

Goals and Objectives – Columbia Site

Adult Otolaryngology Consult Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Adult Otolaryngology Consult resident is expected to develop skills and knowledge through a variety of mechanisms. During this year, the resident:

Continues to attend 2nd year of 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.

Understands the physiology of and repair techniques for small vessels.

Understands the rational, content, and implementation of diagnostic workup for neoplasms

Understand the rational and methodology for fracture evaluation, and the dynamics of fracture reduction

Builds on clinical skills developed as a first year resident

Develops skill with lasers after proper requirements are met

Performs direct laryngoscopy, esophagoscopy, and bronchoscopy in the operating room

Develops skill with the following procedures:

Submandibular gland excision

Thyroglossal duct cyst excision

Septoplasty

Turbinectomy

Nasal endoscopy

FESS

Caldwell Luc procedure

Develops skill in fracture management

Meets semiannually with peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

Spends 3 months in a basic science laboratory or in an applied clinical research project

Carries out data collection with the mentor

Begins data analysis and drafting article in journal style

Develops skill in making professional research presentations

Schedules resident cases for surgery

Completes work hour surveys in a timely manner

Progression of Responsibilities:

By being in charge of the adult and ER consults, formulating diagnoses and treatment plans with the Attending and Chief resident, organizing the multidisciplinary Tumor Board conference, acting as the Fracture Resident, and by operating, the Adult Otolaryngology Consult resident acquires skills that prepare him/her for increasing responsibilities as a third year resident

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

Clinical skill progression:

By the end of the Adult Otolaryngology Consult rotation, and building on the skills developed in the previous years, the Adult Otolaryngology Consult resident should be able to perform the following procedures competently:

- Cervical mass biopsy or sentinel node biopsy
- Excision of soft tissue tumor
- Repair complex laceration (all sites including intraoral)
- Reduction of facial fractures – nasal
- Resection of skin lesions and primary closure
- Dermoid cyst excision
- Cervical lymph node excision
- Direct laryngoscopy – diagnostic except newborn
- Flexible laryngoscopy
- Stroboscopy
- Diagnostic esophagoscopy (rigid or flexible)
- Esophagoscopy and intervention
- UPPP
- Septoplasty
- Turbinectomy/turbinoplasty
- Tracheotomy < 4years of age
- Interpret audiogram

Adult Otolaryngology Junior Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Adult Otolaryngology junior resident is expected to develop skills and knowledge through a variety of mechanisms. During this year, the resident:

Understands anatomy, physiology, embryology, pathology, genetics, the upper aerodigestive tract, the communication science (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, and endocrinology and neurology as they relate to the head and neck

Develops thorough knowledge of head and neck anatomy

Identifies indications, risks, contraindications of a wide variety of Otolaryngologic surgical procedures for adult patients

Effectively presents description and analysis of cases

Develops understanding and knowledge of temporal bone anatomy, mastoid drilling technique, middle ear prostheses placement, implantable hearing devices.

Develops understanding of treatment of maxillofacial trauma using plating techniques

Effectively obtains medical histories and physical examinations of the head and neck

Effectively evaluates and treats common adult otolaryngologic problems (inpatient and outpatient)

Demonstrates effective placement of IV's, drawing blood, performing ABG's

Demonstrates responsibility in work assignments, including conference attendance

Provides preoperative and postoperative evaluations of patients

Manages Otolaryngologic admissions and discharges with complete documentation, prior to date of surgery or date of discharge

Communicates effectively with patients

Communicates effectively with other health care team members

Develops ability to triage and initiate care of adult otolaryngologic emergencies

Manages the service with guidance from the chief residents and relevant attendings

Develops facility with adult endoscopy, management of otitis media, sinusitis, dysphagia, and adult airway emergencies

Communicates effectively with patients

Begins to develop facility with tonsillectomy and adenoidectomy, microscopic otoscopy and myringotomy and tube (m&t) insertion

Develops facility with closed reduction of nasal fractures

Develops facility with flexible laryngoscopy

Develops facility with fine needle aspiration and oral biopsies

Develops facility with minor surgical procedures (ear lobe repair, incision and drainage, minor excisions, soft tissue trauma)

