicians in this division have a wide range of interests across the otolaryngology spectrum and treat adults and children with a broad arsenal of medical and surgical options — including complex sinus and skull-base surgery, ear and hearing disease treatments, protocols to address head and neck malignancies, ear tubes and tonsillectomies. During the 2017–2018 academic year, we logged nearly 7,000 patient visits at eight sites throughout southeastern Wisconsin.

Facial Plastic and Reconstructive Surgery
This division’s physicians are double board-certified in facial plastic and reconstructive surgery and otolaryngology–head and neck surgery, and provide the full spectrum of reconstructive and cosmetic facial plastic surgery services for adult and pediatric patients.

These services include reconstruction following skin cancer, management of facial trauma, surgery for nasal airway obstruction, facial reanimation procedures for facial paralysis, scar revision, and surgical and non-surgical facial rejuvenation procedures such as cosmetic injectables (neuromodulators and fillers), laser resurfacing, rhinoplasty, eyelid surgery and face/neck lift surgery.

NIH-funded research being explored by this division’s faculty is described on page 27.

As chief medical officer for the Medical College Physicians (MCP) regional partnerships since 2016, Satish Kodali, MD, ’93, GME ’98, is responsible for developing and maintaining partnerships/joint ventures among MCP and other health systems, practices and hospitals throughout Wisconsin.

Christopher M. Long, MD ’96, GME ’01, chief
Satish Kodali, MD ’93, GME ’98
Alexander A. Romashko, MD
Sachin S. Pawar, MD ’07, GME ’12, chief
John S. Rhee, MD, MPH ’04, chair

Sachin S. Pawar, MD ’07, GME ’12, is one of a small cadre of US surgeons who perform ear reconstruction using a porous polyethylene implant (Medpor) for children born with microtia. He also has introduced non-surgical ear molding as a treatment for newborns with congenital ear deformities.
Head and Neck Surgical Oncology and Reconstruction

Physicians in this division offer care to patients with head and neck cancers, from diagnosis through long-term survivorship, helping position the division as a leader in the region in head and neck cancer surgical volumes (including salivary gland, thyroid/parathyroid and neck diseases) and clinical trial enrollment. The division continues to expand its clinical and research affiliations/partnerships with the dermatology and neurosurgery departments for advanced cutaneous and craniofacial malignancies.

The division’s physicians work with colleagues in radiation oncology and medical oncology, and are national leaders in head and neck cancer multi-center clinical trial enrollment. We offer high-quality minimally invasive treatment options, in part as a result of having participated in national trials for robotic and laser surgery for human papillomavirus-related oropharyngeal cancers.

Our surgeons have ablative and microvascular reconstructive skills, work with large clinical databases, and serve in leadership roles in administration, medical education and patient safety and quality. They also remain highly active in the American Academy of Otolaryngology–Head and Neck Surgery Foundation and the American Head and Neck Society.

“Every medical school hopes its graduates will be good listeners. Good listeners make better caregivers.”
— Bruce H. Campbell, MD, GME ’85
Laryngology and Professional Voice

Physicians in this division deliver the full spectrum of services under the laryngology umbrella, including care of the voice, neurolaryngology, bronchoesophagology and laryngeal oncology. Our professional voice program is a joint effort with expert speech-language pathologists from the Froedtert & the Medical College of Wisconsin health network. Most voice patients are seen and managed in a state-of-the-art interdisciplinary clinic.

Physicians perform a full range of in-office procedures, including stroboscopy, endoscopic laser procedures, pH-impedance monitoring and a wide variety of laryngeal or airway injections.

The division’s research portfolio includes studies of clinical treatment of laryngopharyngeal reflux, laryngeal dystonia, airway stenosis, and voice and swallowing disorders. Our practitioners also focus on the research of epithelial defense, including laryngopharyngeal reflux and laryngotracheal stenosis.

