

CASE LOGS & CLINICAL PROCEDURE TRACKING

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GMEC Meeting
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Case Logs & Clinical Procedures

UMMC Programs

Call for Action

- ACGME Program-Specific Citation Category
Educational Program—Patient Care Experiences
7 citations
Educational Program—Procedural Experiences
9 citations
- NAS 2015 Letters of Notification
4 Programs with case log AFI's (Areas for Improvement)

Specialties Required to Use ACGME Case Log Data Collection

Hospital-Based	Medical	Surgical
Anesthesiology	Dermatology*	Surgery
Obstetric Anesthesia		Neurological Surgery
Medical Genetics		Critical Care
Nuclear Medicine		Ophthalmology
Pathology		Orthopaedic Surgery
Cytopathology		Orthopaedic Trauma
Hematology		Ortho Surgery of the Spine
Medical Genetics		Obstetrics & Gynecology
Radiology - Diagnostic		Plastic Surgery
Radiation Oncology		Thoracic Surgery
		Urology
		Vascular Surgery
		Otolaryngology

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* briefly suspended Dec '14

Specialties Required to Track Procedures

w/o ACGME Logs

- MANY
- If case or procedure minimums are defined but no formal ACGME log, the PD should develop internal logs or other tracking systems with sufficient detail to capture and document the requirements.

NAS

Data-driven review of programs



Case/Procedure Log Uses

Program Director	Trainee & Graduate's Credentialing	RRC
Aids in verifying trainee competence to perform procedure or practice	Verification of clinical experiences	Quality of the program
Balanced distribution of learning experiences	Hospital Privileges	% of program surgical or clinical volume exposure
Fulfills multiple competencies		Program %ile compared to national
APE, Self-Study, Accreditation SV		Trend reports
		Program's equitable distribution of experiences
	GMEC 6-25-2015	Complement Changes 6


Case Log


Resources for the PD


- RRC Website
 - acgme.org
- Specialty Case Log FAQs
- ACGME (weekly) Communications
- Specialty Society Meeting Presentations

PD Resources

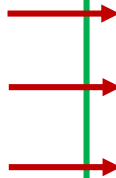
Obstetrics and Gynecology

 July 2015 Board Pass Rate Change

 FPMRS Case Log Instructions

 Ob/Gyn Minimum Numbers Announcement

Case Log Statistical Reports



Overview Program Faculty Residents Sites **Case Logs** Summary Reports

2672313029 - UNIVERSITY OF MARYLAND PROGRAM
Orthopaedic Surgery Of The Spine - Baltimore, MD

Reports Menu

Title	Description	
Archived Resident Experience Report By Year	Archive ACGME categorized summary report by the Resident year on the case	View
Code Summary Report	Counts of procedures by CPT code	View

Quick Links

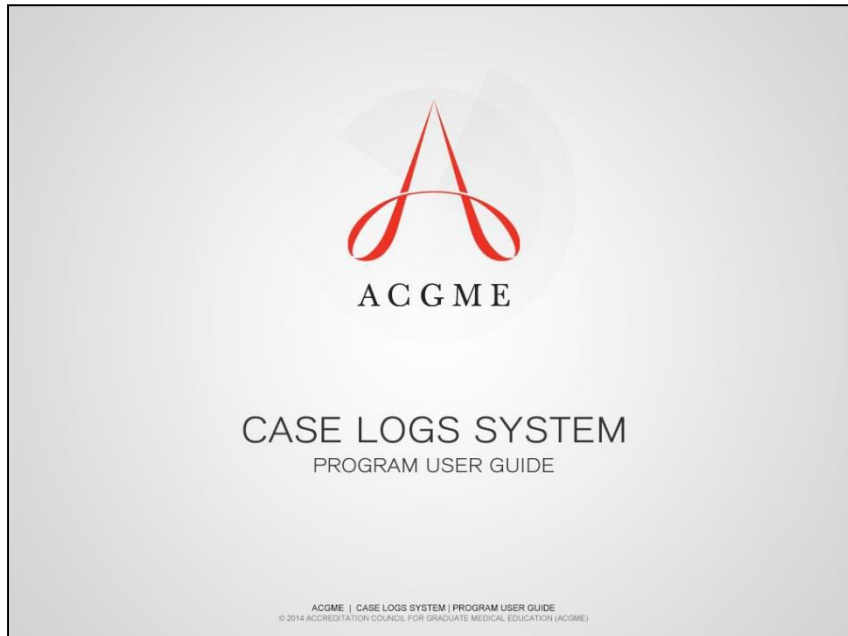
- [Download Case\(s\)](#)

