Department of Otolaryngology

The Department of Otolaryngology-Head & Neck Surgery (http://oto.wustl.edu) at Washington University in St. Louis has a rich, 130-year history of leadership in our field that is built on the foundations of academic medicine: patient care, research, training and service. Our past leaders include luminaries in the field of otolaryngology such as John Blasdel Shapleigh, MD, Greenfield Sluder, MD, Lee Wallace Dean, MD, Theodore Walsh, MD, Joseph Ogura, MD, John Fredrickson, MD, Richard A. Chole, MD, PhD, and most recently Craig A. Buchman, MD, FACS. Even from our earliest days, prior to the inception of the McMillan Eye, Ear, Nose and Throat Hospital (circa 1943), excellence has been an integral part of the department's fabric. A look at former faculty and program graduates reveals many of the true innovators in our field. While we remain humbled by our beginnings and past achievements, we choose not to rest on our laurels. Rather, we aspire to further our commitment to improving patients' lives by leading our field and its clinical application.

Today more than ever, we are driven to provide the highest quality, cutting-edge patient care that is both safe and effective. Our Washington University physicians and team, together with our Honor Roll Award-winning hospital, Barnes-Jewish Hospital (U.S. News, 2015-16), are second to none in tackling the full spectrum of conditions involving the ear, nose, throat, head and neck. Our basic, translational and clinical research programs are remarkable, providing answers to a variety of relevant questions that build on our foundations of knowledge, lay the groundwork for future clinical trials, and provide cutting-edge patient solutions. Our educational programs for medical and graduate students, physicians in training, and established practitioners are committed to creating a culture of lifelong learning that firmly establishes our next generation of leaders in the field. Our residency program is highly rated by all metrics, providing balanced training across the clinical subspecialties and unique opportunities for growth and development as clinician scientists (T32 training grant) and educators. We are most proud that these activities are ongoing in a work culture that values collegiality, inclusiveness, diversity and mutual respect. The Department of Otolaryngology-Head & Neck Surgery at Washington University in St. Louis is a really outstanding place!

Today, these programs continue to work together to fulfill a shared mission to serve people with hearing loss.

Website: http://oto.wustl.edu

Degrees & Requirements

While the Department of Otolaryngology does not offer its own degree, some of the department's courses are open to students in the MD and MSTP (MD/PhD) programs. Further information about the MD and MSTP degrees can be found in the Degrees & Programs Offered (http://bulletin.wustl.edu/medicine/degrees) section of this Bulletin.

Otolaryngology Course Requirements

Otolaryngology is presented to students in the first-, second-, third- and fourth-year classes. Physical diagnosis skills are taught in the first year. Clinically oriented lectures and a physical diagnosis workshop are presented to second-year students. In the third year of the medical curriculum, four-week elective rotations on one of the services at Barnes-Jewish Hospital or St. Louis Children's Hospital are offered. During this period, there is teaching at the bedside, in the operating room and in the clinic, supplemented by daily afternoon lectures, Grand Rounds on Wednesdays, and an introduction to audiology.

Fourth-year students interested in ENT as a specialty may take a two- to four-week elective designed to give them exposure to patient care, both in the outpatient clinic and the operating room and postoperative setting. An additional four-week elective that provides comprehensive ambulatory experience is offered to students headed for primary care.

CID at Washington University School of Medicine

The consortium of graduate education, research and clinical programs known today as CID at Washington University School of Medicine was born out of the pioneering efforts of St. Louis physician Max Goldstein, MD. In 1914, he founded the Central Institute for the Deaf (CID), where doctors and teachers worked together to help deaf people. When CID's school building opened two years later, its auditory/oral methods for instructing deaf children were groundbreaking.

Washington University and CID first joined forces in 1931, when CID's established teacher training program became the first deaf education undergraduate program to affiliate with a university. Graduate programs in deaf education, audiology, and speech and hearing sciences soon followed.

CID's research efforts began in the 1930s to study the anatomy and science of hearing. During World War II, CID's research on hearing loss in military personnel laid the foundation for the field of audiology. CID also pioneered hearing testing and hearing aids and opened the country's first hearing aid clinic in 1941. In September 2003, a new affiliation transferred CID's graduate degree programs, research programs and adult audiology clinic, along with its building, to Washington University School of Medicine. The CID school continues to operate on the School of Medicine campus as CID — Central Institute for the Deaf.

