ACGME case logs

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Case logs

- You are REQUIRED to keep your case logs up to date
- Case logs of every resident are reviewed by the Clinical Competency Committee every 6 months.
- The best way to log cases is to do it right after the case
- Accurate case logs are essential in monitoring the clinical volume of our residency and helps guide decisions about the residency's educational experience

Resident roles: definitions

- Surgeon Chief (SC): credit during 12 months of chief year ONLY
- Surgeon Junior (SJ): credit during all other years of training
  - If the case is just you and the attending, it is generally an SJ case
- Teaching Assistant (TA): when a senior resident is working with another resident who will count the case as “SJ”.
  - e.g. PGY5 (TA) taking a PGY3 (SJ) through a lap chole
  - TA cases count toward TOTAL MAJOR, but not SURGEON CHIEF totals. Minimum 25
- First Assistant (FA): when resident is acting as an assistant and not the surgeon
  - FA cases do NOT count toward TOTAL MAJOR

Definitions: “Total Major” vs “defined category”

- “Total Major” or “Major Credit”
  - Does NOT count FA cases
  - Does NOT count endoscopy (which have a separate requirement)
  - Does NOT count nonop trauma and surgical critical care
  - Does NOT count certain operations (typically ”smaller” operations)
    - Designated in case log as “not for major credit” or ”non-defined category”
    - These smaller cases should still be logged as they contribute to the 250 minimum by end of PGY2
      - Portacath placement
      - Skin tag excision
      - Be mindful of the code you choose for skin/soft tissue—some codes count for major credit, others do not

Requirements: PGY1-2 years

- End of PGY2 year requirement: 250 total cases
  - Includes **both** SJ and FA cases
  - At least **200** in defined categories, endoscopy, or e-code
    - Note that endoscopy does count in this category but not for "total major" credit
  - Up to **50** non-defined cases (not for major credit)
    - E.g. port placement, central line placement

Examples of “non-defined category” or not for major credit cases that should still be logged

- Some of these may occur at the bedside and not in the operating room
- 10060 incision and drainage of abscess
- 10120 incision and removal of foreign body, subcutaneous tissues
- 11042 debridement, subcutaneous tissues first 20 sq cm
- 11200 removal skin tag
- 12001 simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities (up to 12.5 cm) but >12.5 cm DOES count (different CPT code)
- 20200 Biopsy muscle superficial; 20205 biopsy muscle, deep
- 36589 removal of tunneled central venous catheter
- 36555 insertion of non tunneled central venous catheter < 5 years old
- 36556 insertion of non tunneled central venous catheter > 5 years old
- 36560 insertion of tunneled central venous line with port < 5 years
- 36558 insertion of tunneled central venous catheter > 5 years old
- 32551 tube thoracostomy, includes connection to drainage system

Note that these codes DO count for major credit (skin and soft tissue)

- 11604 Excision malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1-4.0 cm
- 11770 Excision pilonidal cyst or sinus, simple
- 21501 Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
- 21930 Excision, tumor, soft tissue of back or flank, subcutaneous, less than 3cm
- 21935 Radical resection of tumor (e.g. sarcoma) soft tissue of back or flank < 5cm
- Others….

CPT=Current Procedural Terminology

- CPT codes are 5 digit codes that describe specific operations.
- CPT codes are used to determine professional fee billing metrics (RVU)
- CPT codes do not adequately capture all operations
  - E.g. no code for laparoscopic distal pancreatectomy
- For operations for which a CPT code does not exist, use the closest approximation

Helpful hint

- If you cannot find the code for a procedure in the ACGME log, try googling the procedure and “CPT code”
- This is often more effective than searching through the ACGME system

E Codes

- E-code: vascular exposures
  - Allows one resident to count exposure, and another resident to count the anastomosis or repair
  - Add “E” to the case ID
    - 35201 repair blood vessel, direct;neck
    - 35206 upper extremity
    - 35216 intrathoracic
    - 35221 intraabdominal
    - 35226 lower extremity

REQUIREMENTS: General Surgery

By the end of PGY5 year:

- 850 TOTAL MAJOR
- 200 of these must be SURGEON CHIEF
- 25 TEACHING ASSISTANT
- Must fill all defined category requirements, including:
  - 85 Endoscopy (not for major credit)
    - 35 upper
    - 50 lower
  - **40** NONOPERATIVE TRAUMA (not for major credit)
    - Of which, at least 10 Team Leader Resucitation CPT 92950
    - 99199 ”Unlisted special service, procedure, or report”
      - Major Organ Trauma, no operation required
      - Should be claimed by most senior resident involved in the care
  - **40** SURGICAL CRITICAL CARE (not for major credit)
    - Need each of the 7 critical care conditions:
      - vent management
      - Bleeding
      - Hemodynamic instability
      - Organ dysfunction/failure
      - Dysrhythmia
      - Invasive line management
      - Parenteral/enteral nutrition