Develops facility with microscopic ear examination with cerumen removal

Develops facility with treatment of epistaxis

Meets semiannually with PGY peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

Develops skill in self-assessment regarding work quality

Applies ethical practice in clinical activities

Develops ability to work as part of a team

Develops ability to work within a health care network

Begins to develop facility in writing clinical administrative reports, as assigned

Begins to develop facility with instrumentation, i.e. fiberoptic laryngoscope

Demonstrates meticulous record keeping, entailing legible and accurate operative notes

Demonstrates legible and accurate notes in medical charts

Develops ability to obtain informed consent, with accurate and appropriate disclosure of risks and benefits of procedures

Completes work hour surveys in a timely manner

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 adult otolaryngology service, the Adult Otolaryngology junior resident acquires skills that prepare him/her for increasing responsibilities as a second year resident.

Clinical skill progression:

The surgical skills in the Adult Otolaryngology Junior Rotation build on those of the PGY1 year, with focus now on applications to Otolaryngology/HNS. By the end of the Adult

Otolaryngology Junior Rotation, the resident will demonstrate competency in the following procedures:

Myringotomy/tympanostomy
Adenoidectomy
Tonsillectomy
Control of epistaxis (packing, endoscopic control)
Incision and Drainage of deep neck space abscess

Adult Senior Resident Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Adult Senior Resident is expected to develop skills and knowledge through a variety of mechanisms. During this year, the resident:

Demonstrates an evolving mastery of the course content in Otolaryngology/HNS

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, and plastic and reconstructive surgery.

Builds on clinical skills developed as a first and second year resident

Develops skills to perform major head and neck procedures including parotidectomy, thyroidectomy, neck dissection, major vessel surgery, nerve grafting, craniofacial resection, and other ablative procedures

Develops skills to perform plastic procedures including myocutaneous flaps, free grafts, rhinoplasty, rhytidectomy, blepharoplasty, and facial reanimation

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

Meets semiannually with peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

May participate with a faculty member in submission for grant funding, learning the method of grant preparation for various funding sources, and IRB requirements

Presents findings of required project or other research at local, regional, or national meeting

Submits article for publication

Carries out other guided research projects for faculty (may be other than research mentor)

Presents research findings

Supervises PGY2 and PGY3 residents

Observes the PGY2 residents and instructs them in clinic as well as in the operating room

Supervised the PGY3 year residents in the clinic as well as in the operating room for the following cases:

direct laryngoscopy
esophagoscopy
bronchoscopy
tracheotomy
Septoplasty
Turbinectomy
Basic facial fractures

Participates in major otologic surgery including middle ear exploration, acoustic neuromas, 8th nerve sections, stapedectomy, mastoidectomy, tympanoplasty, excision of glomus tumors, and reconstruction of aural atresia

Manages the outpatient otology clinic and generates ward cases where he/she is operative surgeon

Participates in all plastic procedures performed and runs the Tuesday plastic surgery clinic generating plastic surgery cases in which he/she will be operative surgeon

Participates in major head and neck as well as other major cases

Substitues for the chief while the chief is absent

Participates in all major Otolaryngologic surgeries in all realms of the specialty, including plastics, otology/neurotology, and head and neck surgery. Major head and neck procedures include parotidectomy, thyroidectomy, 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

Performs endoscopic sinus surgery

Performs medical histories and physical examination and records such in patient charts. Formulates diagnosis and treatment plans

Writes progress notes and doctor's orders in patient charts

Completes work hour surveys in a timely manner, as specified by the program director

Progression of Responsibilities:

By functioning as the Adult Senior Resident, by overseeing the junior residents, by operating, and by substituting when the chief is away, and by taking back-up call overseeing more junior residents, the Adult Senior Resident acquires skills that prepare him/her for the increasing responsibilities as a fourth year 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 junior residents.

