Resident Training Log (RTL)

Information session on how to fill the log and minimize revision rates

Dr. Fran James and Dr. Laurent Guiot

ACVS Surgery Summit – October 2017
Our mission

• Assist residents to become eligible for board examination
  • Provide you guidance in order to fulfill requirements
  • Answer questions you may have regarding RTL
  • Review and approve your RTL in a impartial way

• Assist resident advisors (RA) and program directors (PD) in making their program successful
  • Provide assistance with fulfilling requirements
  • Minimize time spent to review and approve log
Today’s objectives

• Describe the review process
• Provide practical examples on how to fill the RTL
• Inform you on common pitfalls associated with RTL

https://www.acvs.org/residents/standards
Declined items: Help us help you!

- The vast majority of declined items will eventually be approved once clarifications and corrections are provided

<table>
<thead>
<tr>
<th>Surgery Cases »</th>
<th>New</th>
<th>Declined</th>
<th>Awaiting RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>Supervised</td>
<td>0</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Primary Surgeon</td>
<td>0</td>
<td>8</td>
<td>14</td>
</tr>
</tbody>
</table>
Reasons for rejection of items in RTL

- Inaccuracies / lack of adequate information
- Failure to meet deadline (60 weeks review limit per cycle)
- Spelling mistakes
- Wrong classification
- Duplicates
Reasons for rejection of cases in RTL

• 100 Character Limit in diagnosis field – alert if exceed this to correct prior to submission
• Procedure listed as the diagnosis e.g. laparoscopic spay vs healthy intact female
• Lesion not localized
• Nomenclature
Case submission

- All surgical cases must be logged
  - Official documentation of your training
  - Good practice for the future
  - Helps identify gaps in training
  - Helps adjusting requirements
  - Helps improving programs
- Minor procedures should not be logged
Case submission – how to avoid rejection

• Fill all the boxes
• Provide an accurate diagnosis
  • Localize lesion / identify lesion / provide a size
  • Avoid TYPOS / spelling mistakes
  • Avoid lay terminology
  • DO NOT list treatment in diagnosis
Case submission – how to avoid rejection

• Choose from drop down menu
• Items that could be logged in different categories
  • Choose the most adequate one as a priority.
  • Choose the category for which you have the least amount of cases logged.

i.e. a TPLO with arthroscopic meniscectomy could be logged as:
  - Orthopedics – Non-fracture Joint problem // Stifle // TPLO

Or
  - MIS- Arthroscopy // Arthroscopy stifle // Meniscectomy
Large animal mass removal

- Only reconstructive procedures are loggable
  - Do not log “large mass excision”
  - Instead, log “advancement flap”
  - Tensioning sutures and undermining techniques are not loggable

Small animal mass removal

- SEE the guideline on ACVS website
  https://www.acvs.org/residents/resource-documents
Surgical vs non surgical week

- If you are seeing non emergent cases, it is a surgical week

- DACVS supervised or not?
  - Supervisor is DACVS → YES
  - Supervisor is DECVS → NO – unless your residency starts in July 2018
  - Supervisor is DACVIM-Neuro → YES if you see neurosurgical patients
  - Supervisor is DACVD/O → YES if you see maxillofacial/ophtalmo cases
  - In all other cases → NO
Surgical vs non surgical week

Research/Manuscript/CE/Vacation

- **Majority** (5 of 7) of days in week dedicated to assigned task
- Guidance to protect resident time out of the clinic to ensure a balanced training program

<table>
<thead>
<tr>
<th>Year</th>
<th>Week</th>
<th>Cases</th>
<th>Week Start Date</th>
<th>Assignment</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>2</td>
<td>08/25/14</td>
<td>Combined Soft/Ortho</td>
<td>Surgical Rotation Supervised by an ACVS Diplomate</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>3</td>
<td>08/18/14</td>
<td>Combined Soft/Ortho</td>
<td>Surgical Rotation Supervised by an ACVS Diplomate</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>5</td>
<td>08/11/14</td>
<td>Research</td>
<td>Research/Manuscript</td>
</tr>
</tbody>
</table>
Specialty service rotations

• Can I cut elective cases during those?
  • The general answer is NO – the goal of these rotations is to allow to study in these areas and protect your time.

• What about emergency cases?
  • The answer is always YES, you can cut ER cases during any rotation. However, if the specialty rotation supervisor finds that you did not meet their expectations, they may not sign off on your week.
Specialty service rotations

• JEFF SAYS:

“specialty service rotations do not automatically populate into that section once the activity week has been entered. A handful of residents every year seem to not get that.”
Adding a supervisor

• BE ACCURATE!

Add a Non-DACVS Specialty Supervisor

*Enter the information for your non-DACVS supervisor below. Please do not add ACVS Diplomates to the database.

