

## Case Log Guidelines for Pediatric Otolaryngology Review Committee for Otolaryngology - Head and Neck Surgery

These **Case Log Guidelines** are provided to establish uniformity for logging cases in the ACGME Case Log System for pediatric otolaryngology.

The Review Committee defines the role of Surgeon in the case as:

- **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.
- **Fellow Surgeon:** A Fellow Surgeon performs greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure.
- **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.

### Key Points to Remember When Logging Cases

1. **Be conscientious and thorough about logging.** Case Logs should reflect the hard work a fellow has done in the educational program.
2. **Unbundle more complex cases into their major components.** For the purposes of Case Logs coding, operations are to be separated into components to capture the entire surgical experience. For example, a case involving a tympanoplasty with mastoidectomy and ossicular chain reconstruction should be coded as three separate procedures. A cochlear implant should be coded as two procedures: a mastoidectomy and a cochlear implant.
3. **Other than turbinates, tonsils, and [Eustachian] tubes, which are coded per patient, all other cases are coded per side.** For example, performing a bilateral neck dissection is logged as two neck dissections. For a total thyroidectomy, if the fellow is the fellow surgeon for the entire case, it should be coded as one total thyroid. If the fellow is the assistant surgeon for one side and the fellow surgeon for the other side, the case should be coded as two thyroid lobectomies, once under fellow surgeon and once under assistant surgeon.
4. **All attempts should be made to use the closest corresponding tracked code.** Fellows should not use untracked codes when logging otolaryngology cases but rather the best code in the tracked codes database.

## 5. KIPs (Key Indicator Procedures)

Domain	Minimum number
Congenital anomalies	20
Head and neck surgery	20
Otology	30
Airway	15
Endoscopy with Intervention	50
Rhinology	40
Facial Plastics	10

### FREQUENTLY ASKED QUESTIONS

**Q. In a total thyroidectomy, if the parathyroid is explored or examined but not removed, can this procedure be counted as a parathyroidectomy in the Case Log System?**

**A.** No. Parathyroid glands are commonly seen during a thyroidectomy, but the parathyroidectomy code assumes a proper parathyroid work-up has been accomplished pre-operatively, and that the surgical approach is primarily for parathyroid removal. Unless this evaluation is performed, the parathyroidectomy code should not be used.

**Q. Can operative procedures done during an international rotation be counted toward Case Log minimums?**

**A.** No. Procedures performed during an international rotation may not be counted toward Case Log minimums in the Case Log System.

Send questions to Review Committee staff members, whose contact information is available [here](#).