

ACGME-I Case Logs  
**QUICK GUIDE** for Faculty and Staff in  
 Otolaryngology



A **Quick Guide** to interpreting reports

Consider the following when reviewing resident case log reports or counselling residents on case entry.

1. Only the following resident roles for each case are counted toward minimum case requirements
  - Procedures performed in roles of surgeon and teaching assistant count toward minimum requirements. All codes entered in these roles count toward minimum requirements.
  - There can be at most only one assistant surgeon, one resident surgeon and one teaching assistant per procedure.
  - Each resident may claim only one role per procedure. Two residents cannot claim the same role for any specific procedure.
  
2. The table below summarizes how residents can split procedures

<b>Procedure</b>	<b>How to split</b>
CSF leak repair with graft	Log graft harvest separately
Sinus Surgery	Log each side separately
Substernal thyroidectomy, including cervical approach and transthoracic sternal split approach	Log neck dissection separately. For a thyroid case where the attending does most of the first lobe and the resident surgeon completes the other side, log two different cases for each hemi-thyroid, one as Assistant and one as Surgeon
Neck dissection	Log each side separately
Glossectomy including partial, hemi and total	Log separately from neck dissection
Excision mandible tumor	Log neck dissection or tracheostomy separately if jointly performed with oral cavity/OP resection
Superficial parotid with and without FN dissection or total parotid with FN dissection and FN sacrifice	Log parotid and neck procedure separately
Laryngectomy	Log separately from neck dissection
Pharyngectomy	Log larynopharyngectomy as separate procedure
Resection of midline skull base mass or tumor	If flap is included, log the flap in free and pedicled flaps
Mandible excision for ORN/benign tumor/cyst or malignant tumor or segmental mandibulectomy	Log separately from neck dissection

Open reduction of nasal fracture or ZMC/midface fracture	If done with Ophthalmology, log orbital fracture as assistant. If performed. log canthotomy separately
Mandible fracture	Log MMF, open reduction without fixation and open reduction with IF separately
Blepharoplasty	Log each eye and each site (upper or lower) separately
Microtia repair	Log STSG separately
Facial nerve decompression	Log decompression/mastoid and nerve graft harvest separately
Ablative Otologic procedures	Log tympanoplasty, mastoidectomy, and/or OCR separately
Tymp with mastoid and OCR	Log Tymp/OCR and mastoid separately

3. Some cases have multiple procedures, each procedure allowing for different levels of resident participation.. Please consider the examples below:
  - a. Two residents scrub in on a parotidectomy with neck dissection. Resident A performs more than 50% of the key portions of the parotidectomy while Resident B assists. The residents switch roles for the neck dissection procedure, with Resident B performing more than 50% of the procedure and the key portions. In this case, if the attending surgeon has scrubbed in for both procedures, Resident A will code **Surgeon** for the parotidectomy and **Assistant Surgeon** for the neck dissection; Resident B will code **Assistant Surgeon** for the parotidectomy and **Surgeon** for the neck dissection. If the attending surgeon scrubs out for the neck dissection portion of the case and allows Resident A to serve a supervisory role for Resident B on the neck dissection, then Resident A should code the Neck Dissection as **Teaching Assistant**.
  - b. Two residents scrub in on an endoscopic sinus surgical case involving bilateral total ethmoidectomies and sphenoidotomies. Resident A performs the procedures on the right side while Resident B observes. Resident B performs the procedures on the left side with Resident A supervising. The attending surgeon scrubs in for the right procedures but scrubs out for the left procedures. Resident A would code a total ethmoidectomy and sphenoidotomy as a **Surgeon** for the right procedures, and a total ethmoidectomy and sphenoidotomy as a **Teaching Assistant** for the left procedures. Resident B would code a total ethmoidectomy and sphenoidotomy as an **Assistant Surgeon** for the right procedures, and a total ethmoidectomy and sphenoidotomy as a **Surgeon** for the left procedures.
4. The following definitions are used in case entry fields:

Resident role

  - Surgeon: Resident has substantial responsibility for the case and performs over 50% of the surgical procedure. All cases performed in the role of Surgeon count toward the resident's minimum case requirements.
  - Assistant: Resident assists during the procedure with another surgeon who is an

attending or more senior resident and who is responsible for the case. The Assistant performs less than 50% of the surgical procedure. Cases performed in the role of Assistant do not count toward case minimum requirements.

- Teaching Assistant: A senior resident who instructs another resident who is taking credit for the case as Surgeon. The Teaching Assistant performs less than 50% of the surgical procedure. Cases performed in the role of Teaching Assistant will count toward case minimum requirements.

Patient type

- Adult: greater than or equal to 18 years of age at the time of the surgery
- Adolescent: greater than or equal to 13 years to less than 18 years of age
- Child: greater than or equal to 3 years to less than 13 years of age
- Infant/Toddler: greater than or equal to 28 days to less than 3 years of age
- Neonate: less than 28 days

*Available Reports*

<i>Experience by Role Report</i>	This report lists all procedures, including those that do not count toward the required minimum numbers, the number of each performed by the selected resident in each of the three roles, as well as the total number for each procedure.
<i>Activity Report</i>	This report allows program directors to note the number of cases or procedures logged by residents and the date and time that cases or updates were entered. This report is a quick way to keep track of how frequently residents are entering their cases. For example, if the program has a requirement that residents must enter cases weekly, running this report on a weekly basis is an easy way to identify residents who are not meeting the residency's requirements.
<i>Case Detail Report</i>	All information for each case entered into the case log system is displayed in this report, making it most useful for getting an in-depth view of a resident's experience during a defined period. For example, this report could be generated for each resident for the preceding 3-month period and used as part of the quarterly evaluation meeting with the program director or designated faculty mentor. The use of filters can provide additional insight into the resident's activities.
<i>Code Summary Report</i>	This report provides the number of times each procedure or CPT code is entered into the case log system by the program's residents. Filtering by specific CPT code, attending, institution, and/or setting can provide information on clinical activity that is useful to make targeted changes in rotation schedules, curriculum, faculty assignments, etc. This report can also be especially helpful in monitoring the procedures that do not count toward minimums. Choosing non-tracked codes on the area dropdown will show the

	procedures that have been entered and will not count toward minimum requirements. Review of these codes can determine if cases are being correctly entered.
<i>Key Indicator Report</i>	This report will track resident progress toward achieving minimum numbers, a separate report should be generated for each resident using the default settings.
<i>Tracked Codes Report</i>	This report provides a summary and description of all of the cases defined by the specialty that can be entered into the ACGME-I case log system. This report is organized by CPT codes; however, even if CPT codes are not used in your system, the report is useful to get a comprehensive listing of all procedures that are available to be tracked.

For technical support with Accreditation Data System (ADS) and the Case Log System, email [webads@acgme.org](mailto:webads@acgme.org).