First Name:* 
Middle Name:
Last Name:* 
Email:* 
Specialty Board:
Year Board Certified:

Save

Back to List of Supervisors
Logging seminars – “distinctly different”

• 6 distinct seminars including a discussion in a public forum or similar group of peers

• Must include DACVS in audience actively participating in discussions

• Single digit audiences will be questioned but not automatically denied
Resubmitting items

- Do not delete items, unless they are duplicates.
- Address ALL the reviewers comments in the resubmit reason box.
- Check that nothing else need to be changed.
- Resubmit the item – make sure you submit and not simply save…
Save vs submit status

• JEFF SAYS:

“It seems like a lot of people enter items but they remain in the “new” status and they don’t understand that it hasn’t been submitted, although we recently changed the “save” button to “finish later” in the hopes of lessening the confusion there”
Resubmitting items (new features)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decline Reason(s)</td>
<td>Old Supervisor Comments: Test decline as RCC 2 (lead) to see if email sends. Rotation has not been reviewed by RCC 1.</td>
</tr>
<tr>
<td></td>
<td>Old Status: Awaiting RCC; New Status: Declined</td>
</tr>
<tr>
<td>Location:</td>
<td>Test Practice; Other</td>
</tr>
<tr>
<td>Type:*</td>
<td>Clinical Pathology</td>
</tr>
<tr>
<td>Training Length:*</td>
<td>Cumulative Hours: 40; or Full Weeks SELECT</td>
</tr>
<tr>
<td>Supervisor:*</td>
<td>test, test (Not Board Certified); New Supervisor (if not in list) Last Name:</td>
</tr>
<tr>
<td>Date Training Completed:*</td>
<td>10/01/2016</td>
</tr>
<tr>
<td>Resubmit Reason:*</td>
<td>TYPE HERE!!! DO NOT LEAVE BLANK...</td>
</tr>
</tbody>
</table>

**Note:**
- Click here to save and finish later. Item is NOT submitted if you click here!
- Click here to submit.
Educational events

• You are not required to log one every other week, but it is required to average that number over the course of the residency!

• How to log them and what counts?
  • You must have an activity week created for the week the EE occurred
  • Use the drop down list to select an appropriate event
  • They do count whether you presented or not
  • Direct DACVS supervision is MANDATORY
  • How long?
Educational events

• Educational event should be stated in a way so they are identifiable as distinct events:
  • Journal articles: specific topic, issue(s) or article(s) discussed
  • Book chapters: chapter number is OK if book title provided
  • M&M rounds: topic discussed
Educational events

• Case rounds → does NOT count
• No ACVS in the room → does NOT count
• Morbidity mortality rounds → does count IF DACVS present
• Formal case presentation → does count IF DACVS present

• Difference between case rounds and case presentation?
Research / manuscript

• This time is dedicated to these activities and should not be used to cover weeks of study!

  → Weeks leading to phase one examination and logged as research manuscript preparation will be questioned by the RCC!

  → Weeks with significant case load (even if mostly emergency cases) and logged as research manuscript preparation will be questioned by the RCC!

OUR GOAL IS TO PROTECT YOUR RESEARCH/MANUSCRIPT PREP TIME
What to do when in doubt?

• My advisor and I disagree on how to log a specific item, what should I do?
  • Reach out to RCC (either Jeff Melia or Dr. Trevor Bebchuk) via email
  • Reach out to the ombuds
  • Knowingly filling the RTL in an inadequate fashion constitutes fraud and could be ground for disciplinary actions.

• My resident is not performing up to standards and is being placed on probation, do we validate training or not?
  • In general, yes, you should approve the weeks of training and the cases as they occur – successful reviews will be necessary to graduate, regardless of weeks and cases
Probationary status – does it matter?

• Yes to sit phase one examination
  • Two satisfactory semi-annual reviews required to sit!

• Yes to complete training
  • Final semi-annual review must be satisfactory to graduate and sit phase 2!
Submitting items and meeting deadlines

- Residents are ultimately responsible for ensuring on-time submission

- The deadlines apply to the submission of the items to the committee:
  - Resident enter item
  - Resident submit item
  - RA approves item
  - PD approves the semi annual review
  - RCC review item

Items to be reviewed must be covered by the semi-annual review
Conclusion

• RCC is here to help – contact us if you have any questions
• Follow guidelines for YOUR year
• Fill RTL regularly and SUBMIT it ON TIME
Questions?

- **Residency Standards and Requirements**: Version relates to year that residency commences: [https://www.acvs.org/residents/standards](https://www.acvs.org/residents/standards)

- **FAQs**: [https://www.acvs.org/residents/faq](https://www.acvs.org/residents/faq)

- **RCC Documents**: Guidance & aids in completing RTL: [https://www.acvs.org/residents/resource-documents](https://www.acvs.org/residents/resource-documents)