

Case Log Information: Obstetrics and Gynecology

Review Committee for Obstetrics and Gynecology

The ACGME Case Log System provides a critical summary of residents' procedural activity during their residency program. This guide is provided to help facilitate uniform and accurate logging. Program leadership is expected to review residents' Case Logs on a regular basis to ensure residents are consistently and correctly recording their cases. At a minimum, this review must take place twice a year during the semi-annual evaluation of resident performance.

Accurate logging affects programs and residents in these ways:

- Case Log data of program graduates play a major role in the Committee's accreditation decisions whether the program offers residents adequate procedural experience.
- Case Log data play an important role in assessment, feedback, and increased responsibility for residents to ensure they have the experiences needed to progress to autonomous practice.
- Hospitals and practices may request graduated residents' Case Log reports as data elements for hiring, granting privileges, and/or other employment processes.

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Obstetrics and Gynecology Minimum Numbers

The Review Committee has defined procedural categories required for resident education in obstetrics and gynecology. The table below outlines the minimum procedural experiences programs are required to provide residents. The Review Committee uses Case Logs to assess the individual resident experience as well as the breadth and depth of a program's procedural training.

Category	Minimum
Spontaneous vaginal delivery	200
Cesarean delivery	145
Operative vaginal delivery	15
Obstetric ultrasound ¹	50
Abdominal hysterectomy	15
Vaginal hysterectomy	15
Laparoscopic hysterectomy	15
Minimally invasive hysterectomy (includes laparoscopic assisted vaginal hysterectomy, laparoscopic hysterectomy, robotic hysterectomy and vaginal hysterectomy)	70
Total hysterectomy (includes abdominal and minimally invasive hysterectomy)	85
Incontinence and pelvic floor procedure (excludes cystoscopy)	25
Cystoscopy	10
Laparoscopy	60
Hysteroscopy	40
Abortion	20
Transvaginal ultrasound	50
Surgery for invasive cancer	25

¹Obstetric ultrasound includes fetal biometry performed at over 14 weeks gestation.

Notes

- Minimum numbers represent what the Review Committee believes to be an acceptable minimal experience. Minimum numbers are not a final target number and achievement does not signify competence.
- Program directors must ensure residents continue to report procedures in the Case Log System after minimums are achieved.
- Programs are considered compliant with procedural requirements if all graduating residents in a program achieve the minimum number in each category.
- Minimum counts include the roles of Surgeon and Teaching Assistant. See below for more information regarding these roles.

Resident Roles

When residents enter a case into the ACGME Case Log System, they must indicate their major role in the case.

Assistant

To be recorded as the assistant, a resident must be scrubbed in, actively participate in the case, and perform less than 50 percent of the procedure or more than or equal to 50 percent, but not the key portion(s) of the procedure.

Surgeon

To be recorded as the surgeon, a resident must perform more than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. Two residents may enter the surgeon role when they each complete one side of a bilateral procedure, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure.

Teaching Assistant

To be recorded as the teaching assistant, a PGY-3 or -4 resident must instruct and assist a more junior resident through a procedure. The more junior resident must function as the surgeon and perform more than or equal to 50 percent of the procedure, including the key portions. The attending surgeon must function as an assistant or observer. Read the next section for details on the teaching assistant role.

Notes

- The roles of Surgeon and Teaching Assistant are given credit towards the required minimum procedural counts.
- No more than two residents may receive credit towards the minimum requirements for a single procedure. When the role criteria outlined above are met, one resident may receive credit as Surgeon and another as Teaching Assistant or two residents may each receive credit as Surgeon.

Teaching Assistants

One goal of residency is to enable graduates to serve as effective supervisors and educators. To help achieve this goal, PGY-3 and -4 residents will receive case credit toward the minimum when acting as Teaching Assistant to a more junior resident.

- To be recorded as Teaching Assistant in the Case Log System, a PGY-3 or -4 resident must instruct and assist a more junior resident through a procedure. The more junior resident must function as Surgeon and perform more than or equal to 50 percent of the procedure, including the key portions. The attending faculty member must function as Assistant or Observer.
- The PGY-3 resident may act as Teaching Assistant to PGY-1 and -2 residents. The PGY-4 resident may act as a teaching assistant to PGY-1 through -3 residents.
- PGY-3 and -4 residents may use the Teaching Assistant role only after the program director has endorsed their readiness to be a Teaching Assistant for a given procedure. Decisions regarding PGY-3 and -4 eligibility should rely on direct observation and assessment using explicit criteria.
- Programs should develop a process for determining resident readiness to be a Teaching Assistant. The Review Committee has developed a *sample* endorsement form available at the end of this document.

