

**Resident Manual – Columbia Site**  
**Department of Otorhinolaryngology**

**New York Presbyterian Hospital  
Columbia Campus**

**Columbia College of Physicians and  
Surgeons**

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## **INTRODUCTION**

The resident staff at the Columbia Campus of the New York Presbyterian Hospital Department of Otorhinolaryngology consists of six residents: one chief resident, two PGY-4 residents, one PGY-3 resident, and two PGY-2 residents. Physician Assistants (P.A.) students, medical students, non-ENT residents (such as Anesthesiology), and PGY-1 Otolaryngology residents may rotate on the service, and are incorporated into the resident clinical and academic team. Written evaluations of their performance by the resident staff may be required.

## **ACADEMIC PROGRAM**

### **Departmental Conferences:**

It is the responsibility of the chief resident to distribute and collect the attendance sheets after each of the Departmental academic conferences below.

#### Columbia Monthly Grand Rounds

The Columbia Monthly Grand Rounds takes place on the 2nd and 4th Thursdays of each month from 7:00 AM until 9:00 AM. Grand Rounds are held in the Department conference room HP8. Guest speakers, Columbia faculty, and residents may present at Grand Rounds. Tumor board, M&M, QA/PI, and Journal club also occur during this time. This is followed by resident preparation for the boards from 9:00 AM until 10:00 AM.

#### Columbia Weekly Departmental Academic Conferences

There are several weekly departmental academic conferences.

##### A. Weekly Pediatric Otolaryngology meeting

Every Monday at 4:00 pm, the Pediatric Otolaryngology full-time faculty and residents attend a review of all in-patients and consultations on the service. In addition, any active quality management issues are also discussed. Emphasis is placed on improving patient care and avoiding complications.

##### B. Tumor Board

Otolaryngology head and neck attendings, residents, and Radiation Oncology and Medical Oncology faculty and residents attend Tumor Board, which occurs once per month on Thursdays at 8:00 am in the HP8 conference room. The cases are presented and organized by the PGY-3 Otolaryngology resident.

### C. Radiology Rounds

Neuroradiology attendings, Otolaryngology attendings, and Otolaryngology residents attend weekly radiology rounds on Monday mornings at 8:00 am in the Neuroradiology reading room on Millstein 3<sup>rd</sup> floor. The interpretations and comments on the imaging studies presented are intended to aid the clinician in patient management, and to teach the resident staff.

### D. Journal club

Otolaryngology attendings and residents attend Journal Club, which occurs once per month on Thursdays at 8:00 am in the HP8 conference room. Journal article discussions are held on relevant and contemporary articles.

## Resident Head and Neck Dissection Course

### Goals

The anatomical dissection course gives the resident staff the opportunity to learn head and neck anatomy through coordinated didactic teaching and dissection.

### Course Format

Each Wednesday night the course meets from 6:00 - 9:00PM for a 9 week period usually beginning in July and typically ending in September. The first and second year otolaryngology residents will meet in the Department of Otolaryngology Conference Room in the Weill Greenberg Center. Attendance is mandatory. Senior residents will be responsible for first call at each institution while the course is in session.

### Recommended Texts:

Grant's Atlas & Textbook of Anatomy  
Lore's Atlas of Head & Neck Surgery  
Montgomery's Atlas of Head & Neck Surgery  
Netter's Atlas of Anatomy

### Session Format

One faculty member will oversee each session. Residents should arrive promptly in scrub attire. Each week a different resident will be assigned a topic for presentation. That resident will review anatomy textbooks and surgical atlases (i.e. Grant's Anatomy, Lore's Atlas of Head and Neck Surgery) to prepare a 15-minute presentation of relevant anatomy and surgeries of the region. The faculty member will then comment on the resident lecture material. A thorough outline of the presented material should be prepared by the assigned resident for distribution to all attendees. The didactic portion of the session should be limited to no more than one-half hour in total.

Residents then divide themselves into equal groups, and participate in the dissection in the Gross Lab, Room A – 001. The faculty member will oversee the cadaver dissections. At the conclusion of the dissection session, the resident staff will clean the dissection area and the instruments used during that session.

