

Resident Logs Preparation Guidelines Updated January 9, 2017

This document offers prescriptive guidelines for resident log preparation with the intent of facilitating the review process and avoiding cases being declined, but also improving RCC review consistency between reviewers and across resident logs. Residents (and their supervisors) can expect that log entries not complying with these guidelines will be uniformly declined by RCC reviewers.

This document does not supersede standing ACVS Residency Program guidance, e.g. ACVS Residency Program Guidelines, or ACVS Residency Training Standards and Requirements. Instead, it clarifies guidance within those documents by providing specific examples.

Surgery Cases Log Guidelines

Case number:

* Patients must have a **unique patient identification**, e.g. patient number. Sequential numbering of cases (1, 2, 3,...) does not constitute a unique patient identification.

* For large animal cases, patient name and owner name will suffice if no other unique patient identification is available.

* *Remember:* In order to log multiple procedures for the same patient on the same day, the procedures must be performed during separate surgical events (i.e. separate anesthetic events).

- NOTE: please carefully review the instructional document on how to review your case log for duplicates after downloading them in excel format. You are expected to check your log for duplicate cases AND verify that duplicate entries are appropriate prior to submitting your case log each year.

Diagnosis:

* The details provided in the diagnosis field should include sufficient information to allow a reviewer to match the diagnosis with the surgical procedure(s) performed. This should include: the (parts of the) anatomical site affected and laterality of the site operated, when indicated.

The diagnosis should NOT contain procedural or other information besides the laterality and site operated (see above)

*** Common reasons for declination of case due to inappropriate entries in the diagnosis field:**

* Do not offer procedure in the diagnosis area, or vice versa.

* Use of professional, medical terminology - correct spelling is expected.

* The complete diagnosis must fit in the space provided.

* There is no approved abbreviation list for ACVS Resident Logs. Only "**universally accepted**" abbreviations (such as GDV, IVDD) should be used. Abbreviations should be kept to a minimum.

* Avoid narrative diagnoses containing non-essential historical, ancillary diagnostic.

* For prophylactic procedures (such as gastropexy) the diagnosis should be "Healthy Patient" or "At-Risk Breed."

Surgical Procedure:

* If multiple procedures are performed during the anesthetic event, select the primary procedure from the Procedure Pull-Down list.

* **Tip:** Use the pull-down procedures from the procedure list. Most declined procedures are "write-in" procedures that confuse the reviewer about the relationship between the diagnosis and the procedure offered.

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* **Non-operative or minor procedures** should not be included in the case log. Please review the Residency Standards for the list of procedures that should NOT be logged at PROVIDE WEBLINK. If a procedure is not found in the pull-down menu consider that it may be a non-operative or minor procedure that should NOT be logged.

Surgical Category:

* Select as appropriate... see ACVS Procedures List – For appropriate classification of the surgical category the procedure list located at: PROVIDE WEBLINK should be consulted.

Core Curriculum Category:

* Select as appropriate... see ACVS Procedures List – PROVIDE WEBLINK

Directly Supervised / Diplomate Supervisor:

* All supervisors must be appropriately entered into the resident's supervisor list to include Specialty College (+/- subspecialty).

* A case that is directly supervised in the surgical suite by a diplomate appropriate for the procedure performed (ACVS, ACVIM-N, ACVO, AVDC), is entered Directly Supervised ("YES") / Supervisor ("Diplomate's Name").

* A case that is not supervised, or supervised by a non-diplomate, is entered Directly Supervised ("NO") / Supervisor (left blank).

Seminar Guidelines

General Seminar Requirements:

* Six **distinctly different seminars** are required.

* Seminars are **formal, oral, in-depth, scientific presentations followed by a discussion** period in a public forum. Seminars are CE level presentations.

* Presented to peer audience (DVMs / specialists in attendance).

* **Supervised**, attended, and critiqued by faculty. [**Seminar supervision is required as of 2015 Residency Training Standards.**]

Presentations that do not meet Seminar requirements:

* **Unsupervised** lectures, case rounds presentations/case reports, presentations

* Audiences consisting solely of veterinary students... lectures must be **supervised & critiqued**.

