

New York-Presbyterian Otolaryngology Residency Program

Second Year Residents (PGY2)

Educational Program

Knowledge Base: At the completion of the first year of specialty training, the resident will have the following knowledge:

- Basic science knowledge as contained in the 1st year of the Basic Science Course, including anatomy, physiology, embryology, pathology, genetics, the upper aerodigestive tract; the communication sciences (including audiology and speech pathology and rehabilitation); the chemical senses; prevention of disease; neoplasms, deformities, and disorders of the ears, face, neck, and mandible; plastic and reconstructive surgery; and allergy, endocrinology and neurology as they relate to the head and neck
- Thorough knowledge of head and neck anatomy [through detailed dissection during the Head and Neck Anatomy course]
- Understanding of the indications, risks, contraindications of a wide variety of Otolaryngologic surgical procedures for adult and pediatric patients.
- Understanding and knowledge of temporal bone anatomy, mastoid drilling technique, middle ear prostheses placement, implantable hearing devices
- Understanding of treatment of maxillofacial trauma using plating techniques
- Knowledge level demonstrated by above average performance, as compared to Program Year peers nationally, on annual in-service examination

Clinical Skills Development

By the end of the first year of training, the resident should have been trained in the following skills and procedures:

- Medical histories and physical examinations of the head and neck
- Evaluation and treatment of common adult otolaryngologic problems [both inpatient and outpatient]
- Placement of IV's; drawing blood; performing ABG's
- Case presentations at morning and afternoon rounds
- Preoperative and postoperative evaluations of patients, admissions and discharges
- Management of the service with guidance from the chief residents and relevant Attendings, and/or Director of Resident Education
- Triaging and initiating care of otolaryngologic emergencies [both adult and pediatric] with supervision of Chief Residents and Attendings
- Performance of the following procedures: Tracheotomy, trach changes, tonsillectomy and adenoidectomy, closed reduction of nasal fractures, microscopic otoscopy and myringotomy and tube (M&T) insertion, fiberoptic laryngoscopy, flexible laryngoscopy, fine needle aspiration biopsies, oral biopsies, minor surgical procedures (ear lobe repair, incision and drainage, minor

- excisions, soft tissue trauma), microscopic ear examination with cerumen removal, treatment of epistaxis.
- Development of personal style should include: self-assessment regarding work quality, ethical practice; ability to work as part of a team, and within a health care network; short-term planning, long-term planning; meticulous record keeping, including medical chart notes, informed consent, clinical administrative reports as assigned; efficient work habits.

Resident Duties

These include:

- Responsible for the daily care of the adult inpatient service
- Performs medical histories and physical examinations
- Identifies and treats common problems, i.e. Place IV's, draw blood, perform ABG's, present at morning and afternoon rounds
- Performs preoperative and postoperative evaluations of patients, admissions and discharges
- Manages the service with guidance from the chief residents and relevant Attendings, and/or Director of Resident Education
- Required to be in clinic as assigned by the Program Director and/or Chief Resident
- Participates in the weekly basic science lecture series
- Attends all required courses and conferences
- Responsible for emergency room consults (with the supervision of an Attending and Chief Resident)
- As the **tracheotomy resident**, schedules and performs preoperative evaluations, including several components. The resident reviews the chart, subsequently discusses the appropriateness of the procedure with the Attending, and coordinates with Anesthesia and the primary care team regarding time and date of the surgery.

Progression of Responsibilities

- By learning to evaluate inpatient and emergency consults, by contributing to the post-operative care of a wide variety of Otolaryngology patients, by operating as outlined below, and by being in charge of the tracheotomy service, the first resident acquires skills that prepare him/her for increasing responsibilities as a second year resident.
- Clinical Skill Progression

Definitions used throughout this description regarding clinical procedures and operations:

- **General Supervision** (the treatment/procedure is furnished under the Supervising Physician's overall direction and control, but the Supervising Physician's presence is not required during the performance of the procedure/treatment).

- **Direct supervision** (the Supervising Physician must be present in the office suite or in the unit (as applicable), and immediately available to furnish assistance and direction throughout the performance of the treatment/procedure. It does not mean that the Supervising Physician must be present in the room when the treatment/procedure is being performed).
- **Direct Visual Supervision** (the Supervising Physician must be in attendance with the patient and the resident while supervising the performance of the treatment/procedure).
 - Procedures are performed under **direct visual supervision** of an attending physician.
 - After a resident is duly assessed, the Attending will supervise directly the following procedures:

Procedures and Supervision

Procedure	Level of Supervision	Supervisor	Number Required	Comments
Tracheotomy Trach Changes	Direct-Visual Direct	Attending	24	They will not perform this procedure unsupervised, except in a life threatening emergency. Direct visual supervision until determined by the chief resident that they may do it alone.
Tonsillectomy and Adenoidectomy	Direct-Visual	Attending	20	After adequate experience is determined by the Attending they will be able to perform this technique under direct visual supervision.
Closed Reduction of Nasal Fractures	Direct-Visual	Attending	3	After 3-5 complete reductions, as determined by the Attending, they will

				be able to perform this technique under direct visual supervision.
Microscopic otoscopy and myringotomy and tube (M&T) insertion	Direct-Visual	Attending	16	After performing 20 procedures they should be able to perform this technique under direct visual supervision.