## **RESEARCH OPPORTUNITIES AT THE COLUMBIA CAMPUS**

Clinical Research is supervised by the full-time and voluntary faculty of The Department of Otolaryngology. These projects may involve collaborative efforts with other clinical and basic science departments. Departments with which our Faculty and Residents have collaborated include Neurosurgery, Neurology, Pathology, and Radiology, Anesthesiology, Plastic Surgery, Oncology, Pediatrics, and Pulmonology.

The Otolaryngology Faculty also collaborate with many basic scientists. Please see individual faculty members to discuss these projects.

## **COLUMBIA CAMPUS FACILITIES**

### Conference Rooms

The Department of Otolaryngology Conference Room is located in the Harkness Pavilion at 180 Fort Washington Avenue, New York, NY. Depending on room configuration, up to 60 people can be accommodated.

Columbia Faculty Conference Room / Library is located on the 8<sup>th</sup> floor of the Harkness Pavilion. Depending on configuration, 25 attendees can be accommodated.

The Otolaryngology Resident Conference Room/Library is located on Millstein 7<sup>th</sup> floor.

The Columbia University Medical Library is located on the first floor of the Hammr Health Science building on Fort Washington Ave. and 168<sup>th</sup> Street.

## **FUNDING FOR RESIDENT RESEARCH TRAVEL – from Resident Policy Manual**

The Reimbursement will be issued by the primary institution of the sponsoring physician. (Sponsoring physician = Author or co-author of paper)

Any resident presenting a paper or poster presentation at the American Academy of Otolaryngology – Head and Neck Surgery Fall Meeting or Triological Sectional or COSM Meeting will be allotted:

Maximum of **\$1000.00** for traveling expenses for a paper presentation.

Maximum of **\$550.00** for traveling expenses for a poster presentation.

Presentations at other meetings will be considered on a case-by-case basis.

Reimbursement will cover registration fee, transportation, lodging and meals only.

To be eligible for this funding the following must be met:

1. A written request must be submitted to the Chairman for approval at least 4 weeks before the event.
2. All requests must be written in memo form and addressed to the Chairman.
3. The request must include the following:
  - a. The type of Presentation: Paper or Poster Presentation
  - b. Event
  - c. Travel dates
  - d. Name of topic

- e. Brief abstract of the presentation
- f. Name of Sponsor
- g. All original receipts must be submitted

## **CLINICAL PROGRAM**

Clinical Resources: The Department of Otolaryngology Residents serve in the in-patient Millstein Hospital and the Morgan Stanley Children’s Hospital of The New York Presbyterian Hospital-Columbia Campus. The faculty offices are located on HP7 and HP8, and Babies Hospital 501 north.

### Adult Service:

Morning Rounds: The chief resident leads adult ward rounds, and reviews the in-patient and consult list with the attending of record or the attending on call. The chief resident assigns floor tasks for the inpatients, and also assigns resident coverage for operative cases.

Adult Consultations: The PGY-3 resident is responsible for adult consults. Changes in assignment of consult residents must be approved by the Residency Site Director. Consultations are to be performed in a timely manner. All consults are reviewed with the chief resident and the attending on call.

### Pediatric Service:

Morning Rounds: The pediatric PGY- 4 resident leads pediatric ward rounds, and reviews the in-patient and consult list with the attending of record or the attending on call. The PGY- 4 resident assigns floor tasks for the inpatients, and also assigns resident coverage for operative cases.

Pediatric Consultations: The PGY-2 pediatric resident is responsible for pediatric consults. All pediatric consults are discussed with the PGY- 4 or chief resident, and the on call attending.

For inpatient consultations, there is a consultation room with appropriate equipment in the 3 West pre-op area. However, some patients have conditions that preclude their transportation. For example:

1. Patients in an ICU setting.
2. Patients requiring telemetry.
3. Patients on ventilators.
4. Patients requiring a stretcher for transport.
5. Premature infants.
6. Patients with unstable respiratory conditions.
7. Patients unable to withstand 2 hours off the in-patient floor.
8. Patients with impaired mental status and those with physical limitations who could not be left unattended for short intervals of time.
9. Patients that are incontinent of bowel and/or bladder.
10. Patients with IV medication that require continuous monitoring
11. Patients with blood or blood product infusing.