Today, these programs continue to work together to fulfill a shared mission to serve people with hearing loss.
Research

M55 Oto 900

The type of research will depend upon the current phase of the research program in each laboratory. Students should contact the director of each laboratory to negotiate.

Pablo M Blazquez, PhD
East McDonnell Science Building
4566 Scott Avenue
Phone: 314-362-1013
Role of the vestibulo-cerebellum and its target nuclei in eye movement control and spatial orientation. We used a range of methodologies: single and multunit recordings, electrical brain stimulation, computational methods, pharmacology and behavioral studies. Our main lines of research are: 1) Signal transformations carried out by the the vestibulo-cerebellum during visual and vestibular stimulation. 2) Physiology of the vestibular nuclei. 3) Role of the cerebellum-brainstem loop in motor learning in the vestibulo-ocular reflex.

Students will be instructed in one or several techniques and are expected to contribute significantly to the development of specific lab projects.

Joel A. Goebel, MD, FACS
McMillan, 9th Floor
Phone: 314-362-7344
Clinical research testing of posture and ocular motor control. Projects include measurement of gaze stabilization during head movement, otolith input into dynamic subjective visual vertical measurements, computerized historical data screening for dizziness, and head-mounted vibrotactile balance prosthesis (BalCap). We welcome students to join these projects at any stage.

Judith E.C. Lieu, MD, MSPH
3S35 Children's Hospital; and McMillan, 9th Floor
Phone: 314-747-8205
Clinical Outcomes Research in Pediatric Otolaryngology. The Clinical Outcomes Research office performs clinical epidemiology and health services research. (Please reference the research elective offered by Dr. Jay Piccirillo in otolaryngology for more details.) These techniques and methodologies are used to investigate clinical problems seen in pediatric otolaryngology. Projects currently underway include the evaluation of quality of life of children with hearing loss, progression of hearing loss in children, and evaluation of unilateral hearing loss, use of functional connectivity MRI to investigate effects of hearing loss in children, and quality of life of parents whose young children have recurrent otitus media. Other projects of the student's choosing that would utilize these research techniques may also be pursued.

Kevin K. Ohlemiller, PhD
2205 Central Institute for the Deaf
Phone: 314-747-7179

Gene/environment interactions in cochlear injury. We study the interaction of genes and environment that increase cochlear injury due to noise and ototoxic exposure, with an emphasis on how these may yield apparent presbycusis. Because cochlear function and injury is the same in mice and humans, and governed by the same genes, we use mostly mouse models. Methods employed include standard ABR assessment and intra-cochlear recording, quantitative light microscopy, immunohistochemistry, and western blots. We also collaborate to map and perform expression profiling of genes that underlie traits we have discovered. We and our collaborators have identified specific genes and inbred strains of mice that mimic the three major forms of human presbycusis (sensory, neural and strial). Sensory presbycusis appears promoted by alleles and mutations that impair protective factors such as antioxidant enzymes, or that impair ion homeostasis. Neural presbycusis can be modeled by mutations that alter the function of cholinergic receptors. While we are not sure what types of genes and mutations can lead to strial presbycusis, we have discovered four mouse strains that show the key feature of this disease (age-related endocochlear potential reduction), and also show distinct types of strial pathology.

We have shown that some of the same gene alleles and mutations that promote presbycusis also promote cochlear noise injury. Such findings point to an interpretation of sensory presbycusis as principally cumulative injury. We have also published evidence for one or more QTLs that impact the qualitative character of noise injury. Important implications of our findings are (1) that there exists no single "mammalian" archetype of cochlear noise injury, and (2) that injury to the organ of Corti and lateral wall are mechanistically and genetically independent.

Our research is eminently adaptable in difficulty and scale to students' schedules and other requirements. Students may expect to learn the full range of methods we employ, including physiology, immunohistochemistry, histopathology, and cellular/molecular techniques.

