

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



A **Quick Guide** to interpreting reports

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

1. Only the following are counted toward minimum case requirements
  - Cases performed in the role of Surgeon and Assistant will count toward the resident's minimum case requirements.
  - Residents are given case credit when acting as a teaching assistant when the chief or senior resident directs and oversees major portions of the procedure being performed by a more junior resident. The supervising attending physician functions as a second assistant or observer.
  - For robotic cases, residents should only log their role a surgeon if they act as console surgeon for some portion of the case. Because robotic procedures require a unique set of skills gained through stepwise learning, residents are not expected to complete the majority of critical steps of a given robotic case to qualify as surgeon. An example would be for a robotic-assisted laparoscopic prostatectomy, a senior resident can count his role as surgeon if he/she dissects the seminal vesicles, divides the endopelvic fascia, and completes a portion of the anastomotic sutures, while the attending surgeon completes the majority of the case.
2. Residents can count multiple procedures on one case if that case has several segments that count toward case minimums in more than one category. For example, a combined partial nephrectomy and ureteroneocystotomy can be logged as 2 separate procedures.
3. Residents can split cases when two residents each complete one side of a bilateral procedure. Each resident may appropriately record the case as Surgeon.
4. The ACGME-I case log system will automatically separate procedures for credit toward minimum case requirements in several commonly performed surgeries as follows:

<b>Surgical Procedure</b>	<b>Minimum requirements counted</b>
Radical Cystectomy with Ileal Conduit	Oncology Oncology/Pelvic Oncology/Pelvic/Bladder Reconstruction Reconstruction/Intestinal Diversion
Radical Cystectomy with Continent Diversion	Oncology Oncology/Pelvic Oncology/Pelvic/Bladder Reconstruction Reconstruction/Intestinal Diversion

Lap/Robotic Adrenalectomy Lap/Robotic Tumor Ablation Lap/Robotic Partial Nephrectomy Lap/Robotic Radical Nephrectomy Lap/Robotic Donor Nephrectomy Lap/Robotic Nephroureterectomy	Oncology Oncology/Retroperitoneal Oncology/Retroperitoneal/Kidney Laparoscopic/Robotic
Lap/Robotic Pyeloplasty	Reconstruction Laparoscopic/Robotic
Lap/Robotic Radical Prostatectomy	Oncology Oncology/Pelvic Oncology/Pelvic/Prostate Laparoscopic/Robotic

6. 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.
- 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. Only one resident can claim credit as an assistant on a given case.
- 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.

Patient Type

- Adult: greater than or equal to 18 years at the time of the surgery
- Pediatric: younger than 18 years at the time of the surgery

*Available Reports*

<i>Experience by Role</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>Experience by Year</i>	This report provides the total number of procedures that are included in the resident experience report by role.
<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 Brief Report</i>	This is a brief report that lists the procedure date, case ID, CPT code, institution, resident role, attending and description for each case for the selected resident.
<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>Minimums 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).