Dr. Jonathan Bock is the lead singer in the acoustic powerpop band, Bockenplautz, which performs throughout the metropolitan Milwaukee area.
Otology and Neurotologic Skull-Base Surgery

Including three board-certified neurotologists and an auditory PhD scientist, this division provides the full spectrum of otologic and neurotologic care, has a robust research program and comprises one of the largest cochlear implant centers in the Midwest. We perform approximately 150 cochlear implants annually and follow nearly 2,000 adults and children implanted by MCW surgeons over the past 20 years.

We provide full skull-base tumor care — as our surgeons employ all lateral skull-base surgical approaches as well as administer stereotactic radiosurgery treatments. Our research program includes active investigations into vestibular disorders, cognition and hearing loss, novel cochlear implant programming algorithms, genetics of hearing loss and innovative intraoperative electrophysiological measures to improve cochlear implant outcomes.

In addition to her departmental responsibilities, Christina L. Runge, PhD, is MCW’s senior associate dean for faculty affairs — a role in which she leads the planning, recruitment, development, engagement, mentoring and retention of faculty.

Meet Pam. While she’s always been an active, vibrant, social person, hearing impairment took its toll on her quality of life. Today, thanks to the Koss Cochlear Implant team, her ability to travel, engage with her family and listen to music has been restored.

“For all practical purposes, I think of myself as having normal hearing,” she says. “I no longer think of myself as deaf or being hard-of-hearing. I can hear my grandchildren. I can talk to them on the phone,” Pam adds. And when they protest that she doesn’t text, she tells them, “It took 34 years for me to hear you on the phone. I’m not texting — talk to me! Being able to call anybody and everybody...makes me more independent....This is way better than I expected, beyond my wildest dreams.”
Pediatric Otolaryngology
Our pediatric otolaryngologists are passionate about improving the quality of care for children and are currently involved in nearly 30 research projects, including those related to clinical outcomes in children with respect to vocal fold paralysis, sleep apnea, vascular anomalies, tracheostomy care and laryngomalacia.

Focusing on evidence- and practice-based guidelines, our physicians have completed 18 quality projects — some in partnership with MCW specialists in emergency medicine, imaging, neonatal and pediatric intensive care, hematology, gastroenterology and anesthesiology.

MCW pediatric otolaryngologists see approximately 28,000 patients a year and perform nearly 6,000 surgeries annually.
Rhinology and Sinus Surgery
This division continues to grow clinically, academically and collaboratively with colleagues in other MCW disciplines. Our combined skull-base cases with neurosurgery have grown in volume, and we perform more endoscopic, endonasal approaches to the pituitary than any hospital in the state. Further, our combined orbital surgeries with oculoplastic specialists is one of the busiest caseloads in the nation.

Our research includes both clinical trials and clinical research. We have been a site for several international studies and continue to work with industry on cutting-edge research.

Sleep Medicine
Physicians in this division are dedicated to the comprehensive care of adult and pediatric patients with sleep disorders, as well as the development of a preeminent research and teaching program. They provide patient evaluation and management, and medical and/or surgical treatment of snoring, sleep apnea and upper airway disorders.

Division leader and world-renowned otolaryngologist and surgical sleep specialist, B. Tucker Woodson, MD, also directs the Froedtert & MCW multidisciplinary sleep disorders program. He is researching new surgical treatments for obstructive sleep apnea and was one of the first US surgeons to use hypoglossal nerve stimulation to treat the condition.
The practice of otolaryngology at the Medical College of Wisconsin (MCW) has a long and proud history that began in 1913. By the middle of the century, as a division under general surgery, pioneers such as Roger H. Lehman, MD, GME '51, and Robert J. Toohill, MD '60, advanced the field, expanded the diseases addressed and surgeries performed by ENTs, promoted research and trained the next generation of otolaryngologists.

With this legacy of excellence, our department was founded 20 years ago. Building on the traditions of our predecessors, we have effected a transformation of size, programmatic diversity and quality that could only be dreamed of in 1998.

Today, as one of the few programs in the nation with fellowship expertise in every sub-specialty of the field, our department retains a collegial and cooperative atmosphere that enhances our ability to advance our discipline. The following are areas of current research focus by our faculty.

