

**ACGME-I Case Logs**  
**QUICK GUIDE** for Residents in  
**Otolaryngology**



A *Quick Guide* to Entering Cases

Consider the following when entering your cases or reviewing your Case Log reports:

1. Only procedures performed in roles of surgeon and teaching assistant count toward minimum requirements.
2. Each resident may claim only one role per procedure. Two residents cannot claim the same role for any one procedure.
3. There can be only one resident surgeon, one assistant surgeon and one teaching assistant per procedure.
4. The table below summarizes how residents can split procedures. When splitting, one procedure must be selected as the primary procedure.

<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 laryngopharyngectomy 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

5. Some cases have multiple procedures, each allowing for different levels of resident participation. You must select one procedure as primary. Consider the examples below:
- 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**.
  - 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.

### Quick Guide to Case Entry Fields

<i>Resident</i>	Resident name is auto-filled upon login.
<i>Institution</i>	Select the institution where the procedure was performed.
<i>Case ID</i>	Indicate a unique patient identifier to allow tracking of the patient to the procedure.
<i>Resident Program Year and Resident Year of Case</i>	Enter your categorical year in the specialty at the time of the case. You can adjust the Resident Year of Case field to a prior year if you wish to backdate a case.
<i>Attending</i>	Select the attending physician who supervised the case. All attending

	physicians should be available from the dropdown box. If the attending is not listed, inform the program coordinator who can add the faculty member to ADS.
<i>Date</i>	Enter the date <i>the procedure was performed</i> . Do <b>not</b> enter the date you are entering the case into the system.
<i>Resident Role</i>	Indicate your role in the case <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ 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 minimum requirements.</li> </ul>
<i>Patient Type</i>	<ul style="list-style-type: none"> <li>➤ Adult – greater than or equal to 18 years of age at the time of the surgery</li> <li>➤ Adolescent – greater than or equal to 13 years to less than 18 years of age</li> <li>➤ Child – greater than or equal to 3 years to less than 13 years of age</li> <li>➤ Infant/Toddler – greater than or equal to 28 days to less than 3 years of age</li> <li>➤ Neonate – less than 28 days</li> </ul>
<i>Credit</i>	If multiple procedures are performed during a case, residents must select one as primary. <ul style="list-style-type: none"> <li>➤ Primary – the procedure or treatment that is the main reason for providing care to the patient on the date indicated.</li> <li>➤ Secondary – all other subordinate procedures or treatments performed on the date indicated.</li> </ul>
<i>Procedure Information</i>	Enter the following information for each case: <ul style="list-style-type: none"> <li>➤ Area - The Area is the broadest category of procedure/diagnosis the Review Committee is tracking.</li> <li>➤ Type - This refers to the specific procedure/diagnosis the Review Committee is tracking. Click the applicable box.</li> </ul>

For technical support or questions regarding the Accreditation Data System (ADS) and the Case Log System, e-mail [ads@acgme.org](mailto:ads@acgme.org).