Case Logs

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Specialties Present (?)

- Anesthesiology
- Emergency Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Radiology – Diagnostic
- Surgery

Disclosures

- General Surgery
- Recovering program director
- Recovering DIO
- Past member, ACGME-I Review Committee
- Senior VP, Surgical Accreditation ACGME
- No financial conflicts

Outline

- Why ACGME uses case logs
- How RC uses case logs
- Resident's role in case logs
- Program's role in case logs
- Establishment of minima
- Case log examples for discussion
- Importance of case logs in NAS
- Discussion of case log use in Singapore

Why ACGME Uses Case Logs

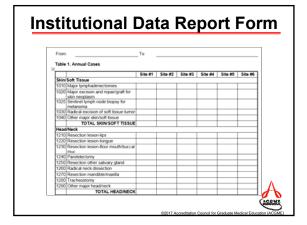- Program must prepare resident for practice

- Breadth of clinical experiences (types)

- Depth of clinical experiences (numbers)

- NOT a proxy for procedural competence

How RC Uses Case Logs

- Assessment of an application*:
  - Clinical resources available to program
  - Clinical resources available in a clinical site

  * *Using institutional data supplied by program*
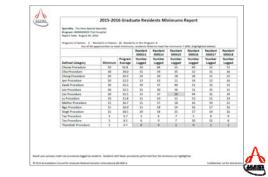
Institutional Data Report Form

How RC Uses Case Logs

- Ongoing assessment of the program*:
  - Clinical resources available to program
  - Clinical experience gained by residents
  - Appropriateness of approved complement
  - Diligence of oversight by program director

  *Using case logs of program graduates

Program Graduate Case Log

Resident Role in Case Logs

- Enter *every* case
  - Do <u>not</u> stop when minima met
- Enter cases timely
- Enter cases accurately
- Enter cases honestly

Resident Uses for Case Logs

- Record of *personal* experience
- Job application
- Application for certification(?)
- Foundation for life-long case log

Program Role in Case Logs

- Train residents in use of ACGME case log
- Monitor resident entry for currency
- Periodically assess each resident's progress
- Monitor appropriate case distribution
- Ensure each graduate meets each minimum

Program *Uses* of Case Logs

- Assess curriculum
- Adjust clinical rotations
  - Individual(s)
  - All
- Assess contributions of faculty members
- Add/delete clinical sites
- Assess resident complement

ACGME-I Case Minima

Establishing ACGME-I Minima

- *Initially* set at U.S. minima as a baseline*
- *Some* may require adjustment for ACGME-I
- Appropriateness of minima assessed by RC
- *May* be modified by ACGME-I RC

*See "Case Log Information for *[Specialty]* Programs" on ACGME-I website

Establishing Minima in the U.S.

- Determined by peers in specialty
- Procedures essential to specialty
- What makes an X specialist an X specialist?

Establishing Minima in the U.S.

- Done differently by different specialties
  - Specific procedures vs *groups* of procedures
  - Allow or *not* allow "unbundling"
  - Credit only one procedure per case vs *multiple*
  - Credit only one resident or *multiple*
  - Credit for assistant or *only* for surgeon
- *All* taken into account when setting minima

Case Log "Mapping"

Case Log "Mapping"

3. Are residents required to enter cases according to Current Procedural Terminology (CPT) codes?

No. Codes are not required when residents are logging cases. The ACGME-I Case Log System uses descriptors to identify and log cases. The Review Committee-International will evaluate graduate resident cases based on descriptions of the procedures, not the codes.

ACGME-I Case Log FAQs

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Suggested Reading

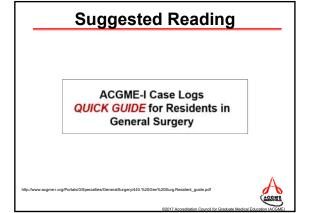ACGME-I Case Logs
QUICK GUIDE for Residents in General Surgery

http://www.acgme-i.org/Portals/0/Specialties/GeneralSurgery/440.%20Gen%20Surg.Resident_guide.pdf

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Suggested Reading

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Suggested Reading

ACGME-I Case Logs
QUICK GUIDE for Faculty and Staff in General Surgery

http://www.acgme-i.org/Portals/0/Specialties/GeneralSurgery/440.GS.%20Faculty_Staff_Guide.pdf

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Suggested Reading

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Hypothetical Case Log

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Hypothetical Case Log

2015-2016 Graduate Residents Minimums Report

Specialty: The Very Special Specialty
Program: 0000000000-Outside Hospital

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Programs in Nation: 3   Residents in Nation: 19   Residents in this Program: 7

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Outside Hospital Case Log

Defined Category

Cheow Procedure
Chia Procedure
Chong Procedure
Iyer Procedure
Kwek Procedure
Lee Procedure
Lim Procedure
Lu Procedure
Mathur Procedure
Ngo Procedure
Singh Procedure
Tan Procedure
Teo Procedure
Thambiah Procedure

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

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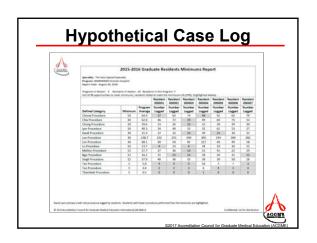
Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Out of 98 opportunities to meet minimums, residents failed to meet the minimums 29 times (29%) (highlighted below).

Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

All residents at Outside Hospital met the minimums for the Iyer, Lee and Lim Procedures

Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Outside Hospital Case Log

Resident 000003 missed minima in 9/14 categories, *including* 3 categories that were met by every other resident in the program and 3 that were met by *almost* every other resident in the program.

Based upon primary code role procedures logged by residents. Residents with fewer procedures performed than the minimums are highlighted.
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Outside Hospital Case Log

Resident 000003 missed minima in 9/14 categories, *including* 3 categories that were met by every other resident in the program and 3 that were met by *almost* every other resident in the program.

Is Resident 000003:
　　　Not logging cases?
　　　Avoiding the operating room?
　　　Not getting right rotations?

Based upon primary code role procedures logged by residents. Residents with fewer procedures performed than the minimums are highlighted.
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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Specialty: The Very Special Specialty
Program: 000000000 Outside Hospital
Report Date: August 30, 2016

Programs in Nation: X   Residents in Nation: 19   Residents in this Program: 7
Out of 98 opportunities to meet minimums, residents failed to meet the minimums 29 (29%). (highlighted below).

Based upon primary code role procedures logged by residents. Residents with fewer procedures performed than the minimums are highlighted.
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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Cheow Procedures:
　　　Minimum = 50
　　　Program Average = 64.9
But, 2 residents failed to meet minimum
What is going on here?

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Specialty: The Very Special Specialty
Program: 000000000 Outside Hospital
Report Date: August 30, 2016

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Outside Hospital Case Log

2015-2016 Graduate Residents Minimums Report

Specialty: The Very Special Specialty
Program: 000000000 Outside Hospital
Report Date: August 30, 2016

Teo Procedure:
　　　Only one resident met minimum
　　　Program *average* (3.4) below minimum (5)
　　　How should the program respond?

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Outside Hospital Case Log

Outside Hospital Case Log

Thambiah Procedure:
   No resident met minimum
   Only one resident had even one of these
   Program average (0.1) *far* below minimum (5)
   How should the program respond?

Other Hospital Case Log

Other Hospital Case Log

Other Hospital Case Log

Several procedures for which there are plenty
of cases to go around. Still, some residents in the
program failed to meet minima for those procedures.

What should the program do?
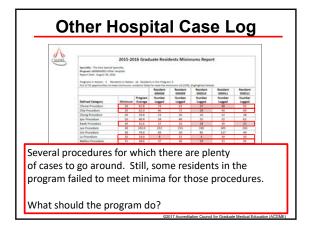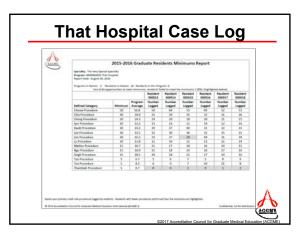
That Hospital Case Log

Case Logs in ACGME-I

- Case logs *not* greatly emphasized, to date
  - Few (if any) *graduates* from ACGME-I programs
  - Time for programs to adjust to ACGME-I

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Case Logs in ACGME-I

- Case logs will be <u>very</u> <u>important</u> in NAS-I
  - Very few 'indicators' utilized
  - What is more important to procedural discipline?
  - If residents don't operate, they cannot be surgeons
  - RC must <u>know</u> that clinical experience adequate in order to be able to meaningfully accredit program

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RC and Case Logs

Questions the RC may ask in the face of:

- *Any* deficiency
  - Is the PD exercising appropriate oversight?

- *Multiple* deficiencies
  - Is the PD exercising appropriate oversight?
  - Is approved resident complement appropriate?
  - Is the program one that should be accredited?

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What is Common to These Programs?

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What is Common to These Programs?

Why are all programs deficient in this procedure?

Is this an operation:

- For a disease not seen in Singapore?
- For which an alternative is done in Singapore?
- Usually performed by faculty in Singapore?

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RC and ACGME-I Minima

- *Initially* set at U.S. minima
- Appropriateness of minima assessed by RC
- *Some* may require adjustment for ACGME-I
- Need accurate & complete reporting to do so!

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Possible Misunderstandings

1. U.S. minima were NOT established in concert with U.S. certification requirements

2. Minima are *not* suggestions

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Please Teach Us

- More case log education from ACGME-I?
- Residents given responsibility "as surgeon"?
- Issues with *recording* resident as surgeon?
- Residents not logging?
- Certain procedures not done in Singapore?
- Overlapping mandates?

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Thank you!

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