Case Log Information: Ophthalmology
Review Committee for Ophthalmology

The Review Committee has defined procedural categories required for resident education in ophthalmology. The Review Committee uses Case Logs to assess breadth and depth of a program's procedural training as well as the individual resident experience. This document provides information about the categories, the minimum number of cases residents are required to perform, and properly logging procedural experiences.

Involvement in the pre-operative assessment and the post-operative management of patients is an important element of resident procedural experience. It is expected that residents are involved in pre-operative planning discussions as well as post-operative management discussions, ideally in person, however when necessary electronic health records (EHR), phone, and/or other modes of communication can be used.

A list of ophthalmology tracked procedures can be found in the Accreditation Data System (ADS) > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates if a procedure counts toward one or more minimum category.

The Review Committee defines the Surgeon and Assistant roles as:

To be recorded as **Surgeon**, a resident must be present for all of the critical portions and must perform greater than or equal to 50 percent of the critical portions of the procedure, as determined by the supervising faculty member.

To be recorded as **Assistant**, the resident must serve as the first assistant to a faculty member performing the procedure or to another resident performing the procedure under faculty supervision. Only one resident can claim credit as Assistant on a given procedure.

Email questions to Review Committee Executive Director Kathleen Quinn-Leering, PhD: kquinn@acgme.org.

Procedural Categories and Minimum Numbers

Category	Minimum
Cataract (S)	86
Laser Surgery – YAG capsulotomy (S)	5
Laser Surgery – Laser trabeculoplasty (S)	5
Laser Surgery – Laser iridotomy (S)	4
Laser Surgery – Panretinal laser photocoagulation (S)	10
Keratoplasty (S+A)	5
Pterygium/conjunctival and other cornea (S)	3
Keratorefractive surgery (S+A)	6
Strabismus (S)	10
Glaucoma – Filtering/shunting procedures (S)	5
Retinal vitreous (S+A)	10
Intravitreal injection (S)	10
Oculoplastic and orbit (S)	28
Oculoplastic and orbit – Eyelid laceration (S)	3
Oculoplastic and orbit – Chalazion excision (S)	3
Oculoplastic and orbit – Ptosis/blepharoplasty (S)	3
Globe trauma (S)	4

S = Surgeon Only
S+A = Surgeon and Assistant

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 their procedures in the Case Log System after minimums are achieved.
- Procedures that are given credit in an oculoplastic and orbit **sub**category are also given credit in the oculoplastic and orbit category.
- Programs are considered compliant with ophthalmology procedural requirements if all graduating residents in a program achieve the minimum number in each category.

Questions

How were the minimum requirements determined?
The procedural minimum **categories** represent the areas of practice and knowledge expected of a graduating ophthalmology resident. The **minimum number** for each category was set at the 20th percentile of procedures performed nationwide by residents in 2006. While the Committee feels that they remain appropriate, the minimum numbers will continue to be regularly reviewed.

Does the Committee expect residents to achieve competence once they meet the minimum procedural requirement?
Performance of the minimum number of procedures by a graduating resident must not be interpreted as equivalent to the achievement of competence. Resident procedural competence is determined by the program director in consultation with the Clinical Competency Committee.

The Review Committee uses Case Logs to assess the breadth and depth of a program's procedural training as well as the individual resident experience. Minimum numbers represent what the Review Committee believes to be an acceptable minimal resident experience. Minimum numbers are not a final target number and residents should continue to log their procedures in the Case Log after minimums are achieved.

Why do some surgical categories have low required minimums?
The Review Committee recognizes that residents will not achieve **competence** after only performing a handful of procedures in a particular discipline, but requires that residents have **familiarity** with the procedures in each subspecialty. Familiarity can be defined as the ability to perform a procedure with assistance. For that reason, certain categories of procedures have low required minimums.

What changes were made to the Case Log System during the 2021-2022 academic year?
The Committee updated the Case Log System to improve documentation of resident experiences. The oculoplastic and orbit area was reorganized to better reflect the subspecialty's accepted procedural categories. In addition, more than 240 additional CPT codes are now being tracked in the Case Log System, with approximately 50 giving credit towards a minimum. A new area "Examination/clinical procedures/testing" was also created. See the following question for more information.

The reorganization of the oculoplastic and orbit area will have little impact on resident achievement of the minimums with the exception of the eyelid laceration minimum. Four CPT codes no longer give credit towards that minimum. CPT codes 12020 (Treatment of superficial wound dehiscence; simple closure) and 13160 (Secondary closure of surgical wound or dehiscence, extensive or complicated) now give credit towards the oculoplastic and orbit – ptosis/blepharoplasty minimum. CPT codes 68700 (Plastic repair of canaliculi) and 68815 (Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent) now give credit towards the overall oculoplastic and orbit minimum. The Committee recognizes some programs may need time to adapt to this change. A citation will not be issued if 2022 graduates

fail to meet the "Oculoplastic and orbit – eyelid laceration" minimum. Programs are expected to meet this minimum beginning with the 2023 graduates.

Are residents required to log their participation in clinical examinations and procedures and testing?
Logging these experiences is **optional**. The area "examination/ clinical procedures/testing" was added during the 2021-2022 academic year as part of the Committee's efforts to improve documentation of resident experiences, and includes activities such as ultrasounds, visual field examinations, and angiography. The CPT codes in this area do not give credit towards a minimum and the Committee will not use this data in making accreditation decisions.

Programs can choose to have residents log these activities to obtain a more comprehensive record of resident experiences. Residents can also choose to log these experiences for their own documentation. A list of CPT codes associated with the examination/clinical procedures/ testing area can be found in the Tracked Codes Report ([Accreditation Data System](#) > Case Log Tab > Reports > Tracked Codes Report).

