

New York-Presbyterian- Columbia and Weill Cornell campuses **Otolaryngology Residency Program**

Second Year Residents (PGY2)

Educational Program

Knowledge Base: At the completion of PGY-2 of specialty training, the resident will have the following knowledge:

- Basic and clinical science knowledge as contained in one year of the Basic and Clinical Science lecture series and conference schedule, 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

Clinical Skills Development

By the end of the PGY-2 year, 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 lecture and conference series
- Attends all required courses and conferences
- Responsible for emergency room consults (with the supervision of an Attending and Chief Resident)

Progression of Responsibilities

- The residents builds on basic skills learned during the PGY-1 year, and applies those skills to the management of Otolaryngology patients.
- 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 PGY-2 resident acquires skills that prepare him/her for increasing responsibilities as a PGY-3 resident.

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.
- **Visual Supervision:** the Supervising Physician must be in attendance with the patient and the resident while supervising the performance of the treatment/procedure.

Index Procedures – PGY-2

Procedure	Minimum number of cases required before resident can perform case under Direct supervision
Tracheotomy	8
Tonsillectomy and/or Adenoidectomy	5