

# DOCUMENTATION OF OPERATIVE PROCEDURES

Documentation of operative experience is an essential component of the general surgery residency. Data entry must remain current with no more than a one-month lag period. Residents are required to enter their operative data into the ACGME's Resident Data Collection System which at [www.acgme.org](http://www.acgme.org).

It is important for residents to recognize that this documentation will be used to demonstrate their experience when applying for board certification and when seeking privileges at hospitals where they will practice. Maintaining an accurate record of operative experience is essential.

The Resident Review Committee for Surgery has stipulated standards for credit roles for surgery residents.

## Credit Roles

*Only one resident may take credit as surgeon for each operation and only for one procedure in a multi-procedure operation. On same patient/same day/same operation a senior resident may take credit as surgeon while another resident may take credit as a First Assistant, or a senior resident may take credit as a Teaching Assistant while a more junior resident takes credit as a surgeon.*

- SC** *Surgeon Chief Year--only cases credited as surgeon during 12 months of Chief Year*
- SJ** *Surgeon Junior Years--all cases credited as surgeon prior to Chief Year*
- TA** *Teaching Assistant-- more senior resident working with junior resident who takes credit as surgeon*
- FA** *First Assistant--any instance in which a resident assists at an operation with another surgeon, i.e., an attending or more senior resident, responsible for the operation*

## Definition of Surgeon

A resident is considered to be the *surgeon* when he or she can document a significant role in the following aspects of management:

- X determination or confirmation of diagnosis, provision of preoperative care
- X selection and accomplishment of the appropriate operative procedure
- X direction of the postoperative care
- X accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment

***Participation in the operation only, without pre- and postoperative care, is inadequate.***

## **Surgical Critical Care Documentation**

Each resident is required to keep a log identifying a list of sample "index" cases of critical care patient management. The Critical Care Index Cases (CCIC) log will document management of a broad scope of critical care patients as follows:

1. Each resident will develop a log of at **least 30** critical care patients who best represent the broad scope of critical care index management.
2. Each of the patients listed on the log must include management of **at least two** of the seven categories listed in item #3.
3. The completed logs should include experience with **at least one** patient in all seven of the following essential categories:
  - a. Ventilatory management
  - b. Bleeding (non-trauma) greater than 3 units necessitating transfusion and monitoring in ICU settings
  - c. Hemodynamic instability
  - d. Organ dysfunction/failure (etiology/mode of management)
  - e. Dysrhythmias
  - f. Invasive line management and monitoring
  - g. Nutrition

Each resident will maintain his/her own log. This data is entered into the operative log software using the code **99292** and selecting the appropriate areas of care. The resident and the program director will sign the completed log; a copy will be retained for review by the ACGME during a site visit.

*The American Board of Surgery requires documentation of critical care management at the chief level. No minimum number is specified. The Board looks for critical care documentation in keeping with the operative cases performed as chief. A good rule to follow is that if the patient goes to the ICU for 24 hours following surgery, document both the operation and critical care using the above criteria.*

#### Trauma Cases Documentation

The Defined Category of Trauma includes both operative and non-operative cases. The *minimum* number of cases required is 10 operative cases and 20 non-operative cases. Guidelines for entering the non-operative cases follow.

- The category, major organ trauma, no operation required (MOTNOR), is defined as patients with major organ trauma who were admitted to a specialty care unit in the hospital, i.e., SICU
- The most senior resident on the trauma service should claim credit for the MOTNOR cases. The CPT code is **99199**.
- If the patient subsequently requires a general surgery operative procedure that may be claimed in the defined category, "Trauma, operative," this case should be recorded using an operative code and not as MOTNOR.

Residents who are deficient for one month in documenting their operative experience, critical care and non-operative trauma will receive a warning memo from the Program Director giving them one month from the date of the memo to bring their records into compliance. If the correction is not accomplished by the

deadline, the resident will have his/her elective operating room privileges withdrawn until the documentation meets the above-mentioned standard. If the resident remains deficient for the third consecutive month, he/she will be placed on probation for three months, at the end of which time his/her performance will be re-evaluated. Dismissal from the General Surgery Residency Program will be considered if the deficiency persists.

**Program Targets**

Minimum expectations for operative experience are outlined by the Review Committee for Surgery (RC) of the Accreditation Council for Graduate Medical Education (ACGME). The minimum number of operations that should be performed as surgeon is 750 with at least 150 of these as chief surgeon.

The RC has specified minimum numbers for specific types of surgery, called *Defined Categories*, which are listed below.

Defined Categories	Min.	Defined Categories	Min.
Skin & Soft Tissues and Breast	25	Trauma (Operative)	10
Head and Neck	24	Trauma (Non-operative)	20
Alimentary Tract	72	Thoracic	15
Abdomen	65	Pediatric	20
Liver	4	Plastic	5
Pancreas	3	Basic Laparoscopic Procedures	60
Vascular	44	Endoscopy	85
Endocrine	8	Complex Laparoscopic Procedures	25

**ALL RESIDENTS, including preliminary residents, MUST keep track of all operative cases using the web-based ACGME Case Log System. There are no exceptions!**