Clinical skill progression:

The surgical skills in the Adult Senior Resident year build on those of previous years, with increasing emphasis on management of administrative responsibilities in addition to clinical skills. By the end of the Adult Senior Resident experience, the resident will demonstrate competency in the following procedures:

Drainage deep neck space abscess

Tympanoplasty

Mastoidectomy

Reduction of facial fractures – midface, mandible

Skin grafts

Thyroplasty

Laryngoscopy and intervention (micro)

Bronchoscopy, diagnostic (rigid or flexible)
Bronchoscopy and intervention
Sinus, endonasal and external approaches (nonendoscopic)
Sinonasal endoscopic
Incision and excision of oral cavity/tongue, benign
Submandibular gland excision
Excision lip

Pediatric Otolaryngology Junior Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Pediatric Otolaryngology junior resident is expected to develop skills and knowledge through a variety of mechanisms. During this rotation, the resident:

Understands anatomy, physiology, embryology, pathology, genetics, the upper aerodigestive tract, the communication science (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, and endocrinology and neurology as they relate to the head and neck

Develops thorough knowledge of head and neck anatomy

Identifies indications, risks, contraindications of a wide variety of Otolaryngologic surgical procedures for pediatric patients

Effectively presents description and analysis of cases

Develops understanding and knowledge of temporal bone anatomy, mastoid drilling technique, middle ear prostheses placement, implantable hearing devices.

Develops understanding of treatment of maxillofacial trauma using plating techniques

Effectively obtains medical histories and physical examinations of the head and neck

Effectively evaluates and treats common pediatric otolaryngologic problems (inpatient and outpatient)

Demonstrates effective placement of IV's, drawing blood, performing ABG's

Demonstrates responsibility in work assignments, including conference attendance

Provides preoperative and postoperative evaluations of patients

Manages Otolaryngologic admissions and discharges with complete documentation, prior to date of surgery or date of discharge

Communicates effectively with patients

Communicates effectively with other health care team members

Begins to develop facility with pediatric tracheotomy and trach changes

Develops ability to triage and initiate care of pediatric otolaryngologic emergencies

Manages the service with guidance from the Pediatric Otolaryngology senior resident and relevant attendings

Develops facility with pediatric endoscopy, management of otitis media, sinusitis, dysphagia, and pediatric airway emergencies

Communicates effectively with parents of pediatric patients

Begins to develop facility with tonsillectomy and adenoidectomy, microscopic otoscopy and myringotomy and tube (m&t) insertion

Develops facility with closed reduction of nasal fractures

Develops facility with flexible laryngoscopy

Develops facility with fine needle aspiration and oral biopsies

Develops facility with minor surgical procedures (ear lobe repair, incision and drainage, minor excisions, soft tissue trauma)

Develops facility with microscopic ear examination with cerumen removal

Develops facility with treatment of epistaxis

Provides support to audiologists in performing sedated ABR examinations of young children

Meets semiannually with PGY peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

Develops skill in self-assessment regarding work quality

Applies ethical practice in clinical activities

Develops ability to work as part of a team

Develops ability to work within a health care network

Begins to develop facility in writing clinical administrative reports, as assigned

Begins to develop facility with instrumentation, i.e. fiberoptic laryngoscope

Demonstrates meticulous record keeping, entailing legible and accurate operative notes

Demonstrates legible and accurate notes in medical charts

Develops ability to obtain informed consent, with accurate and appropriate disclosure of risks and benefits of procedures

Completes work hour surveys in a timely manner

Progression of Responsibilities:

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

Clinical skill progression:

The surgical skills in the Pediatric Otolaryngology Junior Rotation build on those of the PGY1 year, with focus now on applications to Pediatric Otolaryngology/HNS. By the end of the Pediatric Otolaryngology junior experience, the resident will demonstrate competency in the following procedures:

Tracheotomy (pediatric)

Myringotomy/tympanostomy

Adenoidectomy

Tonsillectomy

Control of epistaxis (packing, endoscopic control)

Incision and Drainage of deep neck space abscess

Pediatric Senior Resident Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Pediatric Senior Resident is expected to develop skills and knowledge through a variety of mechanisms. During this year, the resident:

Demonstrates an evolving mastery of the course content in Otolaryngology/HNS

Continues to acquire information about advanced topics in the field, such as medical and surgical aspects of disciplines of pediatric otology, sinonasal surgery, plastic and reconstructive surgery, pediatric otolaryngology (including repairs of congenital defects and airway reconstruction)

