

# Surgical Data: What are we really looking at?

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# What are the RRC expectations?

## Program Requirements: Surgical Skills

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### Residents

- Must perform and assist at a sufficient number of surgeries to become skilled as comprehensive ophthalmic surgeons. The minimum numbers are listed on the ACGME website
- Must have graduated technical and patient care responsibilities (including laser surgery)
- Must have access to a simulated operative setting



# What are the RRC expectations?

## Program Requirements: Surgical Skills

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### Program Director

- Ensure that all residents have equivalent educational experiences
- Ensure that the residents are entering operative cases into the case log system
- Provide documentation to the RRC on the PIF and have individual resident logs available at the time of the site visit.



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# Disclaimer Statement: Key points

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Surgical Experience  $\neq$  Competence

“Achievement of the minimum number of listed procedures is not tantamount to achievement of competence of an individual resident in a particular listed procedure”



# Disclaimer Statement: Key points

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## PD Determines Surgical Competence

“The intent is to establish a minimum number of listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to blend the entire educational operative experience for each resident, taking into account each resident's particular abilities”



# Disclaimer Statement: Key points

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PD verifies residents ability to practice competently and independently

“This requirement does not supplant the requirement that, upon the resident's completion of the program, the program director should verify that the resident has demonstrated sufficient professional ability to practice competently and independently”



# Overview

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- ACGME Online Resident Case Log System started July 1, 2002
- In July 2007, minima were set at the 20<sup>th</sup> percentile based on annualized national data
- Surgical minima are reviewed annually by the RRC
- Current surgical minima are unchanged for the past two years, and in general, now reside at approximately the 10<sup>th</sup> percentile nationally.
- Effective July 1, 2010, surgical retina and refractive surgery minima were modified to reflect a total of cases as surgeon and observer.
- Promoting resident familiarity with these procedures



# Current Operative Minimums

<u>Procedure</u>	<u>Surgeon</u>	<u>Surgeon + Assistant</u>
Cataract	86	--
Strabismus	10	--
Corneal Surgery	3	--
Refractive Surgery	--	6
Glaucoma	5	--
Glaucoma Laser	9	--
Retina/Vitreous	--	10
Other Retinal	25	--
Oculoplastics/Orbit	28	--
Globe Trauma	4	--



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**OPHTHALMOLOGY: NATIONAL RESIDENT STATISTICS REPORT (Benchmarks Table)**  
**Reporting Period: Total Experience of Residents Completing Programs in 2009-2010**  
**Residency Review Committee for Ophthalmology**  
**Report Date: December 14, 2010**

[PART 1]		Programs in the Nation: 115 Residents in the Nation: 447																	
		Surgeon						Assistant						TOTAL					
		Resident Percentiles						Resident Percentiles						Resident Percentiles					
		10	20	30	50	70	90	10	20	30	50	70	90	10	20	30	50	70	90
RRC Area	RRC Procedure																		
Cataract	Phacoemulsification	90	103	113	135	160	211	7	21	34	57	81	146	134	155	173	195	231	327
	Non-phacoemulsification ECCE	0	1	1	3	5	8	0	0	1	2	3	7	1	2	3	5	8	13
	TOTAL - Cataract	92	108	118	139	166	213	9	24	37	61	86	150	138	162	178	203	238	330
Other Cataract	YAG capsulotomy	3	6	8	12	17	28	0	0	0	0	0	2	3	6	8	12	18	28
	Other cataract / IOL Surgery	0	1	1	2	4	7	0	0	0	2	4	9	1	2	3	5	7	12
	Anterior vitrectomy	0	0	0	2	4	8	0	0	0	0	1	3	0	0	1	3	5	10
	TOTAL - Other Cataract	7	10	13	17	24	37	0	0	1	3	6	13	9	13	16	21	30	46
Corneal Surgery	Penetrating keratoplasty	0	0	0	1	3	5	0	1	2	4	7	14	1	2	4	6	10	17
	Pterygium excision	0	1	2	3	6	15	0	0	0	1	2	4	1	2	3	4	8	18
	Incisional keratorefractive surgery	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	1	4
	Laser keratorefractive surgery	0	0	0	0	0	5	0	0	0	0	0	7	0	0	0	0	3	11
	Other cornea	0	1	2	3	5	9	0	0	1	2	5	11	1	3	4	6	10	18
	TOTAL - Corneal Surgery	4	5	8	12	17	31	2	4	6	10	18	29	10	14	17	25	34	58
Strabismus	Any muscle surgery	10	11	14	20	28	48	0	2	4	10	18	39	15	20	24	33	46	74
	Other strabismus	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
	TOTAL - Strabismus	10	12	14	20	28	48	0	2	4	10	18	39	15	20	24	33	47	74
Glaucoma	Filtering procedures	1	2	3	5	7	12	0	1	2	4	7	13	3	5	6	9	14	24
	Shunting procedures	0	1	2	3	6	10	0	0	1	3	6	11	2	3	5	8	11	18
	Other glaucoma	0	0	0	1	2	5	0	0	0	1	2	5	0	0	1	2	4	9
	TOTAL - Glaucoma	5	6	8	11	14	22	1	3	4	9	16	27	9	13	15	22	29	43