Example

A PGY-3 resident is supervised by a PGY-4 resident for a total abdominal hysterectomy. The PGY-3 resident can log the case as Surgeon so long as the PGY-3 resident performs at least 50 percent of the case, and the PGY-4 resident can log the case as Teaching Assistant if the PGY-4 resident guided the PGY-3 resident through the key elements of the case. Both residents will get credit for the case towards the minimum requirements, as long as the program director has previously endorsed the PGY-4 resident's competence to be a Teaching Assistant for abdominal hysterectomy.

If the PGY-4 resident performs more than 50 percent of the procedure, the PGY-4 resident would log the case as Surgeon and the PGY-3 resident would log the case as Assistant. In this scenario, only the PGY-4 resident would receive credit towards the minimum requirements.

If the PGY-4 and PGY-3 residents both perform 50 percent of the procedure and participate equally in the key portions, both would log the case as Surgeon and both would receive credit towards the minimum requirements.

Case Logs 101

Key Points

- Residents must be conscientious and thorough about recording cases. Case Logs should reflect the hard work a resident has done in the educational program. Residents should take credit for what they have performed and code cases appropriately. Residents should pay special attention to cases which may require additional documentation when applying for privileges after graduation, such as cystoscopy, laser, and robotic surgery.
- Coding cases for the ACGME is NOT the same as coding for billing.
- While residents can log any active CPT code in the ACGME Case Log System, only some CPT codes for obstetrics and gynecology are “tracked” in Case Logs. Of the tracked CPT codes, a subset is “mapped” to a required minimum, that is, gives credit towards a minimum category. The CPT code information in the Case Log System indicates if the code is tracked, and if tracked, which minimum category(ies) will receive credit. Examples:
 - CPT code tracked in the Case Log System **and** credit given to a minimum category:

Code	Description	Area	Type
		TRACKED IN CASE LOG	
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care Min Cat: CDEL CREDIT GIVEN TO A MINIMUM CATEGORY	Cesarean Deliveries	Cesarean delivery only

- CPT code tracked in the Case Log System, but **no** credit given to a minimum category:

Code	Description	Area	Type
		TRACKED IN CASE LOG	
59412	External cephalic version, with or without tocolysis NO CREDIT GIVEN TO A MINIMUM CATEGORY	Breech Presentations	External cephalic version

- CPT code **not** tracked in the Case Log System and **no** credit given to a minimum category:

Code	Description	Area	Type
		NOT TRACKED IN CASE LOG	
59414	Delivery of placenta (separate procedure) NO CREDIT GIVEN TO A MINIMUM CATEGORY	Non-Tracked Codes	Non-Tracked Codes

Non-tracked CPT codes can be entered into the system and will be stored in a resident's Case Log record. Data for non-tracked codes can be reviewed using the Code Summary Report.

Information about which CPT codes are tracked and give credit to the minimum categories can be found in the Tracked Codes Report (ADS > Case Log > Reports > Tracked Codes Report).

- The **same** CPT code may appear in the Case Log System more than once representing different minimum case log mappings. As an example, there are 14 versions of CPT code 59400 in the system. The code will give credit to one or two of the following minimum categories depending on which version is added: Spontaneous Vaginal Delivery, Operative Vaginal Delivery, and/or Cesarean Delivery. Prior to adding a case, residents should review which minimum category(ies) are specified to ensure the correct version of the CPT code is chosen. This is determined in the “Min Cat” area of the CPT description as shown in three examples for CPT code 59400:

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care Min Cat: ODEL	Multi-Fetal Deliveries	Twins: both vacuum	★	Add
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care Min Cat: CDEL; SDEL	Multi-Fetal Deliveries	Twins: 1 vaginal and 1 cesarean	★	Add
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care Min Cat: CDEL; ODEL	Multi-Fetal Deliveries	Twins: 1 forceps and 1 cesarean	★	Add