**OTO Clinomics**

Medical practice is undergoing a dramatic shift from focusing on populations — a central tenet of evidence-based medicine — to focusing on the individual patient. Medicine continues to demonstrate that even seemingly straightforward conditions can present and respond quite differently from person to person. Indeed, science now affords us an opportunity to identify unique factors in an individual that may better inform treatment options.

To that end, MCW has been on the forefront of genomics and personalized care, as demonstrated by investment in the MCW Genomic Sciences and Precision Medicine Center (GSPMC) — which has its roots in the launch of the Human Genome Project and the 1999 founding of the MCW Human and Molecular Genetics Center. In partnership with the GSPMC, our department is exploring unique predictors of disease behavior and response to treatment — ultimately enabling us to create person-specific guidelines for the management of common ear, nose and throat disorders.

Our principal goal for OTO Clinomics is to bring precision medicine to the field of otolaryngology by establishing a department-wide platform for collecting and analyzing demographic, biologic, physiologic, radiographic and disease-related data. In mid-2018, our faculty reviewed our research and

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**OTO Clinomics Vision Statement:** Every person deserves compassionate and quality healthcare personalized to the individual’s unique symptoms and biology.

**OTO Clinomics Mission Statement:** We support our clinical mission of providing the best healthcare possible by striving for excellence, measuring our outcomes, searching for knowledge, and educating the current and next generation of medical providers.
quality mission and created a five-year plan for this endeavor, which will include applying new ways to document medical visits and acquire comprehensive clinical data from all patients we see.

Areas of precision medicine to be explored include genetics, epigenetics, microbiomics, pharmacogenetics and radiomics.

**Airway Reflux**
Proton pump inhibitor (PPI) therapy — currently the mainstay of treatment for gastroesophageal reflux disease — has poor efficacy for the treatment of airway reflux, including laryngopharyngeal reflux (LPR). Combined multi-channel intraluminal impedance-pH monitoring (MII-pH) has represented a major advance in diagnosing airway reflux by its ability to detect reflux events independent of the pH of the refluxate. Data garnered through MII-pH technology has brought about a shift in perception of LPR and airway reflux, from a primarily acid-mediated disease to one that can be mediated significantly by non-acid components of reflux for which PPIs would not suffice.

Our lab, led by Nikki Johnston, PhD, has provided substantial evidence for a non-acid reflux contribution to inflammatory disease of the airway. We have correlated the presence of the gastric enzyme pepsin in tissue and lavages from various regions of diseased airways and demonstrated the molecular events through which pepsin causes inflammatory changes in these tissues independent of acid. This work is the basis for a paradigm shift, laying the foundation for current research into alternative diagnostics and therapeutics for LPR.

The promise of pepsin inhibitors and receptor antagonists as potential new therapeutics for LPR disease prompted us to develop a multi-disciplinary, multi-institutional team of investigators to discover therapeutic agents for airway reflux that specifically target pepsin. Our approach is designed to allow for testing of existing and new compounds *in vivo* for a critically needed medical therapy for airway reflux to lessen the economic and social burden of this disease.

“With our entire department involved in this effort, it is our goal to identify a personalized care platform that any otolaryngologist can employ in his or her practice. In addition to its ability to improve quality outcomes for our patients and take a lead in moving the field forward, our work in OTO Clinomics will offer residents opportunities to see precision medicine in action, take part in related research and quality projects, and incorporate it into their future practices.”

— David R. Friedland, MD, PhD
Genetic Hearing Loss
Congenital hearing loss is one of the most common impairments affecting infants and children, and early detection is critical to ensure optimal language development and avoid irreversible loss of language ability. Current newborn hearing screening programs are based on physiologic assessment of a neonate’s response to acoustic stimulation, but this functional test has limitations, including missing hearing loss from genetic causes that presents over time. The test also fails to provide etiological information that is vital to diagnosis, prevention of future hearing loss from environmental triggers and identification of this risk to new siblings.

Studies during the last several years have identified several genetic mutations that together account for greater than 50 percent of the cases of non-syndromic congenital hearing loss. Since babies with these mutations may not have any other anomalies, hearing loss often is missed.