* Reviews of **single journal articles**...

* **Rounds, case presentation, and discussions** are a required component of the Resident's responsibilities in the Guidelines, but they do not meet the criteria for a Seminar.

* **Audiences that solely comprise surgical staff and house officers... this is "Surgical Rounds."**

Title:

* A descriptive seminar title must reflect the seminar requirement for an in-depth, scientific presentation, and distinctly differentiate presentations on "similar" topics.

Type Audience / Attendees:

* Audience of peers (DVMs / specialists); audiences consisting solely of veterinary students are not acceptable.

* Resident rounds, case presentation, and discussions are required components of the Resident's responsibilities in the Guidelines; they do not meet the criteria for a Seminar.

* There is no minimum number for audience attendance, but single digit audiences imply non-loggable **"resident rounds."**

Supervisor:

* All seminars must be supervised: **indicate a supervisor**.

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Common causes for declination:

- * Most common = Failure to indicate a **supervisor**. [Required in 2015.]
- * Re-Presentation of a **previous/similar topic**. (Requirement = distinct / unique presentations.)
- * **Abstract brief of your research paper**: Residents can log an abstract briefing of their own research, with questions / answers, at a CE event as a seminar.

Activity Week Guidelines

* **Assignment / Activity**: Assignment and Activity will record the resident's **predominant activity** for the week, and will be consistent with log entries in other sections of the resident's log (Surgery Cases, Specialty Service Hours, Seminars, etc).

* A week is defined as 5 out of 7 days: days do not need to be consecutive.

* All supervisors must be appropriately entered into the resident's **supervisor list** to include Specialty College (+/- subspecialty).

* The RCC can only review **sixty (60) "new" activity weeks during a review cycle**. Resubmitted weeks do not count against this "60 week" limit. All resubmitted weeks will be reviewed. If more than 60 new weeks are submitted during a review cycle, RCC Reviewers will review the **first 60 chronologically** (oldest to newest).

* **Remember**: A neurosurgery rotation supervised by a DACVIM(N) diplomate is classified as "Surgical Rotation DACVS* supervised." This similarly applies to other specialty colleges: oral surgery (ACVD), ocular surgery (ACVO).

* **Elective Surgeries, Emergency Surgeries, and Curriculum Essential Surgeries during non-surgical activity weeks**: Non-surgical activity weeks (Specialty Service Training, Research, Manuscript Preparation, CE/Vacation/Other, Independent Study, etc) are prescribed to ensure that residents have sufficient time during the residency program to fulfill non-surgical Program requirements. **The expectation is that residents will NOT be assigned nor perform surgery clinic duties during non-surgical activity weeks**. Ideally, programs would schedule resident emergency duty such that it does not fall on these weeks, as well. Residents are required to log all cases. If surgical cases are performed by the resident during a non-surgical activity week the RCC reviewers will decline the week if it exceeds the following criteria:

- * Non-surgical weeks with elective procedures performed will be declined.
- * Specialty service weeks will be declined unless performed procedures are "curriculum required" [shortfall cases] or "other than emergency" procedures. Performance of routine cases will cause declination of the specialty service week. Additionally, residents attending a specialty service will not follow cases they consulted on to the OR when they are referred to the surgical service.
- * Emergency surgeries, curriculum essential surgeries, and surgeries performed on "weekends" will not be cause for declination of weeks.

* Residents will have an opportunity to readdress declined non-surgical activity weeks in which surgical duties were performed. The RCC reviewers understand that residents may be required to perform emergency duties or log specific cases to fulfill curriculum shortfalls during non-surgical activity weeks. Insufficient clarification of the week's activities (e.g. multiple routine cases) may result in declination of the non-surgical activity week and the requirement for reclassification as a Surgical Rotation week.

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Educational Events

- * Provide Textbook name and chapter number
- * Provide Journal rounds topic
- * Provide topics of lectures/discussions