- Residents should take advantage of templates and favorites to make logging easier:
 - The use of the **template** allows a resident to save preselected responses to many of the required fields in the Case Log System. These include the following fields: Case Year, Role, Site, Attending, and Patient Type. All fields do not need to be completed to save a template. Saving a template allows residents to quickly log cases that share similar characteristics. CPT codes cannot be saved to a template. Each resident may save up to 10 templates.
 - Creating a **favorite** list is helpful to access and add codes for procedures which are performed frequently or to avoid having to search again for previously located CPT codes. All residents have access to favorite lists for obstetrics and gynecology (“Specialty 220” in the system) and their program. Residents can create additional lists. When searching for a CPT code, a yellow star can be seen next to each individual code under the “Fav” column. Clicking on the yellow star will open an additional window allowing the user to add the CPT code to an existing favorite list or create a new favorite list. Favorite lists can be accessed by clicking on the “Favorites” tab towards the bottom of the Case Log Screen. After clicking this tab, a drop-down menu is viewable with previously created lists. When a CPT is added to a case via a favorite list, residents should double check the minimum category(ies) prior to clicking the green submit button

to ensure the correct version of the CPT code was chosen. See below for additional information on managing favorite lists.

Access favorite lists under “Quick Links”:

2201234567 - OBSTETRICS AND GYNECOLOGY TEST PROGRAM
Obstetrics And Gynecology - Chicago, IL

Manage Favorite Lists

Add Cases Submit

Select Template 10 of 10 Templates Update +

Case ID* Case Date* 9/20/2019 Case Type ☐ Robotic

Quick Links

- Edit Cases
- Manage Favorite Lists**
- Update Case Year
- Reports Menu
- Download Cases

Reference Materials

Example of favorite lists:

2201234567 - OBSTETRICS AND GYNECOLOGY TEST PROGRAM
Obstetrics And Gynecology - Chicago, IL

Manage Favorite Lists Add

Default	Name	Code Total	
<input type="radio"/>	Fav Codes	3	Actions
N/A	Top Codes for Program 2201234567	21	Copy
N/A	Top Codes for Resident Bravo, Tony	21	Copy
N/A	Top Codes for Specialty 220	25	Copy

Example of CPT codes on a favorite list:

2201234567 - OBSTETRICS AND GYNECOLOGY TEST PROGRAM
Obstetrics And Gynecology - Chicago, IL

Edit Favorite List Save

Favorite List Name
Fav Codes

Area/Type/Code **Minimum Category** Codes in this Favorite List 3

Code	Description	Area	Type	
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care Min Cat: ODEL	Breech Presentations	Breech presentation: forceps delivery	
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	Laparotomy	Other (laparotomy)	
59409	Vaginal delivery only (with or without episiotomy and/or forceps); Min Cat: ODEL	Forcep Deliveries	Vaginal delivery only, (low forceps)	

- There is a Case Log app that can be used by iPhone and Android users. Search for “ACGME Case Logs” in the App Store or Google Play Store. The app is available only for residents.

Adding a Case

Enter all known information into each of the available fields in the Case Log System. Starred (*) fields are required.

- Case ID
 - Case ID is defined as a unique identifier for each case that does not contain patient identifiable information.
 - The Case ID is not required to be a unique code generated by the hospital, such as a medical record number.
 - Residents can choose to have the Case ID appear on generated reports and, as such, could represent a patient privacy concern. An example of an alternative Case ID is combining a patient’s birthdate and initials.
- Role
 - Select whether the case was performed as Surgeon, Assistant, or Teaching Assistant.
 - See page 3 of this document for role definitions.
- Patient Type
 - This dropdown allows residents to identify if a surgery was performed for the diagnosis of invasive cancer. This is a required minimum category and is not captured by CPT codes.
- Adding a CPT Code
 - CPT codes that capture all performed procedures for the selected role should be added to the case. These codes can be selected from three different tabs towards the bottom of the Case Log screen: Favorites, Area/Type/Code, and Minimum Category.
 - The **Favorites** tab facilitates finding common CPT codes. Favorite lists include top codes for the program, top codes for obstetrics and gynecology (“Specialty 220” in the system) and, any favorite list created by the resident. When a CPT is added to a case via a Favorite list, residents should double check the minimum categories to ensure the correct version of the CPT code was chosen. See key points earlier in the document for how to create a Favorites list.