Builds on clinical skills developed as a first and second year resident

Engages in surgeries to repair clefts of lips and/or palate, and follow up

Meets semiannually with peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

May participate with a faculty member in submission for grant funding, learning the method of grant preparation for various funding sources, and IRB requirements

Presents finding of required project or other research at local, regional, or national meeting

Submits article for publication

Carries out other guided research projects for faculty (may be other than research mentor)

Presents research findings

Supervises PGY2 and PGY3 residents

Observes the PGY2 residents and instructs them in clinic as well as in the operating room

Supervised the PGY3 year residents in the clinic as well as in the operating room for the following cases:

direct laryngoscopy
esophagoscopy
bronchoscopy
tracheotomy
Septoplasty
Turbinectomy
Basic facial fractures

Participates in major otologic surgery including middle ear exploration stapedectomy, mastoidectomy, tympanoplasty, and reconstruction of aural atresia

Manages the outpatient pediatric otolaryngology clinic and generates ward cases where he/she is operative surgeon

Substitues for the chief while the chief is absent

Participates in all major Otolaryngologic surgeries in all realms of the specialty, including otology, and pediatric ENT.

Performs endoscopic sinus surgery

Performs medical histories and physical examination and records such in patient charts. Formulates diagnosis and treatment plans

Writes progress notes and doctor's orders in patient charts

Completes work hour surveys in a timely manner, as specified by the program director

Progression of Responsibilities:

By functioning as the Otology and Plastics resident, by serving as the pediatric senior in charge of the pediatric otolaryngology service and overseeing the pediatric junior residents, by operating, and by substituting when the chief is away, and by taking back-up call overseeing more junior residents, the Pediatric Senior Resident acquires skills that prepare him/her for the increasing responsibilities as a fourth year 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 junior residents.

Clinical skill progression:

The surgical skills in the Pediatric Senior Resident year build on those of previous years, with increasing emphasis on management of administrative responsibilities in addition to clinical skills. By the end of the Pediatric Senior Resident experience, the resident will demonstrate competency in the following procedures:

Drainage deep neck space abscess
Tympanoplasty
Mastoidectomy
Reduction of facial fractures – midface, mandible
Skin grafts
Branchial cleft anomaly excision
Thyroglossal duct cyst excision
Lymphatic or vascular malformation excision
Choanal atresia
Thyroplasty
Diagnostic laryngoscopy – newborn
Laryngoscopy and intervention (micro)
Bronchoscopy, diagnostic (rigid or flexible)
Bronchoscopy and intervention
Sinus, endonasal and external approaches (nonendoscopic)
Sinonasal endoscopic
Incision and excision of oral cavity/tongue, benign

Tracheotomy Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Tracheotomy resident is expected to develop skills and knowledge through a variety of mechanisms. During this rotation, the resident:

Understands anatomy, physiology, and embryology, of the upper aerodigestive tract.

Understands the indications, benefits, risks, and alternatives of tracheotomy.

Develops thorough knowledge of head and neck anatomy

Develops understanding and knowledge of tracheal anatomy, tracheotomy technique, and the postoperative management of patients with a tracheotomy.

Effectively obtains medical histories and physical examinations of patients who are candidates for tracheotomy.

Effectively evaluates and treats patients with tracheotomy related complications.

Demonstrates ability to perform and interpret fiberoptic bronchoscopy via the tracheotomy stoma.

Provides preoperative and postoperative evaluations of tracheotomy patients

Communicates effectively with patients

Communicates effectively with other health care team members

Develops facility with tracheotomy tube changes

Manages the tracheotomy service with guidance from the chief residents and relevant attendings

Develops facility with flexible laryngoscopy

Meets semiannually with PGY peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

Develops skill in self-assessment regarding work quality

Applies ethical practice in clinical activities

Develops ability to work as part of a team

Develops ability to work within a health care network

Begins to develop facility in writing clinical administrative reports, as assigned

Demonstrates meticulous record keeping, entailing legible and accurate operative notes