Reference Materials

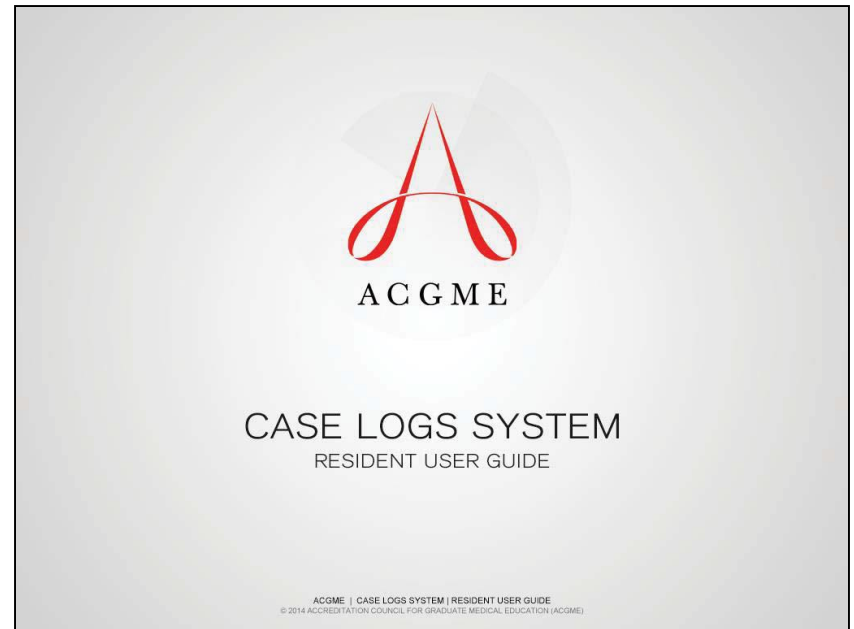
- [Program User Guide](#)
- [Resident User Guide](#)

Case Log References

Program Director's Guide



Trainee User Guide

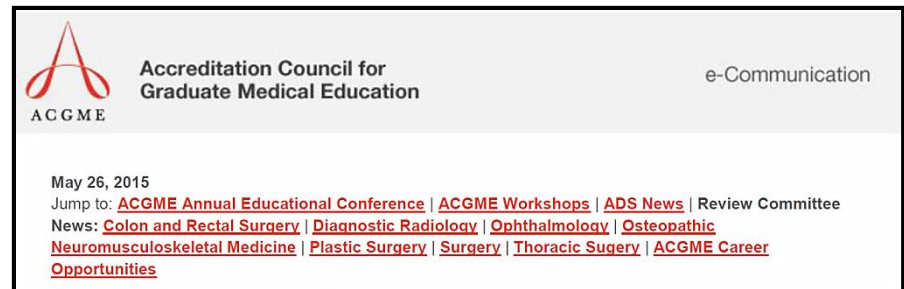


****Other Case Log Changes and FAQs may be posted on specialty's ACGME site**

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Program Director Tips

- Familiarity with specialty RRC terminology
 - Minimum #, key indicator case category, index category, common CPT codes and CPT Code Mapping
- Know the thresholds
 - Including RRC revisions



- Develop process for tracking trainee compliance
- Document Trainee & PD review
 - At least semi-annually, quarterly for some specialties.
- Review ACGME statistical reports annually

Program Director Tips

- Resident Level of Participation *matters*
 - Who may take credit for the operation or component
 - Must demonstrate progressive responsibility
- *Examples*
 - Urology
 - Surgeon, 1st Assistant, Teaching Assistant
 - Oto
 - Resident Assistant, Resident Surgeon, Resident Supervising Surgeon
 - Ortho
 - Level 1(primary or supervising)
 - Level 2 (assistant)
 - Neurological Surgery
 - Assistant Resident Surgeon, Senior Resident Surgeon, Lead Resident Surgeon
 - Dermatology
 - Assistant/Observer, Primary Provider, Resident Surgeon

ACGME Case Log Statistical Reports

- Graduate Resident Case Log Reports
 - Available annually, ~ September to November
 - Aggregate Program, Resident, National Reports
 - Reviewed by RRC

****PD (and Program) Review Annually****

Annual Aggregate Report

ANESTHESIOLOGY: MINIMUMS REPORT

Reporting Period: Total Experience of Residents Completing Programs in 2013-2014
 Residency Review Committee for Anesthesiology
 Report Date: November 3, 2014

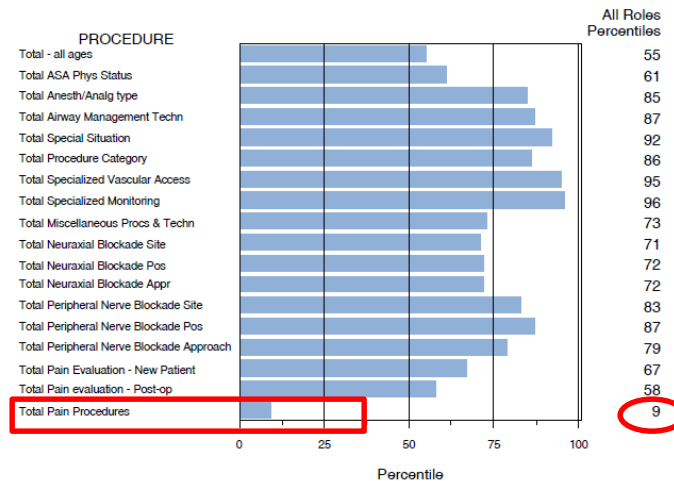
PROGRAM=0402311059 - University of Maryland Program

Programs in the Nation: 130 Residents in the Nation: 1636 Residents in this Program: 10 Out of 150 opportunities to meet the minimums, residents in this program failed to meet the minimums 0 times (0%).												
Defined Category	RRC Minimum	Program Average	Resident 329655	Resident 329656	Resident 331661	Resident 334348	Resident 341198	Resident 354834	Resident 355650	Resident 355898	Resident 356574	Resident 363076
			Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed	Number Performed
Patients < 3 months old	5	22.6	17	25	26	10	17	35	24	30	33	9
Patients < 3 years old	20	100.7	137	110	94	51	98	108	75	136	132	66
Patients < 12 years old	100	201.3	178	248	231	121	227	224	152	246	260	126
Total Spinal	40	123.8	107	223	155	121	102	114	85	91	109	131
Total Epidural	40	177.5	140	281	195	177	194	174	127	175	146	166
Total Peripheral Nerve Block	40	172.3	190	242	170	187	170	147	158	186	168	105
Total Special Situation Complex	20	65.0	66	109	111	90	61	39	61	65	21	27
Total Cardiac	20	90.2	64	98	75	80	138	67	127	95	60	98
Total Intrathoracic Non-Cardiac	20	32.9	20	34	33	52	32	21	29	35	30	43
Total Vascular, Major Vessels	20	57.5	76	53	121	51	79	35	42	60	29	29
Total Vaginal Delivery	40	69.8	59	103	63	63	78	57	60	67	60	88
Total Cesarean Section	20	39.9	34	46	37	39	41	46	37	32	41	46
Total Pain Evaluation - New Patient	20	73.7	68	97	180	59	20	95	22	73	67	56
Total Intracerebral	20	38.4	40	31	31	35	42	30	48	44	46	37
Total Intracerebral Open	11	32.0	32	27	24	26	38	28	42	37	33	33

Annual Aggregate Program Report

ANESTHESIOLOGY: PROGRAM REPORT (Percentiles Summary Graph) Reporting Period: Total Experience of Residents Completing Programs in 2013-2014 Residency Review Committee for Anesthesiology

PROGRAM=0402311059 - University of Maryland Program

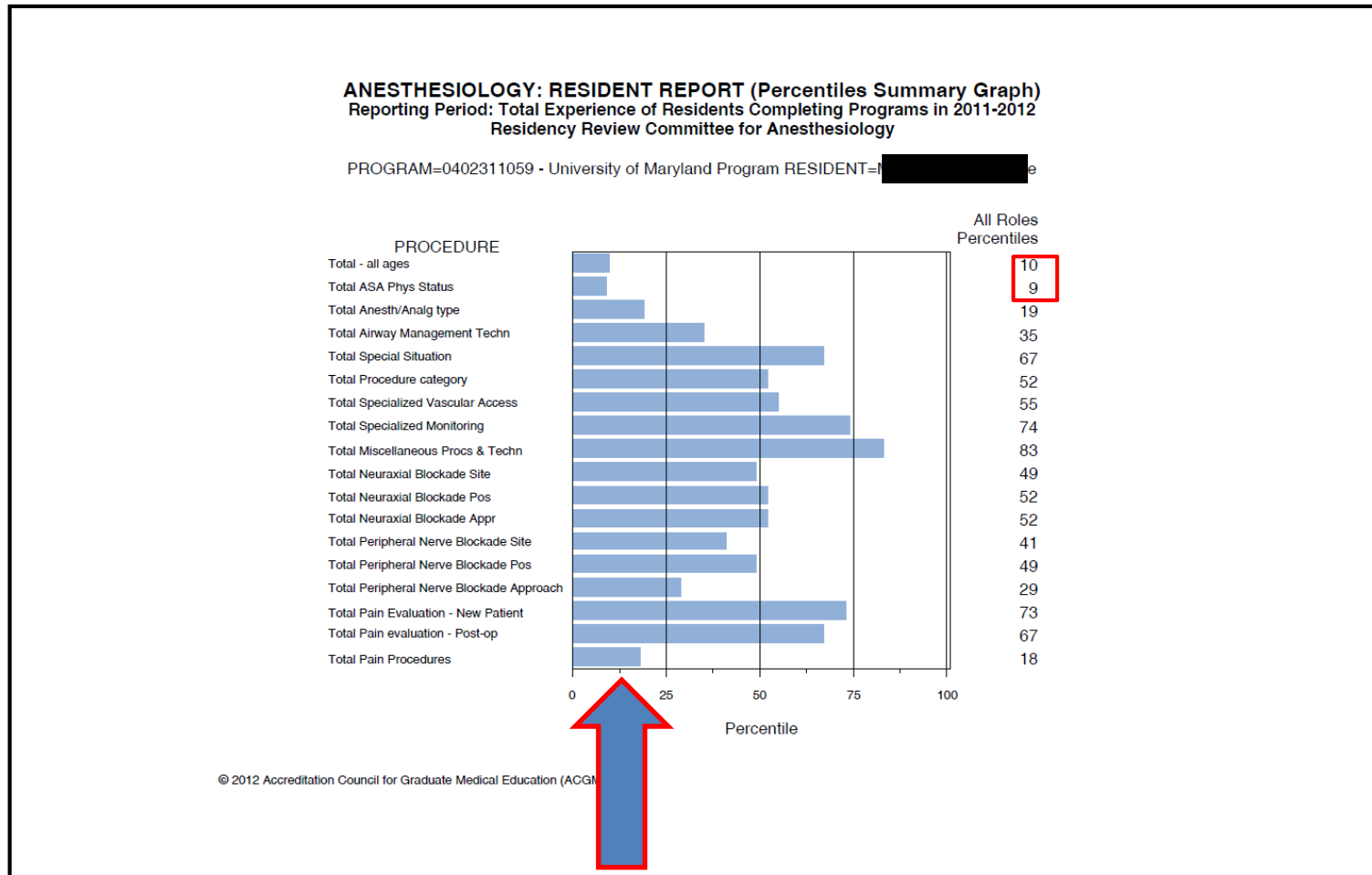


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PD review:

**Is case volume adequate? Is this due to incomplete trainee documentation?
Is additional education or are guidelines required? Add to semiannual feedback.**

Graduate Resident Aggregate Report



Threshold for RRC concern < 15th %ile

Program Director Tips

- Minimums
 - reflect the lowest acceptable clinical volume of procedures performed per resident/fellow for program accreditation
 - Only a fraction of the total operative or clinical experience expected of a resident/fellow
- Program Directors
 - should ensure that reporting of procedures and clinical experiences does not end once minimum numbers are achieved by a resident/fellow.
- Residents/Fellows
 - should continue to enter all procedural activity during their educational programs, even if they have personally achieved these minimum numbers.

Expectations of the PD

- Provide clinical experience
 - Review institutional, departmental, faculty resources, and patient mix
 - Develop rotation and clinical assignment schedules to assure requisite experiences
- Provide Trainee Education related to case logs
- Annual Case Log Set Up
 - Enroll New Trainees—passwords sent directly from ACGME
 - Update Continuing Trainees
 - Update Faculty Supervisors
 - Update Participating Sites

Expectations of the PD

- Track the Data
 - Regular reminders to trainees to complete the requirement
 - Review case log reports and provide feedback to trainees, at least semi-annually. Some require quarterly.
 - Recognize and address imbalances in clinical experiences.
 - Confirm that experiences documented by the trainees reflect the institutional resources (ex. cannot document a procedure that is not conducted in their learning environment).
- Year End Archive
 - Electronically Submit Case Log Reports to ACGME when required

Questions? Discussion...