- The **Area/Type/Code** tab can be used to view categories and their respective procedures.
 - The **Area** dropdown menu includes a list of categories such as “Abdominal Hysterectomy” and “Cesarean Deliveries.” The **Type** dropdown menu allows for further specification. After selecting these options, click “Search” to yield a list containing all of the cases within that procedural domain. A procedure is added to the resident’s Case Log by selecting “Add.”
 - In the **Code or Keyword** search bar, residents can type in the exact CPT code of the procedure or a select keyword used to describe the case performed. For example, typing “58570” will directly find the case corresponding to "Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less". As a second example, entering the keyword “hysterectomy” will create a list of the CPT codes that contain the word hysterectomy.
- The **Minimum Category** tab will bring up a dropdown menu containing all the minimum categories. Selecting one of these categories and then clicking “Search” will bring up a list of all of the possible codes which can be used to satisfy credit towards a particular minimum category.
- Residents can indicate a procedure was performed robotically by checking the “Robotic” checkbox under the CPT code description. Only procedures that can be performed robotically have this option. Tracking this information can be important for being granted privileges to perform robotic-assisted cases after completion of residency.
- Comments
 - This field is optional and allows resident to record more information than is required by the ACGME. This information can include notes the resident would like to track for personal use such as data for board case list preparation. Do not include identifiable patient information like name or Social Security number. With the exception of the Case Detail Report, comments are not included in reports.

Incontinence and Pelvic Floor Procedures

Logging incontinence and pelvic floor procedures can be challenging because many cases include more than one incontinence and pelvic floor procedure and/or are performed with a hysterectomy. To ensure proper credit is given for each procedure towards the required minimums, residents must ensure the correct CPT codes are chosen.

Logging cases for the ACGME is **not** the same as coding for billing.

- In cases where more than one incontinence and pelvic floor procedures are performed in a single case, **residents should log each procedure separately**. CPT codes that “bundle” several incontinence and pelvic floor procedures should be avoided.
- CPT codes for procedures that include an incontinence and pelvic floor *component* only give credit to the primary procedure minimum. Residents should log the incontinence and pelvic floor procedure separately.

Two overarching tips for correctly logging incontinence and pelvic floor procedures:

- Use the Area/Type/Code search tab. Searching for cases by the Area/Type/Code tab allows residents to narrow down the code choices quickly, choosing the major category first in area, then narrowing selection by type.
- Many of the incontinence and pelvic floor CPT code descriptions state "including cystourethroscopy, when performed" in description. This does **not** automatically give credit to the cystoscopy minimum and the cystoscopy code should be added if the resident performed it.

Example 1: Anterior and posterior colporrhaphy with cystourethroscopy

To log this case correctly, a resident should enter CPT codes 57240, 57250, and 52000. Credit will be given to the incontinence and pelvic floor minimum (twice) and the cystoscopy minimum.

Code	Description	Area	Type
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed Min Cat: ISPF	Incontinence and Pelvic Floor	Anterior and/or posterior repair, eneterocele rep
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy Min Cat: ISPF	Incontinence and Pelvic Floor	Anterior and/or posterior repair, eneterocele rep
52000	Cystourethroscopy (separate procedure) Min Cat: CYSTO	Cystoscopy	Cystoscopy

Incorrect: Logging CPT code 57260 (Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed) will only give credit for one incontinence and pelvic floor procedure and does not give credit to the cystoscopy minimum.

Code	Description	Area	Type
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; Min Cat: ISPF	Incontinence and Pelvic Floor	Anterior and/or posterior repair, eneterocele rep

Example 2: Total vaginal hysterectomy with bilateral salpingectomy (150g); anterior colporrhaphy; repair of incidental cystotomy; cystourethroscopy

To log this case correctly, a resident should enter CPT codes 58262, 57240, 51880, and 52000. Credit will be given to the vaginal hysterectomy minimum, incontinence and pelvic floor minimum (twice), and the cystoscopy minimum. Note: Logging a vaginal hysterectomy automatically gives credit towards the minimally invasive hysterectomy and total hysterectomy minimums.

Code	Description	Area	Type
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) Min Cat: VHYST	Vaginal Hysterectomy	Hysterectomy w or w/o removal of tubes/ovaries
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed Min Cat: ISPF	Incontinence and Pelvic Floor	Anterior and/or posterior repair, eneterocele rep
51880	Closure of cystostomy (separate procedure) Min Cat: ISPF	Incontinence and Pelvic Floor	Other (incontinence and pelvic floor)
52000	Cystourethroscopy (separate procedure) Min Cat: CYSTO	Cystoscopy	Cystoscopy

Example 3: Robotic assisted total laparoscopic hysterectomy with BSO (500g) (Surgeon); robotic sacrocolpopexy (bedside Assistant); cystoscopy (Surgeon)

To log this case correctly, a resident should enter one case choosing the **Surgeon** role and enter CPT codes 58573 and 52000. Check the “Robotic” checkbox for CPT code 58573 (not shown below). Credit will be given to the laparoscopic hysterectomy and cystoscopy. Note: Logging a laparoscopic hysterectomy automatically gives credit towards the minimally invasive hysterectomy and total hysterectomy minimums.