Christina Runge, PhD, and her team of investigators have successfully implemented a clinical hearing screen panel consisting of the four most common genetic causes of hearing loss. Developing this in-house test has significantly reduced result turnaround time from 54 to 19 days. However, to avoid the need to outsource genetic testing when this panel is negative, we plan to develop a 157-gene panel for in-house testing. In addition to reducing a six-month turnaround time for results, intended benefits of this research include discovery of new genetic causes of hearing loss in children.

Head and Neck Cancer
Joseph Zenga, MD, and colleagues have been analyzing the National Cancer Database to understand predictive factors associated with oncologic outcomes for multiple cancer sites and histologies, including the surgical management of human papillomavirus-related oropharyngeal cancer and the indications for adjuvant therapy in intermediate-grade salivary cancers. Trends in these disease sites are moving toward de-escalation of therapies to improve functional outcomes while maintaining cancer cure rates.

Our work, using large national datasets, focuses on ensuring that oncologic control remains high in a real-world setting to ultimately optimize both quality of life and cancer cure. These hypothesis-generating investigations can provide preliminary evidence and momentum for future prospective trials.

Otitis Media
Otitis media is the most common diagnosis in pediatric patients who visit physicians for illness in the United States, and has been the focus of Joseph E. Kerschner, MD ’90, FEL ’98, for decades. In his lab — continuously funded by the NIH since 2001 — research has aimed to enhance understanding of the otitis media disease process by studying gel-forming mucins and middle ear mucosa inflammatory and immunologic events. In addition, cultured middle ear epithelial cells have been used to investigate the changes induced in mucoglycoprotein production and mucin gene production. Post-receptor signal transduction pathways related to cytokine stimulation are also being examined.
Dr. Kerschner’s groundbreaking research has garnered worldwide renown and propelled him into global leadership positions in this field, including his current role as the third president of the International Society for Otitis Media. Future studies aim to assess the impact of various attributes that link to the MUC5B gene and hearing loss in otitis media patients, and to explore the potential of novel interventions for otitis media treatment.

**Virtual Surgery Modeling**

Our research team, led by Guilherme Garcia, PhD, and John Rhee, MD, MPH ’04, is applying computational fluid dynamics (CFD) to quantify nasal airflow in health and disease. CFD technology is based on the solution of equations governing fluid flow and the creation of patient-specific 3D models of the nasal cavity. All the main physiological functions of the nose can be simulated, including airflow conductance, air conditioning (heating and humidification of inspired air), delivery of odorant molecules to the olfactory epithelium and deposition of aerosolized medications at target sites. Through a grant from the National Institute of Biomedical Imaging and Bioengineering, our team has compared airflow variables in healthy subjects and patients with nasal airway obstruction (NAO), and determined quantitative criteria for diagnosis of NAO.

An especially attractive aspect of CFD technology is the ability to perform virtual surgery, thereby predicting how surgical intervention will affect objective measures of nasal airflow. Our team has developed techniques to perform virtual septoplasty and virtual inferior turbinate reduction, and demonstrated that these computational models can help surgeons select the best procedure for a patient. We also have begun applying this technology to other upper airway diseases, particularly obstructive sleep apnea, seeking to better understand the pressure-flow relationship in collapsible airways and optimize surgical techniques for improvement. Future goals include working with commercial partners to develop a virtual surgery planning tool to make this technology available to clinicians.

Since 2014, the MCW department of otolaryngology and communication sciences has presented “Best Evidence ENT,” an accredited continuing medical education program to update practicing otolaryngologists and advanced practice providers on the latest evidence-based guidelines to provide value to medical care by improving outcomes and reducing cost. The program draws providers from across the nation.