Out Patient Clinic:

The Otolaryngology clinic is held on VC10. The clinic schedule is as follows:

Monday 9:00 am to 12:00 pm – Pediatric Otolaryngology clinic

Monday 1:00 pm to 4:00 pm – General Otolaryngology and Pediatric Otolaryngology clinics

Tuesday 1:00 pm to 4:00 pm – General Otolaryngology and Facial Plastic surgery clinics

Wednesday – no clinic

Thursday 1:00 pm to 4:00 pm – General Otolaryngology and Otolaryngology clinics

Friday 1:00 pm to 4:00 pm – General Otolaryngology and Head and Neck Surgery clinics

An assigned attending supervises the clinic. The clinic must always have two residents for coverage, and all available residents are expected to be in clinic unless required for a specific surgery, or an urgent consult. If a resident is on vacation or at a meeting, the Residency Site Director can limit the number of scheduled patients to be seen, if notified in advance.

Follow-up of the results on all tests performed on clinic patients is the resident's responsibility. All outpatient charts are entered into the computerized Eclipsis system by residents and attendings. All surgical cases must be reviewed by the attending that will be supervising the surgery. For plastic surgery/reconstructive cases, preoperative and postoperative photos must be obtained for documentation.

Equipment: Flexible laryngoscopes and light sources are kept in the clinic, and in the resident conference room. Supplies for inpatient consultation are stored in the resident conference, and should be restocked on a regular basis by the clinic staff. Any problems with clinic supplies or equipment should be made known to the Residency Site Director or Administrator's office. Each resident should receive keys to the on-call room, and the resident conference room. In addition, each resident should receive a key to the pediatric otolaryngology office space.

Inpatients: When a patient is admitted to the hospital, the name of the attending physician responsible for that patient is listed on the admission orders. Orders are to be written on the day of admission, and upon transfer from one unit to another, and are to be reviewed with the attending. The resident is responsible for seeing that all ordered tests are completed and their results reviewed. All discharge summaries are to be written in the chart prior to discharge including prescriptions and follow-up clinic appointments. All transfers to the Otolaryngology service must be discussed with and accepted by the attending on call prior to officially accepting the transfer. When residents obtain consent from in-patients, they must also discuss the consent for blood transfusions with the patient when appropriate. If the patient does not consent to either the surgery or the blood transfusion, the responsible attending should be notified.

Tracheostomy patients: A list is maintained of postoperative tracheostomy patients so that they may undergo routine tracheostomy changes. These patients are followed by the PGY-2 “adult junior” resident as well as the rest of the resident staff. Tracheostomy consults are initially evaluated by the PGY-2 resident, who presents these patients to the attending on call. The team should aim to coordinate tracheostomy for as early as 24-48 hours from the time of initial consultation, as timely facilitation of these procedures is critical.

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## **SURGICAL CASES AT COLUMBIA**

Surgical Experience: There is always an attending present in the operating room for each surgical case. The attending surgeon teaches the resident operative techniques and surgical judgement. Assignment of residents to surgical cases is performed by the chief resident. Coverage of cases on weekends will vary. Prior to the OR, the resident should be familiar with the patient’s history and indications for surgery, and check the chart to ensure pre-operative readiness. The residents arrive in the OR before the attending, and should ensure that all relevant scans/x-rays and photos are available in the operating room.

For clinic patients, the residents are responsible for pre-operative laboratory work, imaging, and medical clearance if needed. Clinic patients are called the night before surgery to confirm the time of arrival and pre-operative instructions. ICU beds and special operative instrumentation are also booked preoperatively through perioperative reservations.

Emergency Surgery: When adding an emergency surgery to the OR schedule less than 24 hours in advance, the name of the patient, history number, location, procedure, diagnosis, anesthesia, length of procedure and resident/physician and attending physician are supplied to the OR desk. Otherwise, the preferable booking modality is to get the patient on the official schedule via the attending physician’s office. If a family is providing consent over the phone, an appropriate non-involved third party witness is mandatory.

Operative dictation: It is NYPH policy that surgical cases must be dictated within 1 hour of completion of the case. Residents should discuss with the attending physician who will be dictating the case and ensure compliance.

Case log entries: Residents should be careful to log all cases they are involved with into the ACGME caselog system. Entries should be kept current. The program directors have created some guidelines for the training program on whether to report yourself as Surgeon, Supervisor or Assistant – copied here.

*SUMMARY OF CASE ASSIGNMENT INSTRUCTIONS*

*New York Presbyterian Hospital – Columbia and Cornell campus program  
April 2007*

**Surgeon definitions**

Resident Surgeon: Does 50% or more of the procedure, including the key portion.