If a resident participates in both sides of a bilateral procedure, can the resident enter both procedures into the Case Log System?
Yes. If a resident completes both sides of a bilateral procedure and has the **same** role for both procedures, the resident should choose the appropriate role (Surgeon or Assistant) and add the appropriate CPT code to the case twice. The system permits the same CPT code to be added twice on the same case.

If a resident completes one side of a bilateral procedure as Surgeon and the other side as Assistant, the resident must create two cases in the Case Log System and choose the Surgeon role in one, and the Assistant role in the other. The system only permits one role per case.

Example:
    A resident performs a bilateral blepharoplasty and acts as Surgeon on both sides. The resident chooses the Surgeon role and adds the appropriate CPT code twice to the case.

How should a resident log multiple procedures on a single patient?
As noted in the question above, if a resident performs both sides of a bilateral procedure, the procedure should be logged twice for the single patient. If a resident is involved in a case that involves multiple different procedures, the resident should log the procedures separately to ensure the Case Log accurately represents resident experience, and proper credit is given towards the required minimum category(ies).

Logging cases for the ACGME is not the same as coding for billing. While CPT codes that "bundle" more than one procedure may be used for billing, each separate CPT code should be entered in the Case Log System. This approach provides more accurate information regarding the breadth of experience obtained by the resident. As an example, an excision and repair of the eyelid can be logged with CPT code 67961 and credit for **one** procedure is given towards the required minimums. If the resident logs the excision and eyelid repair separately (e.g.,

CPT codes 67810 and 14060), the Case Log will have two procedures on record and credit will be given for **two** procedures.

If a resident completes one procedure as surgeon and another as an assistant, the resident must create two cases in the Case Log System and choose the Surgeon role in one and the Assistant role in the other. The system only permits one role per case.

Examples:
  A resident performs the role surgeon in a case where a patient undergoes a combined phaco/trabeculectomy. The resident should record both procedures for this case using the Surgeon role.

  A resident performs the role of surgeon for a bilateral medial rectus muscle recessions and anterior transposition of the right superior oblique muscle on a single patient. The resident should record three procedures for this case using the Surgeon role.

  A resident acts as the surgeon on two horizonal muscles in the same eye. The resident should enter the CPT code for **one** horizontal muscle (67311) **twice** using the Surgeon role to obtain credit for **both** procedures. The resident should **not** enter the CPT code for two horizontal muscles (67312) as credit will only be given for one procedure.

  A patient undergoes strabismus surgery on two different muscles in each eye, where the resident is the surgeon. The resident should record each muscle as a separate procedure performed during the strabismus surgery using the Surgeon role.

  A resident performs a scleral buckle procedure as the surgeon combined with a pars plana vitrectomy where the resident is the assistant. The resident should create two cases in the Case Log System and choose the Surgeon role for the scleral buckle procedure and the Assistant role for the pars plana vitrectomy.

  A resident performs as surgeon a bilateral blepharoplasty combined with bilateral ptosis repair. The resident should record four procedures for this case using the Surgeon role.

If two residents participate in a case, can each enter the surgeon role?
In most cases, only one resident may claim surgeon credit for a given case. There are two exceptions. The first exception is if a case involves more than one procedure (i.e., more than one CPT code), residents may each claim surgeon credit for a different procedure, provided they each met the criteria for the Surgeon role. The second exception involves bilateral procedures. If two residents each do one side of a bilateral procedure, each resident can record the procedure as the surgeon, provided they each met the criteria for the Surgeon role.

Examples:
  During a planned pars plana vitrectomy combined with phacoemulsification of cataract, one resident performs the pars plana vitrectomy while another resident performs the cataract extraction. Each resident may record the procedure they performed as surgeon.

  Two residents are involved in a case that includes an excision and repair of the eyelid. One

resident performs the excision and the other performs the eyelid repair. Each resident may record the procedure they performed as surgeon.

Two residents are involved in a bilateral blepharoplasty case. One resident performs the surgery on one side and the other resident performs the surgery on the other side. Each resident may record the procedure as surgeon.

Do residents receive credit towards the glaucoma-filtering/shunting minimum if they log a minimally invasive glaucoma surgery (MIGS)?
Yes, if residents choose one of the CPT code that gives credit to the glaucoma-filtering/shunting minimum such as 0449T, 0450T, and 0474T. Programs can identify which CPT codes give credit to the glaucoma-filtering/shunting minimum using the Tracked Codes Report in the [Accreditation Data System (ADS)](#) > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates if a procedure counts towards one or more minimum category.

Do residents receive credit towards the Pterygium/Conjunctival and Other Cornea minimum when they log CPT code 65778 (Placement of amniotic membrane on the ocular surface; without sutures)?
Only if the placement uses tissue glue. In this case, residents should choose the version of CPT code 65778 that lists under the description the minimum category Pterygium/Conjunctival and Other Cornea, and the Type is "Other cornea with tissue glue/not self-retained."

Residents do not receive credit if the amniotic membrane is self-retained. Should residents want to record this procedure in their Case Log, they should choose the version of the CPT code where the Type is "Other cornea."

How can a program determine which procedures are given credit to the minimum category pterygium/conjunctival and other cornea?
Programs can find a list of tracked procedures in the [Accreditation Data System](#) > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates if a procedure counts toward one or more minimum category.

Are there CPT codes that are tracked in the Case Log System but not given credit to a minimum category?
Yes. Programs can find a list of tracked procedures in the [Accreditation Data System](#) > Case Log Tab > Reports > Tracked Codes Report. The column "Min Cat" indicates if a procedure counts toward one or more minimum category.