Category		Minimum
Skin, Soft Tissue		**25**
Breast		**40**
	Mastectomy	5
	Axilla	5
Head and Neck		**25**
Alimentary Tract		**180**
	Esophagus	5
	Stomach	15
	Small Intestine	25
	Large Intestine	40
	Appendix	40
	Anorectal	20
Abdominal		**250**
	Biliary	85
	Hernia	85
	Liver	5
	Pancreas	5
Vascular		**50**
	Access	10
	Anastomosis, Repair, or Endarterectomy	10

Category		Minimum
Endocrine		**15**
	Thyroid or Parathyroid	10
Operative Trauma		**10**
Non-operative Trauma		**40**
	Resuscitations as Team Leader	10
Thoracic Surgery		**20**
	Thoracotomy	5
Pediatric Surgery		**20**
Plastic Surgery		**10**
Surgical Critical Care		**40**
Laparoscopic Basic		**100**
Endoscopy		**85**
	Upper Endoscopy	35
	Colonoscopy	50
Laparoscopic Complex		**75**
Total Major Cases		**850**
	Chief Year Major Cases	200
	Teaching Assistant Cases	25

Defined category requirements

- Many cases map to more than one defined category
- Basic Laparoscopic = Lap chole and Lap appy
  - Lap chole still counts in defined category “Biliary”
  - Lap appy counts in defined category “Alim tr-large int”
- Advanced Laparoscopic = all other laparoscopic cases
- Thyroid/parathyroid cases count towards both Endocrine and Head/Neck
- Carotid endarterectomy counts as both vascular and head and neck
- Laparoscopic hepatectomy = 47379 “Unlisted laparoscopic procedure, liver”; defined category LIVER and ADV LAP
- Laparoscopic pancreatectomy = 48999 “Unlisted laparoscopic procedure, pancreas”; however, currently this maps only to PANCREAS and not ADV LAP

Defined categories that can be problematic (in our program)

- Plastic surgery
  - Limited exposure
  - No burn experience
- Pediatric surgery
  - Robust operative experience, but many cases may not have a code, or may not have a code recognized as pediatric defined category
  - Fewer “bread and butter” pediatric cases, more specialized cases
- Endoscopy
- Thoracic surgery
  - Count these cases whenever you can

Useful codes that count for major credit in Plastics defined category

- 15734: muscle, myocutaneous or fasciocutaneous flap; trunk
  - AKA **component separation** (anterior or posterior (transversus abdominis release))
- 13160 secondary closure of surgical wound or dehiscence, extensive or complicated
  - Example: reoperation for fascial dehiscence (can also be code 49900—but not a plastics code)
- 14001 Adjacent tissue transfer or rearrangement, trunk defect 10 sq cm to 30 sq cm
  - Example: wide excision of melanoma with advancement flap
- 15100 split thickness skin graft trunk, arm, legs, first 100 sq cm

- 12034 repair, intermediate wounds scalp, axillae, trunk, or extremities 12.6 cm
- 12005 simple repair of superficial wound of scalp, neck, axillae, external genitalia, extremities 12.6-20 cm
  - 12006: 20-30cm, 12007: >30cm
- 12015 simple repair of superficial wounds of face, ears, eyelids, nose, lips 7.6 cm -12.5 cm
- 13102 repair, complex, trunk each additional 5 cm or less
- 13122 repair, complex scalp arms and or legs each additional 5 cm (multiple layers, debridement, tissue rearrangement)

Pediatric surgery codes

- Make sure to use the right code so that you get credit for a pediatric case
- Note there is no pediatric appendectomy code
- There ARE pediatric hernia codes
- 43281 Lap Nissen has both an adult category and pediatric category
  - If you do the operation on a pediatric patient, make sure to count it as a pediatric case
- Port, Broviac insertion and removal do not count as defined category cases
- There is no pediatric ECMO cannulation code in the ACGME case log

Cases with multiple residents/procedures

- Only one resident can count a single operation on a single patient for major credit (SJ or SC)
  - Exceptions
    - TA/SJ cases
    - E-codes (exposure code for vascular cases)
      - One resident can count the exposure, the other can count the rest of the case
    - Does NOT apply when a **fellow** is involved with the operation (case can be double-counted)
- Only one procedure can be counted by the resident in cases where multiple operations are performed (e.g. en bloc gastrectomy, colectomy, distal pancreatectomy)
  - Although this can be circumvented by providing a different case ID
- Distinct operations on one patient performed by different residents can be counted separately
  - E.g. colectomy and liver resection performed by different teams
  - E.g. cholecystectomy by the intern during a Whipple can be counted separately
  - Closure of fascia and skin on a laparotomy by the intern can be counted separately from the main operation (if the intern was the operating surgeon for the closure)

Summary

- KEEP YOUR CASE LOGS UP TO DATE
- Log your cases immediately after the case (or procedure)
- Be mindful of requirements
  - End of PGY2 year: 250
  - Breast, endoscopy, plastics, peds: very few of these cases occur in your chief year so the requirements need to be met earlier
- Not updating your case log is an excellent way to irritate your program director