Jay F. Piccirillo, MD
McMillan, 9th Floor
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The Clinical Outcomes Research Office of the Division of Research performs basic and applied clinical epidemiology and health services research. Clinical epidemiology is the study of the diagnosis, prognosis, and evaluation of treatment. Health service research is the study of the delivery of health care. The scientific methodology of clinical epidemiology is based on the architecture of clinical research, biostatistics and data processing. Current projects include studying the impact of comorbidities on treatment and outcome for patients with cancer. We also conduct research into the neurobiology, treatment and outcomes for patients with tinnitus. We also use smart-phone technology to capture ecological momentary assessment of tinnitus. Additional projects include exploiting neuroplasticity as
part of olfactory training for patients with anosmia. Using clinical epidemiology methodology, we can also study a variety of other diseases.

**Faculty**

**Department Head**
Craig A. Buchman, MD, FACS

Visit our website for more information about our faculty (http://oto.wustl.edu/About-Us/Faculty-Physicians) and their appointments.

**A**

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BA University of MO Kansas City 1968

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**B**

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**C**

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Lecturer in Otolaryngology
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PHD Russian U of Friendship of Ppl 2002

Jose Pedro Zevallos, MD, MPH
Dr Joseph B Kimbrough Chair for Maxillofacial Surgery and Prosthodontics in the Washington University Department of Otolaryngology (primary appointment)
MD Rutgers University 2005
BS Middlebury College 2000
Courses


M55 Oto 660A Otolaryngology Clinical Skills
Introductory lecture and group sessions pertaining to the complete head and neck examination. After the one-hour lecture, students will be divided into small groups to learn the otoscopic, nasal, oral cavity and neck examination to be proctored by physicians from the ENT department.
Credit 8 units.

M55 Oto 660B Clinical Topics In Otolaryngology
This course consists of nine introductory lectures on common diseases of the head and neck, including voice disorders, head and neck cancer, hearing loss, management of vertigo, pediatric otolaryngology, salivary gland disorders, sinusitis, otolaryngologic emergencies and facial trauma. Additionally, there is a case-based roundtable focusing on otolaryngology disorders affecting the geriatric population and the involvement of allied health care disciplines in the evaluation and management of these patients. Each lecture is highlighted by case presentations and treatment options in addition to pathophysiology. This course follows the physical examination practicum given earlier in the academic year.
Credit 9 units.

M55 Oto 801 Otolaryngology
Four-week rotation includes evaluation of ENT problems presented to specialists for diagnosis and treatment. The student participates in the clinic, hospital and operating room. This also includes time on the Pediatric ENT Service, Audiology, Voice Laboratory, and Vestibular Evaluation Laboratory. Option of rotation on the ENT Service at VAMC is available.

M55 Oto 803 Pediatric Otolaryngology
The student will actively participate in the clinical office, inpatient consultations, and surgery with the attending staff at St. Louis Children's Hospital. Care would be taken to provide experience in the common problems one would see in primary care pediatrics or family practice. Participation in sub-specialty/ multidisciplinary clinics such as the Cleft and Craniofacial clinic is encouraged. Opportunity will be provided to learn the fundamentals of audiological evaluation. Students participating in this elective will attend academic conferences in both the pediatric and adult divisions.

M55 Oto 820 Practicum in Adult Clinical Audiology
During this rotation, guidance will be provided in the administration and interpretation of audiometric tests, with an emphasis on defining the severity of auditory dysfunction and identifying sites of pathological processes. Theoretical bases of acoustics, anatomy and physiology, and electronics will be reviewed as they relate to auditory assessment. Modification of conventional test paradigms and hearing aid procedures will be covered according to each student's interests and needs.

M55 Oto 831 Neurotology
Students will actively participate in the physical exam, advanced testing and management of patients with balance dysfunction.

Students will attend patient clinic two days a week, and test patients on ENG, rotary chair and computerized platform three days a week. Research participation is welcome with prior arrangements.

M55 Oto 833 Ambulatory Otolaryngology for the Primary Care Physician
This course offers a four-week exposure to ambulatory care of patients with diseases of the head and neck. Eight half-day sessions per week will be offered in attending clinics for general otolaryngology, head and neck cancer, otology and pediatric otolaryngology. Two half-day sessions are reserved for audiology, vestibular lab and voice lab experience. Surgical exposure is available for selected cases as identified by the student and attending physician, but the main goal of this rotation is outpatient diagnosis and management.

M55 Oto 900 Research Elective - Otolaryngology
Research opportunities may be available. If interested, please contact the Department of Otolaryngology.