Code	Description	Area	Type
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) Min Cat: LHYST	Laparoscopic Hysterectomy	Total laparoscopic hysterectomy
52000	Cystourethroscopy (separate procedure) Min Cat: CYSTO	Cystoscopy	Cystoscopy

The resident should then create a new case with the same case information, choose the **Assistant** role, and enter CPT code 57425 [Laparoscopy; surgical, colpopexy (suspension of vaginal apex)]. The Robotic checkbox would be selected for CPT code 57425. The assistant role does not give credit towards a minimum.

If a **fellow** serves as Teaching Assistant on this case, the fellow would create a case in the Case Log, choose the Teaching Assistant role, and enter CPT code 58573 (with selection of the “Robotic” checkbox) and 52000. The fellow would then create a new case with the same case information, choose the Surgeon role, and enter CPT code 57425 (with selection of the “Robotic” checkbox).

Case Log Reports

A number of Case Log reports are available in the system; each provides useful information for monitoring resident procedural experience. Some reports will be primarily used at a program level, while others can be used by the resident to track progress in minimum categories.

1. Experience by Role

This report lists the number of cases at each participation level, broken down by area and type. The end of this report provides a total number of cases performed at each participation level for robotic cases and invasive cancer patients.

2. Experience by Year

This report summarizes the total number of logged procedures for each program year. It provides a quick way to see which procedures are most common for each program year. This report can provide useful information for monitoring procedural activity in the program.

3. Log Activity

This is a summary report that provides total number of cases, total number of CPT codes, last procedure date, and last update date for all residents or for a selected resident. This report is a quick way to keep tabs on how frequently residents are entering their cases.

4. Case Brief

The report lists the procedure date, case ID, CPT code, institution, resident role, attending, and description for each case logged.

5. Case Detail

All information for each case entered into the Case Log System is displayed in this report, making this report most useful for getting an in-depth view of a resident's procedural experience during a defined period. For example, this report could be generated for each resident for the preceding six-month period and used as part of the resident semi-annual evaluation. The Case Detail Report is the only report that includes information entered into the Comments field.

6. Code Summary

This report provides the number of times each CPT code is entered into the Case Log System by a given resident. Filtering by specific CPT code, resident year, attending, participating site, etc., can provide useful information on procedural activity. This report can also be helpful in identifying logged procedures that are not being tracked in the Case Log System. This information may help identify if a resident has miscoded a procedure.

7. Tracked Codes

This report generates all the CPT codes for obstetrics and gynecology that are tracked in the Case Log System and identifies those that are mapped to a minimum category. This report is useful for identifying the correct CPT code to enter to ensure credit is given in the proper minimum category(ies).

8. RRC Obstetrics and Gynecology Minimums

This report tracks progress toward achieving the required procedural minimums. Counts include the roles of Surgeon and 3rd and 4th year Teaching Assistant. In the fourth year of residency, the generated report will show each category as green (minimum met) or red (minimum not met).

Frequently Asked Questions

If two residents participate in a procedure, can each enter the Surgeon role if they each were involved in 50 percent of the case and equally participated in key portions of the procedure?

Yes, in some circumstances. Two residents may enter the Surgeon role when they each complete one side of a **bilateral** procedure, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure. For example, two PGY-4 residents who participate equally in an abdominal hysterectomy could each log the role of Surgeon.

If a PGY-3 or -4 resident instructs and assists a more junior resident through a procedure, the more senior resident should choose the role of Teaching Assistant in the Case Log System, not Surgeon. See the Resident Roles and Teaching Assistants sections of this document for more information on the Teaching Assistant role.

If a resident and a fellow participate in a procedure, can both choose the surgeon role?

Yes. Similar to the question above, if the resident and fellow each perform 50 percent of a bilateral procedure and equally participated in the key portions of the procedure, each may enter the role of Surgeon. Note however that it is preferable for a fellow to serve as a Teaching Assistant on resident-level procedures with the resident serving in the Surgeon role, and the attending surgeon to function as an Assistant or Observer.

A resident and fellow may also both log the Surgeon role for different aspects of a case with the resident serving as the Surgeon on resident-level procedure(s) and the fellow serving as the Surgeon the fellow-level procedure(s). See the next question for more information on logging cases that include more than one procedure.

How should a resident log a case when a patient undergoes several procedures but the resident acts as Surgeon for only one of the procedures?