“Best Evidence ENT 2019” will be held August 8-11 at The American Club in Kohler, Wisconsin. Featured faculty include M. Boyd Gillespie, MD, MSc, chair of the department of otolaryngology at the University of Tennessee Health Science Center in Memphis, endoscopic salivary surgeon and sleep specialist; and Sandra Lin, MD, GME ’99, an otolaryngic allergist and immunologist at Johns Hopkins Medicine. Learn more about the conference at www.bestevidenceENT.com.
Philanthropy invests in the power of human ingenuity and the ability to bring about meaningful transformation. Over the years, donors have enabled us to discover and deliver new treatments and cures; prepare physicians, healthcare and scientific leaders of the future; transform healthcare delivery and quality; and support community health improvement initiatives.

We are grateful to those who have given so graciously to the department of otolaryngology and communication sciences. Their generosity is a daily reminder that anything is possible, and that philanthropic support changes the lives of our patients and the department’s faculty, residents and students.

**John C. Koss Professorship in Otolaryngology and Communication Sciences**

The John C. Koss Professorship in Otolaryngology and Communication Sciences was created in 2000 by Koss Corporation founder John C. Koss, Sr., and the Koss Foundation. The Koss Corporation is the renowned maker of high-quality headphones, speakers and other music-listening accessories.

Begun with a $500,000 pledge, this endowment greatly expanded the Medical College of Wisconsin’s Cochlear Implant Program, as well as the footprint of our department. Funds also were used to establish the Koss Hearing and Balance Center to provide comprehensive research-based hearing services to patients of all ages.

**Robert J. Toohill, MD, Endowed Lectureship Fund**

Robert J. Toohill, MD ‘60, known as the epitome of what a mentor should be — thoughtful, tough and honest when the situation required, as well as incredibly kind and consoling when needed — served more than 35 years at the Medical College of Wisconsin (MCW). Dr. Toohill was widely regarded as a role model, encouraging those around him to be at their best and to keep each patient’s best interests at the forefront. Clinically, he left his mark by collaborating on ground-breaking research, providing outstanding patient care and interacting with otolaryngologists around the world.
In recognition of these contributions, the Robert J. Toohill, MD, Endowed Lectureship Fund was established in 2014. The Fund supports an annual visit by an accomplished clinician-scientist to provide a valuable and unique educational experience and to keep Dr. Toohill’s vision alive.

**Dr. and Mrs. Thomas M. Kidder Endowed Mentorship Fund**

Established in 2012, the Dr. and Mrs. Thomas M. Kidder Endowed Mentorship Fund provides opportunities to further science and advance the specialty by helping to educate students, residents and fellows to be tomorrow’s outstanding physicians. The Endowment funds events, courses and other educational functions imbued with the spirit of mentorship and physician development, and sponsors two mentorship awards presented at the annual otolaryngology graduation dinner.

At the time the Fund was created, **Tom Kidder, MD ’68, GME ’73**, had been closely associated with MCW for nearly 50 years. Known as an extraordinary physician, educator, humanitarian and caregiver who is compassionate and dedicated to otolaryngology and MCW, Dr. Kidder helped shape the evolution of the residency program through his wisdom and interest in delivering the best possible resident training.

**An Invitation**

Innovative discoveries depend on the generosity of others. Philanthropic gifts fund the research that sparks the ideas leading to knowledge and treatments that change lives and communities. Thank you in advance for considering a gift that will help further the work of the department of otolaryngology and communication sciences.

For more information and to make a gift, please contact Diann Fiscus at 414-955-0827 or dfiscus@mcw.edu.

Gifts to the department of otolaryngology and communication sciences, Medical College of Wisconsin, are tax-deductible as allowed by law.
We recognize and thank our affiliated institutions for their partnership.
ALUMNI

Our alumni are an extended part of our family. We are always interested in hearing from you. Please send your updates to bcampbell@mcw.edu or re-connect with fellow graduates at mcwengage.com, MCW’s new online community exclusively for alumni.

REFERRING PHYSICIANS

For consultation on a patient case, or to refer a patient, please call 414-805-3666.

AN INVITATION

Philanthropic gifts fund research leading to new knowledge and treatments that change lives and communities.

For more information and to make a gift, please contact Diann Fiscus at 414-955-0827 or dfiscus@mcw.edu.