

New York-Presbyterian Otolaryngology Residency Program

Fourth Year Residents (PGY4)

Educational Program

Knowledge Base: At the completion of the third year of specialty training:

- the resident should demonstrate an evolving mastery of the course content in Otolaryngology/Head and Neck Surgery.
- Continues to acquire information about advanced topics in the field, such as medical and surgical aspects of disciplines of otology and neurotology, head and neck oncology, sinonasal surgery, plastic and reconstructive surgery and advanced cases in pediatric otolaryngology, including repairs of congenital defects and airway reconstruction.
- 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 third year of training, the resident:

- Builds on clinical skills developed as a first year and second year resident.
- Develops skills to perform major head and neck procedures include parotidectomy, thyroidectomy, radical neck dissection, major vessel surgery, nerve grafting, craniofacial resection and other ablative procedures. Plastic procedures include myocutaneous flaps, free grafts, rhinoplasty, rhytidectomy, blepharoplasty, and facial reanimation. [1]
- Develops microvascular surgical skills necessary to dissect, resect, manipulate and repair small structures: End-to-end arterial anastomosis techniques: interrupted technique; continuous suture technique; one-way-up technique; end-to-end venous anastomosis; peripheral nerve repair; interpositional vein graft [Accomplished via the Microvascular Course, if not taken as a second year resident].

Resident Duties

- In charge of the Pediatric Consult Service
- Supervises first and second year residents
- Observes the first year residents and instructs them in clinic as well as in the operating room.
- Supervises the second year residents in the clinic as well as in the operating room for the following cases; panendoscopy, tracheotomy, septoplasty, turbinectomy, and basic facial fractures.
- Functions as the otology and plastic resident. Participates in major otologic surgery including middle ear exploration, acoustic neuromas, VII nerve sections,

- stapedectomy, mastoidectomy, tympanoplasty, excision of glomus tumors and reconstruction of aural atresia. [1]
- Participates in major head and neck as well as other major cases.
 - Substitutes for the chief while the chief is absent.
 - Participates in all major Otolaryngological Surgeries in all realms of the specialty, including Plastics, Otolaryngology/Neurotology, Head and Neck surgery and Pediatric ENT. Major head and neck procedures include parotidectomy, thyroidectomy, radical neck dissection, major vessel surgery, nerve grafting, craniofacial resection and other ablative procedures. Plastic procedures include myocutaneous flaps, free grafts, rhinoplasty, rhytidectomy, blepharoplasty, and facial reanimation. [1]
 - Performs endoscopic sinus surgery. [1]
 - Participates in the microvascular surgery course (if not completed as a second year resident)
 - Performs medical histories and physical examinations and to record such in patient charts. Formulates diagnosis and treatment plans.
 - Writes progress notes and doctor's orders in patient charts.

Progression of Responsibilities

- By functioning as the Otolaryngology and Plastics Resident, by serving as the Pediatric Senior in charge of the Pediatric Otolaryngology service and overseeing the Pediatric junior resident, by operating, and by substituting when the Chief is away, and by taking back-up call overseeing more junior residents, the third year resident acquires skills that prepare him/her for the increasing responsibilities as a program year four resident.
- May assume some administrative duties as delegated by the Program Director.
- May act for Chief Resident in his/her absence.
- Develops increasing independence of function by taking back up call for first year and second year residents.