ACGME-I Case Logs
A Quick Guide to Interpreting Reports
for Faculty and Staff Members in Pediatric Otolaryngology

Consider the following when reviewing fellows' Case Log reports or counselling fellows on their case entry:

1. Complex cases should be unbundled into their major components. For example, a case involving a tympanoplasty with mastoidectomy and ossicular chain reconstruction should be entered as three separate procedures. A cochlear implant should be entered as two procedures, a mastoidectomy and a cochlear implant.

2. Turbinates, tonsils, and Eustachian tubes are entered as one case per patient. All other cases are entered by side so that bilateral procedures are counted as two procedures. For example, a bilateral neck dissection should be entered as two neck dissections. For a total thyroidectomy, if a fellow performs the procedure as Fellow Surgeon (see definition below) for the entire case, it should be entered as one total thyroid. If a fellow is the Assistant Surgeon (see definition below) for one side and as Fellow Surgeon for the other side, the case should be entered as two thyroid lobectomies, once under Fellow Surgeon and once under Assistant Surgeon.

3. The following are definitions of fellow roles for entering cases in the Case Log System. Fellows must indicate their participation level for each case, but only cases performed as Fellow Surgeon or Fellow Supervisor will count toward the minimum requirements.
   a. **Fellow Assistant Surgeon** – An Assistant Surgeon performs less than 50 percent of the procedure, or greater than or equal to 50 percent, but not the key portion(s) of the procedure. To claim a procedure, a fellow must "scrub in." Being present in the room as an observer does not count as having served as an Assistant Surgeon.
   b. **Fellow Surgeon** – A Fellow Surgeon performs greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure.
   c. **Fellow Supervisor** – A Fellow Supervisor instructs and assists a resident through a procedure during which the resident performs greater than or equal to 50 percent of the procedure, including the key portion(s). The attending surgeon functions as an assistant or observer in such circumstances.

4. The following age criteria apply:
   a. Neonate: younger than 28 days
   b. Infant/toddler: older than or equal to 28 days and younger than three years of age
   c. Child: older than or equal to three years and younger than 13 years of age
   d. Adolescent: older than or equal to 13 years and younger than 18 years of age
   e. Adult: older than 18 years of age at the time of the surgery

5. The following are American Society of Anesthesiologists (ASA) classifications:
   a. I = healthy without co-morbidities
   b. II = co-morbidity not limiting activity
   c. III = co-morbidity affects activity

d. IV = severely impacted by co-morbidity
e. V = moribund/comatose
f. VI = deceased (organ donation)

The following table lists procedures that will count toward minimum case requirements in each category:

PROCEDURE(S)
Congenital Anomalies Domain – 20 procedures minimum
Branchial cleft anomaly excision
Thyroglossal duct cyst excision
Dermoid cyst/ glioma/ encephalocele excision
Hemangioma, lymphatic, or vascular malformation excision
Head and Neck Surgery Domain – 20 procedures minimum
Drainage deep neck abscess (age less than three years or ASA greater than II)
Retropharyngeal space (RP) abscess Parapharyngeal space (PPS) abscess – internal approach
Retropharyngeal space (RP) abscess Parapharyngeal space (PPS) abscess – external approach
Excision angiofibroma or other nasopharyngeal tumor
Parotidectomy
Submandibular gland excision
Thyroidectomy
Ranula excision
Cricopharyngeal myotomy
Deep lymph node excision
Cervical lymphadenectomy
Excision sublingual gland
Lingual tonsillectomy
Glossectomy
Dilation and catheterization of salivary duct, with or without injection – sialoendoscopy
Otology Domain – 30 procedures minimum
Mastoidectomy
Ossicular reconstruction
Cochlear implant
Osseo-integrated implant
Dilation of Eustachian tube, unilateral
Reconstruction of external auditory canal
Middle ear exploration through postauricular or ear canal incision

PROCEDURE(S)
Airway Procedure Domain – 15 procedures minimum
Tracheostomy (age less than two years)
Thyrotomy (laryngofissure)
Laryngoplasty / laryngotracheoplasty
Cricotracheal / tracheal resection and repair
Laryngeal reinnervation by neuromuscular pedicle
Excision tracheal tumor or carcinoma, cervical
Esophagoplasty cervical approach with repair tracheoesophageal fistula
Arytenoidectomy, arytenoidopexy, external approach
Endoscopy with Intervention Domain – 50 procedures minimum
Laryngoscopy and intervention
Bronchoscopy and intervention
Esophagoscopy and intervention
Rhinology Domain – 40 procedures minimum
Sinonasal endoscopic (age less than 13 years or ASA greater than II)
Endoscopic sinonasal, extended
Repair choanal atresia
Facial Plastics Domain – 10 procedures minimum
Otoplasty
Cleft repair – lip
Cleft repair – palate
Pharyngoplasty
Mandibular osteotomy
Placement mandibular craniofacial distraction device
Rib graft and resection of rib
Repair complex lacerations (all sites, including intraoral)
Adjacent tissue transfer or rearrangement
Facial fractures younger than 13 years
Osteoplasty, facial bones, augmentation
Muscle, myocutaneous, or fasciocutaneous flap, head and neck with named vascular pedicle

Available Reports

Experience by Role Report	This report lists all procedures, including those that do not count toward the required minimum numbers, the number of each performed by the selected fellow in each of the three roles, as well as the total number for each procedure.
Activity Report	This report allows program directors to note the number of cases or procedures logged by fellows and the date and time that cases or updates were entered. This report is a quick way to keep track of how frequently fellows are entering their cases. For example, if the program has a requirement that fellows must enter cases weekly, running this report on a weekly basis is an easy way to identify those fellows who are not meeting the program's requirements for case entry.
Case Detail Report	This report displays all information entered into the Case Log system per case, making it most useful for getting an in-depth view of an individual fellow's experience during a defined period. For example, this report could be generated for each fellow for the preceding three-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 each fellow's activities.
Code Summary Report	This report provides the number of times each procedure or CPT code is entered into the Case Log System by the program's fellows. Filtering by specific CPT code, attending physician, institution, and/or setting can provide information on clinical activity that is useful to make targeted changes in rotation schedules, curriculum, faculty member assignments, etc. This report can also be especially helpful in monitoring the procedures that do not count toward minimum requirements. Choosing non-tracked codes on the "Area" drop-down menu will show the procedures that have been entered and will not count toward those minimum requirements. Review of these codes can help a program determine if cases are being correctly entered.
Key Indicator Report	This report will track fellow progress toward achieving minimum numbers; a separate Key Indicator Report should be generated for each fellow using the default settings.
Tracked Codes Report	This report provides a summary and description of all the cases defined by the subspecialty 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.

email requests for technical support with the Accreditation Data System and/or the Case Log System to ads@acgme.org.