The resident should record the CPT codes(s) associated with acting as a surgeon and choose the Surgeon role. If the resident participated in other procedures, the resident should enter the case into the Case Log a second time with the CPT codes that correspond to the other role, and choose the other role, either Assistant or Teaching Assistant. The resident may enter the same patient information for both cases. For an illustration of the steps to log two different roles, see Example 3 in the Incontinence and Pelvic Floor section.

Can three residents receive credit towards the minimum requirements for a single procedure (two Surgeons and one Teaching Assistant)?

No. No more than two residents may receive credit towards the minimum requirements for a single procedure provided the criteria outlined above in the Resident Roles section are met (i.e., Surgeon/Teaching Assistant or Surgeon/Surgeon). The Case Log System will not permit three residents to receive credit for a single procedure.

Can two residents log the Surgeon role and one fellow log the Teaching Assistant role for a single procedure?

Yes, provided the role criteria outlined in the Resident Roles section are met.

How should a resident choose the appropriate role for a robotic case?

To be recorded as the surgeon, a resident must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. There are times during robotic surgery, however, where the resident may have two different roles in the same case. An example would be where the resident is the surgeon during port placement and laparoscopic portion of the case but then serves as a bedside assistant during the hysterectomy performed on the console. In this situation, the resident would be 1) Surgeon for the diagnostic/operative laparoscopy and 2) Assistant for the robotic assisted hysterectomy.

Can residents enter cases into the Case Log System when they are on an international rotation?

See [International Rotations](#) posted on the [Documents and Resources](#) page of the Obstetrics and Gynecology section of the ACGME website.

What minimum categories are given credit for a laparoscopic assisted vaginal hysterectomy (LAVH)?

An LAVH is given credit in two minimum categories: vaginal hysterectomy and laparoscopy.

Are medical abortions given credit towards the abortion minimum?

No. Only surgical abortions are tracked in the Case Log System and given credit towards the procedural minimum requirement for abortion.

What are the Committee's expectations for program director oversight of resident Case Logs?

Program directors are expected to monitor resident Case Logs to ensure residents are logging consistently and accurately. Case Logs must be reviewed with each resident as part of the semi-annual evaluation to ensure breadth and depth of experience and continuing growth in technical and clinical competence. The Committee reviews graduate Case Log reports as part of the annual program review. Programs will receive a citation or area for improvement (AFI) if one or more residents do not meet the minimum procedural requirements. Programs may also receive a citation for lack of program director oversight of the Case Logs if the Committee determines that residents could have met the minimums with proper program director oversight and better distribution of available cases.

What is the proper way to record a cesarean hysterectomy in the Case Log System?

Residents should use CPT code 59525, which will provide credit to both abdominal hysterectomy and cesarean delivery minimums. It is not necessary to "unbundle" this case into two CPT codes 58150 (total abdominal hysterectomy) and 59514 (cesarean delivery only) to receive credit in each minimum category.

Note that while the description for CPT code 59525 states "List separately in addition to code for primary procedure", this is intended for billing purposes and should be ignored when logging a case in the Case Log System.

Can a product name be used as a keyword to search for the correct CPT code?

No. CPT codes do not include product names. CPT codes should be searched by procedure name (e.g., ablation as opposed to NovaSure®).

Why do the procedural counts in the Experience by Role and Experience by Year Reports sometimes differ from the procedural counts in the RRC Obstetrics and Gynecology Minimums Report?

When a resident adds a CPT code to a case, the code is linked with only **one** Case Log “area” in the Experience by Role or Year Report (e.g., spontaneous deliveries, forcep deliveries). However, that same CPT code may give credit to more than one minimum category and consequently the counts on the RRC Obstetrics and Gynecology Minimums Report may be higher. For example, CPT code 59525 counts towards the total for cesarean delivery and abdominal hysterectomy on the Minimums Report, but only counts towards the total for cesarean deliveries on other reports.

Sample Teaching Assistant Endorsement Form

Note: Programs may use this form, customize this form, or create their own form.

Teaching Assistant Endorsement

As program director, I attest that _____ is competent to act as teaching assistant to more junior residents in the following index cases:

Procedure	Date Approved	Initials
Spontaneous vaginal delivery		
Cesarean delivery		
Operative vaginal delivery		
Obstetric ultrasound		
Abdominal hysterectomy		
Vaginal hysterectomy		
Laparoscopic hysterectomy		
Incontinence and pelvic floor procedures (excluding cystoscopy)		
Cystoscopy		
Laparoscopy		
Hysteroscopy		
Abortion		
Transvaginal ultrasound		
Surgery for invasive cancer		

Signed:

Printed:

Date: