

Editorial

Voices in Orthopaedics™... The Residency Programs: Columbia Orthopaedics- A Day in The Life of Orthopaedic Residents

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[Conflicts of Interest Statement for Dr. William K. Crockatt](#)

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^e My name is Prashanth Kumar, and I am an intern in the New York Presbyterian -Columbia Orthopaedic Surgery Residency program. I am originally from Atlanta, GA followed by going to Harvard for college, where I studied Applied Mathematics-Biology. I then completed medical school at the Columbia Vagelos College of Physicians and Surgeons.

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PGY 1 through PGY-5 residents at Columbia Orthopaedics (New York Orthopaedic Hospital) reflect on daily experiences in their specific year of residency.

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At the NewYork-Presbyterian Hospital/Columbia University Irving Medical Center orthopedic surgery residency program (still affectionately known to our alumni as the “New York Orthopaedic Hospital” [NYOH]), our five-year curriculum is designed to educate residents in the “art and science of orthopedic surgery,” transforming interns into competent, caring, and technically proficient surgeons. Through a structure that emphasizes progressively increasing responsibility, residents navigate a journey that spans from the foundational skill-building of intern year to the refinement of skills as a chief resident. Whether mastering consult skills at the Allen Hospital, managing complex trauma at Milstein, or engaging in our mentorship model at our many satellite locations, the NYOH experience is defined by a balance of rigorous operative exposure and a supportive, collaborative culture. Below, we chronicle a typical day in the life of residents from each stage of training, capturing the unique challenges and triumphs that define the Columbia residency.

PGY-1 – PRASHANTH “PK” KUMAR, M.D.

Intern year is fast-paced, hands-on, and a crash course in becoming a resident. The year is split evenly between six straight months of general surgery and six months of orthopedics, and from day one, you’re immersed into the experience—taking ownership of patients, getting hands-on experience in the OR, and figuring out how everything moves on busy services.

GENERAL SURGERY ROTATIONS

During my general surgery months, I rotate through vascular surgery, breast surgery, plastic surgery, PM&R, and the SICU. These are four- to six-week blocks where I function as a true general surgery intern, balancing time between the floor and the operating room.

Most mornings start around 5:00 AM with chart-checking from home, seeing what happened overnight and getting ready for rounds. By 6:30 AM, I’m rounding with the team, and from there, the day is a mix of managing consults, writing orders, coordinating care, and heading to the OR for cases.

One of the highlights of the vascular block I am on is getting real hands-on exposure to complex wound closures and amputations, skills incredibly important to orthopedic care. We are treated no differently than the categorical gen-

eral surgery residents and as such get immersed in each of these fields. These months are also when I take Step 3 and start laying the groundwork for research projects to work through the rest of residency.

ORTHOPEDIC SURGERY ROTATIONS

ALLEN SERVICE

The Allen service is where you really learn how to think on your feet. I spend two months at NYP’s community hospital in Inwood on a consult-heavy service, covering both the ED and inpatient consults.

I wake up at 6:00 AM and my shift goes to 7:00 PM - throughout the day I’m independently evaluating consults, everything from fractures and trauma to spinal cord compression and hand infections. For each consult, I create a plan, put it into action, and then fine-tune it with feedback from a senior resident who works with me for the entire rotation, as well as the trauma attendings on call. It’s busy, but that’s good. It really builds confidence in triage, efficiency, and decision-making skills, especially important as we progress to our PGY-2 Year. In the next days, I will present my consults, reductions, and interventions in trauma to the attendings and senior residents, who critique and give recommendations to further improve my care, making it easy to see myself concretely improving week to week.

LOWER EXTREMITY (LE) SERVICE

LE is one of the busiest—and most operative—services of intern year. Days start early, usually around 4:30 AM, with chart-checking my 10-25 patient list and seeing if any trauma add-ons popped up overnight. After rounding with my senior, I present plans to the attendings in charge of their care, who provide their recommendations. We then head into morning education or trauma rounds before the OR starts around 7:30 AM.

This service is a mix of high-volume elective joints and trauma, so a single day might include primary and revision hip and knee replacements, along with hip or ankle fractures added on. Though an average day may have 6-7 scheduled cases across 2 rooms, our LE attendings love trauma, so we often have 1-2 additional cases every day. We operate 4-5 days a week on this service, and with many attendings running two rooms, there’s no shortage of cases. Because of this, I get an incredible amount of early, hands-

on exposure to surgical approaches to the hip and knee as well as basic trauma cases, truly a highlight of intern year.

HAND SERVICE

Hand is a great mix of clinic, OR, and floor work. Mornings usually start with chart-checking and rounding before didactics at around 6:15, then heading to the OR, where I'm able to learn bread-and-butter cases like carpal tunnel and trigger finger releases alongside the fellow and attending. At the same time, our attendings regularly take on complex cases, including wrist fractures, scopes, upper extremity arthroplasty, where cases can last hours, and our days can go until 11 PM.

Because most hand cases are ambulatory, we operate at several different sites, including Milstein, the Allen Pavilion, the David H. Koch Surgical Center, and the One in Westchester, and as a result, my commute might be a walk, a shuttle ride, or a GME-covered Lyft.

Throughout the day, I'm also the floor service for all orthopedic primaries and consults with our PA team, where we answer pages, get patients ready for surgery, and keep everything moving until the night resident takes over at 7:00 PM.

PGY-2 - VIBAV H MOULI, MD MS

PGY-2 year at Columbia is a remarkable, formative year of orthopedic surgery residency, and I've come to appreciate the whirlwind of dichotomies it brings: with more trust comes higher expectations; with growing knowledge base comes persistent imposter syndrome; and with increasing technical skill comes a sharper awareness of our limitations (we are "consciously incompetent," as the learning model suggests). We help manage three parallel realms—ED consults, floor care for orthopedic services (pediatrics, joints, spine, sports, tumor), and OR coverage across three hospitals: Milstein, the Children's Hospital of New York (CHONY), and the Allen.

Mornings start around 4:45 or 5:00 AM, pre-charting and reviewing overnight events, labs, and imaging before rounds. As PGY-2s, we start to lead rounds ourselves and communicate with consulting teams independently, all under the steady support of our seniors and fellows. Afterward comes daily conference—a fun (read: terrifying but invaluable) rite of passage where PGY-2s often field many questions from attendings—before heading to the OR. By this point, we've gained some comfort setting up rooms, prepping and draping, and understanding surgical approaches. Our attendings are intentional about carving out opportunities for us to hold and manipulate instruments, execute steps, and understand the why behind each decision. While we continue to drink from the fire hose, we're slowly learning to make more sense of the chaos.

Perhaps the most defining feature of PGY-2 is serving as the primary consult resident. We rotate daytime consult coverage (6 AM–7 PM) once per week, and one dedicated PGY-2 manages all overnight consults from 7 PM–6 AM as the only onsite orthopedic provider in the hospital. On

weekends, we hold both the consult and admit pagers for 27 hours—fondly known as the "Milstein Saturday" shift—capped by the tradition of the seniors buying breakfast for the entire team. These call teams (PGY-3 through PGY-5) form the backbone of our team-based approach, reviewing our plans for supracondylar fractures, periprosthetic hip dislocations, complex hand lacerations, and everything in between.

Despite long days, there are so many bright moments—grabbing a brown sugar shaken espresso between cases with my co-residents, jiving to afro house with my favorite OR techs, or sitting at dinner reflecting and decompressing with my wife. PGY-2 is full of unparalleled highs and challenging lows, and I'm grateful for the Columbia Orthopedics community that keeps me grounded through it all.

PGY3 – NATALIA CZERWONKA, MD

It's the first day of my rotation at Westchester, one of our residency's most universally-loved rotations, and the day is off to an early start! I wake up at 5am to shower, have breakfast, and check the OR schedule for add-ons. I am delighted to see that Dr. Herndon has added on an IT fracture. I am going to specialize in trauma, and this is an excellent omen for the rest of the rotation. I am out the door and on my way to the hospital by 6am. During my commute, I review the cases for the day and review the technique guide for Dr. Herndon's total knee arthroplasties (TKAs). At Columbia, most of our attendings like to use a robot for their total knees; today, Dr. Herndon happens to be doing solely manual TKAs, so I am ecstatic.

Once I arrive, I meet with Dr. Herndon to discuss my goals and his expectations for the rotation. The entire rotation is a mentorship model, meaning that I am the sole resident working on-on-one with the NYPW attendings and learning from them. I will be with Dr. Herndon doing arthroplasty and trauma cases on Mondays; with Dr. Roberts doing hand cases on Tuesdays and Wednesdays; and with Dr. Knudsen doing Shoulder/Elbow cases on Fridays. I have no inpatient or floor responsibilities – I take no call at NYPW - this particular 2-month rotation was consciously designed to optimize the resident operative experience, through both the OR and cadaver and technique labs. The point is to provide the PGY3 with ample operative experience each day, one-on-one with the attending.

Today, we have 2 manual TKAs, followed by a revision total hip arthroplasty (rTHA) and ending with an IT fracture. Dr. Herndon talks throughout the entirety of every case, teaching and good-naturedly heckling me. I've worked with Dr. Herndon on call a few times and have turned to him a number of times in the past to discuss career opportunities in the realms of trauma and traumaplasty – so I'm happy I finally get to work with him as his resident. This gamut of cases is typical for Dr. Herndon (a mix of primary arthroplasties, complicated revisions, and trauma add-ons). With Dr. Roberts (hand), most days consist of carpal tunnel releases, distal radius fractures, elbow and hand fractures, and tendon/artery/or nerve repairs. With

Dr. Knudsen (shoulder/elbow), a typical involves a mixture of shoulder instability soft tissue and bony cases, primary and revision shoulder arthroplasties, and proximal and distal humeral fractures. Between cases, I take notes on what I've learned. Every pearl is valuable; and keeping written records help me learn and progress.

We end this first day at 7pm, and I head home. I use my commute to read up on the following day's OR patients. When I get home, I decompress by cooking dinner with my boyfriend and chattering his ear off because I'm so excited about my awesome first day. We take some time to go on a walk and plan our upcoming trip. Once back home, I finish reviewing cases for the following day and then do 10 orthobullets questions. The day in the life of resident is busy, and time management skills are critical. Yet, it's also genuinely a fun life. It's a privilege to learn how to be a surgeon, and to practice being a surgeon. No one in my family is in medicine; my parents work blue collar jobs that have changed frequently over the years; and I don't know how common it is for anyone to have so much passion and love of their job, as orthopedic surgeons do. So, no matter how hard or exhausting it can sometimes get, I keep the perspective that this is truly a lucky life that I have the privilege of getting to live each and every day.

PGY4 – D. JOANNA KIM, MD

My day usually starts early – most of the times, I wake up around 5AM to get ready and head to the hospital. I live about 30 minutes away from the hospital, so I am out the door between 5:30AM and 6AM. During my commute to the hospital, I review any inpatients who are admitted to the hospital, today's cases, or catch up on emails.

Our mornings revolve around rounding on our admitted patients, reviewing labs/data, running the list with the team. I am currently on the sports service, so the week includes protected educational time with conferences focused on sports-related pathology, surgical techniques, and treatment decision-making. These sessions often involve case-based discussions and review of current literature. As a senior resident, I am expected to actively participate in discussions, help lead case-based teaching for junior residents and students, and present cases or techniques at our conferences.

After conference, which usually end by 7AM, the day transitions either the operating room or clinic. The service I am currently on operate on mentorship model, which means that I am operating and at clinic with my mentors. As for the operating room, there is no true "typical" day on a sports rotation, as the pathology is broad and varied. In the OR, cases often include arthroscopic procedures such as ACL and meniscus surgery, hip arthroscopic labral repairs, total shoulder replacements, shoulder instability repairs, and rotator cuff repairs, along with fracture fixation and other sports-related injuries. As a senior resident, I take on increased operative responsibility, assist with surgical planning, and focus on refining my technical skills and decision-making. Between cases, I make a point to jot down key teaching points or surgical pearls from attendings.

On clinic days, I work closely with my mentors, seeing both new and follow-up patients. We evaluate a wide range of athletic injuries involving the knee, shoulder, hip, and elbow. Most of the time, I see new clinic patients who are often referrals from other primary care physicians or people with acute injuries from the ED. Clinic is a critical part of the rotation, allowing me to finetune my physical exam skills, non-operative management strategies, and sharpen my understanding of surgical indications and return-to-play considerations. It is also helpful to listen in on how our attendings guide patients through injuries and explain procedures; as well as talk expectations regarding post-operative recovery periods – all things we do not directly learn from the operating room. Procedures such as joint injections or aspirations are also a regular part of clinic and an important component of training.

Once the day's cases and patients are finished, I head home. This time during the commute, I log my cases as it builds up if you are not on top of them! As soon as I get home, I try to get at least an hour or two for a true break – and this usually involves some sort of exercise at the gym or a workout studio. I also like to cook and have a dinner uninterrupted to catch up on my partner's day and debrief with him. I finish the day usually prepping for next day's cases and organizing my notes; and if time allows for research and questions.

Life as a resident is busy and sometimes not always possible fit in all the tasks – but I've learned that balance and flexibility is key. At the end of the day, I genuinely enjoy both my work and my life outside of work and keeping that perspective has been key to making the most of this stage of training!

PGY5 – WILLIAM K. CROCKATT, MD

The PGY-5 year is the culmination of our residency training, designed to refine our decision-making and technical autonomy in our last year. Our schedule is divided into two-month blocks covering Sports/Shoulder, Hand, Tumor, Joint Replacement, Research/Elective, and an "Operative Float" rotation. The structure allows us to polish our skills across the major subspecialties while having a large chunk of elective time, which we can use to fill in any minimum case requirements prior to graduation as well as tailor our time to best prepare us for fellowship and our future practice – in my case, making sure I see a lot of primary and revision arthroplasty as well as trauma cases.

One of the perks of the "operative float" rotations is the minimal rounding and call responsibilities. On this rotation, my days typically start around 5:30 AM – I shower, eat breakfast, and review my case templates for the day. I typically leave my apartment around 6am and log on to conference virtually during my commute to the hospital. I try to arrive to the hospital by 6:30AM to get changed, introduce myself to our first patient in the pre-op holding area and start getting our rooms set up.

The experience now is different than it was as a junior resident; it is less about "what is the next step?" and more about understanding the intricacies that make surgery look

easy in the hands of my attendings. On Tuesdays this block, I usually scrub with Dr. Jeff Geller, our Division Chief of Hip and Knee Replacement, at one of our satellite hospitals in Westchester. We average 6-7 cases in two rooms – I am responsible for one room while one of our Adult Reconstruction fellows is in the other room. With this structure, I'm able to get sufficient graduated autonomy in the OR while we keep the day flowing efficiently. While people joke that hip and knee surgeons only know four surgeries – left hip, right hip, left knee, right knee – I start to appreciate the little things that make each patient's anatomy unique: the nuances of soft tissue balancing, managing complex deformities, and maximizing efficiency without sacrificing precision.

We usually finish up around 5:00 or 6:00 PM, and I head home for the day. Once I get home (~around 6:30 PM), I make dinner or go to the gym if I have enough time. However, the work often continues; I may have AAHKS Young Arthroplasty Group (YAG) committee meetings, a journal article to peer review, or templates to make for the next day to ensure I am ready to go when I walk in the next morning. I always end my night by walking my dog before bed, using that quiet time to clear my head and decompress before doing it all again the next day.

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