# National Data

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- National Data is now available on the ACGME website
- To access national data:
  - Data Collection Systems → Resident Case Log System → Case Log Information → Statistical Reports → Ophthalmology 2009-2010



# Total Operative Experience

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- Minimum requirements per resident total number of procedures (surgeon + assistant)

**364**

- 10<sup>th</sup> percentile nationwide = 404
- Again, a surrogate for adequacy of surgical experience



# Individual vs. Program Minimums

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Minimum numbers are for program accreditation

“The stated minimum numbers of listed surgical procedures for ophthalmology residency education reflect the minimum clinical volume of these procedures which is acceptable per resident for program accreditation”



# Individual vs. Program Minimums

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- Programs must provide equality of educational opportunities for each resident
- One resident deficient in one category – NO citation
- Citations considered for:
- Very large variations in resident surgical experience
- Number of residents in the program fail to meet the minimum even if the program average is above the minimum.



# Definition of a Surgeon

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- Two residents each do one side of a bilateral procedure: both get to count it as surgeon case
- Two residents perform different procedures on patient on same day: both get to count it as surgeon case
- A resident does a combined procedure: counts as two surgeon cases (eg, PPV combined with Phaco/IOL)
- If multiple procedures all fall within the same subspecialty category, then only one case may be recorded



# Code Category Changes:

## Cornea/Refractive

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- Refractive cases will be coded under a separate category, called Keratorefractive Surgery, and will not count toward the requirement of 3 surgeon cases for Cornea.
- This category includes all procedures that involve laser and/or incisional refractive surgery on the cornea (i.e. LASIK, PRK, LRI, etc.) but will not include toric or multifocal intraocular lenses.



# Code Category Changes: Cornea/Refractive

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- Keratorefractive Surgery
- Minimum is 6 (surgeon plus assistant) for Keratorefractive Surgery
- Cornea:
  - Keratoplasty (i.e. PK, DSAEK, etc.),
  - Conjunctival procedures/Pterygium excision
  - Other Cornea
- Minimum is 3 surgeon cases for Cornea





# Code Category Changes: Retina/Vitreous

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There will now be three retina categories:

## Previous Categories:

1. Retina/Vitreous
  - RRD repair
  - Posterior Vitrectomy
  
2. Other Retina
  - Photocoagulation
  - Cryotherapy
  - Vitreous Tap/Inject

## New Categories:

1. Retina/Vitreous
  - RRD repair
  - Posterior Vitrectomy
  
2. Retina Lasers
  - Photocoagulation
  - Cryotherapy
  
3. Other Retina
  - Vitreous tap/inject
  - Other retina



# CPT Codes

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- A number of CPT codes have been identified by PDs that have been added to the list of codes
- The list of CPT codes and the corresponding category is accessible by running the report in the System called “Available CPT Codes by Area and Type”
  - Data Collection System → Resident Case Log System → Log In → Reports → Available CPT Code by Area and Type
- The Ophthalmology RRC strongly encourages everyone involved in resident education to review the CPT code listings and to provide feedback to the RRC



# Future Steps

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- Goal is to provide Residency Programs with reasonable, rational surgical minima
- Plans to collaborate with the Department of Applications and Data Analysis on a special project to assess and potentially revise the operative minima currently in place for ophthalmology.
- Step 1, we first poll experts for suggested minima based upon their experience and judgment
- Step 2, objective statistical analysis to assess the potential impact of the suggested minima and may guide in the adjustment of the initial numbers
- The goal of this project is to establish a standard methodology which will provide rational minimum numbers for Residency Programs in Ophthalmology and be a model for other Residency Review Committees.



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# Surgical Data:

## What are we really looking at?

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We are looking for:

- Volume of experience
- Appropriate supervision
- Breadth of experience
- Progressive, graduated experience
- Equivalency of experience

And most importantly....

- Assessment of competency
- Special thanks to Preston Blomquist