Resident Supervisor: Instructs or assists a junior resident, where the junior resident does 50% or more of the procedure, including the key portion.

Assistant Surgeon: Performs less than 50% of the operation, or more than 50% but not the key portion. In some cases, assistant surgeon also indicates exposure to a case that you did not perform. If actual assistance is not needed (for example, endoscopic sinus surgery, or stapedectomy), and the resident observes more than 50% of the procedure, including the key portion, then count the case as “Assistant surgeon.” On the other hand, if the case requires assistance, and resident A is the assistant while resident B is an additional observer, then resident B should not count the case as “Assistant.”

**Cases**

For all bilateral cases, including endoscopic sinus surgery: Count each side individually. If you do the anterior ethmoidectomy on both sides, you are surgeon on 2 cases.

Exceptions to bilateral coding:

Tonsillectomy: Count patients, not sides. If you do either side, or both sides, you are surgeon on 1 case.

Ear tubes: Count patients, not sides. If you do either side, or both sides, you are surgeon on 1 case.

**Unbundling**

Unbundle if appropriate for documentation.

Normally, laryngectomy with neck dissection is a single code, but if Resident A does the larynx and Resident B does the neck, each should report that as two cases.

Similarly, if Resident A does the right lobe of a total thyroidectomy and Resident B does the left side, then each should report themselves as surgeon on a unilateral lobectomy (and assistant on another lobectomy). For billing purposes after training, however, you should use the single CPT code for total thyroidectomy.

## **ADMINISTRATIVE RESPONSIBILITIES**

Medical Records: All operative dictations must be performed within 1 hour after the conclusion of the case. All residents use their individual NYPH physician code for dictation. This transcript is subsequently reviewed and verified for accuracy then signed. To use the system, the resident obtains an ID and password from medical records.

On Call Schedule: There are 2 on call rooms – one on 7GN, and one on Harkness 11. There is computer access for checking results from the hospital. The on call schedule is prepared by the chief resident or his or her designate. The schedule is then approved by the Site Director. It is the responsibility of the resident to verify each day with the hospital operator to insure that the paging system is working properly. The adult and pediatric consult pagers should be carried by the resident on call, and should not be signed out to each other or another pager. Any change in the call schedule is cleared by the Site Director. Each resident contacts the resident on call Sunday night to plan for Monday's rounds.

## **WORKING HOURS POLICY/ PROCEDURE AT COLUMBIA ARE DETAILED IN THE GME RESIDENT POLICY MANUAL**

Resident Vacation Requests: The Residency Site Director is the approval authority for all vacation, holiday, and other travel requests. Requests for days off for religious observances, meetings, conferences and interviews are discussed with the resident director before the start of the rotation. All absences of an extended nature during the day must be cleared with the Residency Site Director in advance, including attendance at courses.

Resident Professional Leave Time:

POLICY:

It is understood that residents will require time for interviews for fellowship and post-residency employment. A resident is permitted a maximum of 5 business days per year for such interviews. Any time beyond this 5-day allotment will be taken as vacation time. The total number of vacation days that can be taken may not exceed the total allotted for that resident during that rotation.

Arrangements for taking time for interviews will be coordinated by a request to the Chief Resident and then the Residency Director at that location. The request will be evaluated to make certain that there will not be a negative impact on patient care or unfair distribution of responsibilities to the remaining residents.

The Department Chairman will review extraordinary requests on a case-by-case basis.

PROCEDURE:

A written request must be submitted to the Chief Resident for approval at least 4 weeks before the event. The Chief Resident will make accommodations in the clinical schedule accordingly.

VACATION POLICY:

Each resident is allotted 4 nonconsecutive weeks off per academic year (July 1-June 30). As a program with 3 hospital sites, vacation will be distributed proportionate to the number of residents assigned to each site.

No vacation time will be approved during the weeks of the AAO-HNS fall meeting or the Triological spring meeting.

In allocating vacation time, the administrative chief resident must be certain that NYS Resident Work hour policies are not violated (example: every 3rd day on call). Chief residents are the only residents permitted to take the last week of the academic year as vacation, as long as they also do not take any other week in June as vacation or academic leave.

The vacation schedule for the academic year must be submitted to the Residency Program Director by July 1st of that academic year. The vacation schedule must be approved by all the Site Directors before it can be distributed to the residents and support staff.