Defined Category Minimums and Credit Role for General Surgery
Review Committee for Surgery

Category	Minimum
Skin, Soft Tissue	**25**
Breast	**40**
Mastectomy	5
Axilla	5
Head and Neck	**25**
Alimentary Tract	**180**
Esophagus	5
Stomach	15
Small Intestine	25
Large Intestine	40
Appendix	40
Anorectal	20
Abdominal	**250**
Biliary	85
Hernia	85
Liver	5
Pancreas	5
Vascular	**50**
Access	10
Anastomosis, Repair, or Endarterectomy	10
Endocrine	**15**
Thyroid or Parathyroid	10
Operative Trauma	**10**
Non-Operative Trauma	**40**
Resuscitations as Team Leader	10
Thoracic Surgery	**20**
Thoracotomy	5
Pediatric Surgery	**20**
Plastic Surgery	**10**
Surgical Critical Care	**40**
Laparoscopic Basic	**100**
Endoscopy	**85**
Upper Endoscopy	35
Colonoscopy	50
Laparoscopic Complex	**75**
Total Major Cases	**850**
Chief Year Major Cases	200
Teaching Assistant Cases	25

Minimum Case Requirements by PGY-3

Residents must have at least 250 operations prior to starting their PGY-3.

- The 250 cases can include procedures performed as Operating Surgeon or First Assistant.
- Of the 250, at least 200 must be in the defined categories, endoscopies, or e-codes (see below for information on e-codes).
- Up to 50 non-defined cases can be applied to this requirement.

E-Codes:
General surgery residents can use e-codes to receive ACGME Case Log credit for vascular surgical procedures. E-codes allow more than one resident to take credit for an arterial exposure and repair. The resident who accomplishes the exposure should add an "E" to the case ID for the system to allow credit for a second procedure on the same patient. CPT codes eligible to be entered as e-codes include:
> *35201 (repair blood vessel, direct; neck)*
> *35206 (upper extremity)*
> *35216 (intra-thoracic without bypass)*
> *35221 (intra-abdominal)*
> *35226 (lower extremity)*

Four categories are available under Trauma for residents to enter arterial exposures.

Credit Roles for General Surgery Residents

Residents must function in the role of Surgeon for a minimum of 850 operative procedures over the five years of residency. Of these 850, at least 200 must be accomplished as a Chief Resident.

Residents are considered the Surgeon only when they can document a significant role in the following aspects of management:

- determination or confirmation of the diagnosis
- provision of pre-operative care
- selection and accomplishment of the appropriate operative procedure
- direction of the post-operative care

For multi-procedure operations, residents must record all procedures performed and indicate which procedure will count as the primary procedure. When more than one resident is involved with the same patient, same day, same operation/procedure, a senior resident may take credit as Surgeon, while another resident may take credit as First Assistant; or, a senior resident may take credit as Teaching Assistant while a more junior resident takes credit as Surgeon Junior. If two residents perform different procedures on the same patient (different CPT codes), then each may take credit as Surgeon.

Abbreviations for use in the Case Log System

SC = Surgeon Chief: Used for cases credited as "Surgeon" during the 12 months of Chief experience

SJ = Surgeon Junior: Used for cases credited as "Surgeon" prior to Chief experience

TA = Teaching Assistant: Used when a Chief Resident is working with a junior resident who takes credit as "Surgeon Junior"

- The minimum required number of TA cases may be reported during the PGY-4 and - 5 levels. All TA cases will count toward the total major cases and will count in the defined categories, but will not count toward the 200 minimum cases needed to fulfill the operative requirements for the Chief year.

FA = First Assistant: Used when a resident assists another surgeon with an operative procedure and when the resident is not the primary Surgeon; FA cases are not credited toward the total number of major cases