Demonstrates legible and accurate notes in medical charts

Develops ability to obtain informed consent, with accurate and appropriate disclosure of risks and benefits of procedures

Completes work hour surveys in a timely manner

Progression of Responsibilities:

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

Clinical skill progression:

The surgical skills in the tracheotomy rotation year build on those of the PGY1 year, with focus now on the ability to safely perform a tracheotomy in both elective and emergent situations. By the end of the tracheotomy rotation, the resident will demonstrate competency in:

Tracheotomy (adult)
Fiberoptic bronchoscopy via the tracheotomy stoma
Tracheotomy tube change
Flexible laryngoscopy

Columbia Chief Resident Rotation

Goal:

The Otolaryngology/Head and Neck Surgery Residency Training Program of New York Presbyterian Hospital provides residents with complete education in the comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, nose, throat, head, and neck. The educational program combines core basic knowledge of otolaryngology and the communication sciences with the clinical aspects of diagnosis and medical and/or surgical therapy for related ailments. At all levels of training, the ACGME Competencies are incorporated.

Learning Objectives:

The Columbia Chief Resident is expected to develop skills and knowledge through a variety of mechanisms. During this rotation, the resident:

Demonstrates mastery of the course content in Otolaryngology/HNS

Demonstrates mastery of the surgical techniques and medical management in Otolaryngology/HNS

Explores advanced techniques and adapts them to personal style

Under the supervision of the attendings, manages the service and is responsible for all patients on the otolaryngology service

Makes final decision regarding management under attending supervision

Runs the clinics under attending supervision

Supervises the ward service under attending supervision

Develops the resident call schedule

Assigns caseloads

Administers the service under attending supervision

Forms the link for resident feedback to the attending surgeons

Arranges grand rounds speakers

Completes work hour surveys in a timely manner, as specified by the program director

Participates in the education of junior residents

Teaches the medical students

Instructs junior resident in clinic and in the operating room

Meets semiannually with peers to determine equity of distribution of operative cases

Develops a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved, supportive relevant literature, and how future practice will be affected

Progression of Responsibilities:

Acts in a supervisory role within the operating room setting and when performing procedures outside the OR when the responsible attending is immediately available by telephone and readily available onsite when needed

The attending physician must be present for the key portion of the procedure. In an emergency situation, when a supervising physician is not present, the resident shall document the emergency treatment provided by said resident. This shall include the nature of the emergency, the treatment provided, and the contact of the supervising physician.

As chief resident, is fostered in development of skills in supervisory and administrative skills, such as organizing grand rounds schedule

Has an increased supervisory role over other residents (with attending coverage) and instruct them in clinic

Supervises (with attending coverage) in the operating room for the following cases:

direct laryngoscopy
esophagoscopy
bronchoscopy
tracheotomy
Septoplasty
Turbinectomy
Basic facial fractures

Attends a monthly meeting with the program director and associate director to explore resident concerns or feedback, and provide guidance on administrative responsibilities

Other administrative duties may be assigned as needed by the program director

Clinical skill progression:

The surgical skills in the Columbia Chief Resident rotation should reflect the development of a clinician who is prepared for general otolaryngologic practice or to enter into a fellowship training program to extend skills in a subspecialty. At the chief level, emphasis on development of administrative skills is important for future application in clinical practice. By the end of the Columbia Chief Resident rotation the resident will demonstrate competency in the following procedures:

- Parotidectomy
- Submandibular gland excision
- Other salivary gland procedures
- Excision lip
- Incision and excision of oral cavity/tongue
- Local resection tumor (tongue/floor of mouth)
- Glossectomy
- Neck dissection
- Thyroidectomy, Parathyroidectomy
- Ossicular reconstruction
- Stapedectomy
- Labyrinthectomy
- Cochlear implant
- Rhinoplasty
- Reduction of facial fractures – frontal
- Osteoplastic flap – frontal sinus
- Endoscopic sinonasal, extended (frontal and sphenoid)
- Regional flap reconstruction
- Flap reconstruction facial defects (advancement, bilobe, rhomboid, etc)
- Administer and interpret allergy skin test
- Laryngoplasty

