

New York-Presbyterian Otolaryngology Residency Program

Third Year Residents (PGY3)

Educational Program

Knowledge Base: The Resident:

- Continues to attend 2nd year of (2 year cycle) Basic Science Series, during which content emphasized includes: radiologic oncology, laser physics, wound healing, laryngeal physics, voice measurement, language development, acoustics, auditory brainstem response, otoacoustic emissions, impact of hearing loss.
- Via Microvascular Surgery Course, understands the physiology of and repair techniques for small vessels [This course may be taken in either the 2nd or 3rd year of specialty training.]
- Understands the rationale, content and implementation of diagnostic workup for neoplasms; accomplished by literature review, and case presentations at the interdisciplinary Head and Neck Tumor Board.
- Knowledge level demonstrated by above average performance, as compared to Program Year peers nationally, on annual in-service examination

Clinical Skills Development

The resident:

- Builds on clinical skills developed as a first year resident.
- Develops skill with lasers including CO₂, YAG and Argon beam after proper requirements are met (under direct visual supervision of Attendings)
- Develops skill with the following procedures: submandibular gland excision, thyroglossal duct cyst excisions, septoplasty, turbinectomy, and basic nasal endoscopy including minimal FESS as well as Caldwell Luc procedures
- Develops skill in fracture management

Resident Duties

- Performs all first year responsibilities under direct visual supervision; progressively adds additional procedures and responsibilities to armamentarium.
- Presents tumor cases at tumor conferences. Under guidance of Attendings, organizes the content of presentations for this conference.
- Performs Panendoscopy (direct laryngoscopy, esophagoscopy and bronchoscopy) in the operating room.[1]
- Performs laser procedures[1]
- Assists in all tumor surgical cases.
- As Consult Resident, is responsible for seeing and following adult consults service, as well as tending to adult ER consultations. This resident should

formulate a plan and institute it after discussing the cases with the chief and/or Attending.

- Responsible for scheduling surgeries.
- Carries out mandible, trimalar and other basic fracture cases. [1]
- Other surgeries for the second year include submandibular gland excision, thyroglossal duct cyst excisions, septoplasty, turbinectomy, and basic nasal endoscopy including minimal FESS as well as Caldwell Luc procedures. [1]
- Assists on major surgical procedures.
- Develops skill with lasers including CO2, YAG and Argon beam after proper requirements are met. These surgeries should be performed under direct visual supervision with the exception of septoplasty and turbinectomy, which can be performed under direct supervision after the resident has completed more than 20-30 cases.
- Attends rounds every AM & PM and is expected to take night call.
- Attends all required courses and Grand Rounds.

Progression of Responsibilities

- By being in charge of the adult and ER consults, formulating diagnoses and treatment plans with the Chief Resident and Attending, participating in the multidisciplinary Tumor Board conference, and by operating, the 2nd year resident acquires skills that prepare him/her for the increasing responsibilities of the OTO 3 year.
- Permitted to perform medical histories and physical examinations and to record such in patient charts. Also, formulation regarding diagnosis, treatment plans, progress notes and doctor's orders may be recorded in patient charts.
- Permitted to perform all the above and all procedures that a first year resident may perform, plus the following additional procedures listed below. These procedures are performed under the direct visual supervision of an Attending physician. After residents have completed the minimum required number, the resident may perform these procedures under direct supervision.

Procedures and Supervision

Procedure	Level of Supervision	Supervisor	Number Required	Comments
Submandilar Gland Excision	Direct-Visual	Attending	4	They will not perform this procedure unsupervised, except in a life threatening emergency. Direct

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Visual