

News from the ACGME: Case Minimum Changes Part 3: Revamping the Case Logging Guidelines July 2024

The new case minimum requirements establish a framework of required surgical cases for orthopaedic surgery residency. Minimums provide guidelines for **depth** of education and training such that graduates are independently able to perform core procedures and verify resident **breadth** of exposure to orthopaedic surgery subspecialties. In 2024, the ACGME Review Committee for Orthopaedic Surgery was charged with establishing new case minimum requirements that covered 3C procedures (core, common, competent) as well as an appropriate distribution of anatomic areas. The domains and minimums are further detailed in Parts 1 and 2 of this series.

Simultaneously, the American Board of Orthopaedic Surgery (ABOS) has developed the Knowledge, Skills, and Behavior (KSB) program (ABOS n.d.), which allows longitudinal evaluation of a resident's clinical acumen and surgical skill over the course of a residency as part of the ABOS focus on competency-based education (Van Heest et al. 2022). Evaluation tools are available to track resident progress over the course of education and training. ABOS has developed an independent KSB web platform for electronic evaluations associated with cases logged by residents. This platform also interfaces with the existing ACGME Accreditation Data System (ADS) Case Log System for all residents starting July 1, 2025, with many residents already onboarded using the new KSB+ platform. Residents will log each procedural patient encounter in the KSB+ system, triggering associated evaluations when appropriate. All logged common procedural terminology (CPT) codes will transfer over to the ADS Case Log System within a few business days.

This transition offers significant resident benefit. New case logging guidelines simplify the process, and the interface between the KSB and ADS platforms removes the potential for administrative redundancy. Simultaneously, changes to the system allow flexibility and simplicity in the case logging process, such as removing the designation of primary or secondary codes and allowing multiple CPT codes to count in one case entry. There are fewer checkboxes, which simplifies the logging process. Previous standards led to ambiguity for residents when logging cases and the incentive to deconstruct cases.

The new system simply requires recognition of which CPT codes count. This is particularly relevant for the 3C minimums. The anatomic minimums are broader to allow credit for the majority of cases done within a residency program. Transitioning to an inclusive, CPT-based minimum model should incentivize residents to log cases in an accurate and timely manner, including all relevant CPT codes for a particular case. No decisions need to be made about breaking out parts of a case in order to ensure minimums are being met. The Review Committee hopes that this change makes logging cases less confusing and improves case logging accuracy, which is poor in many instances (Salazar et al. 2014).

For program directors, the transition to minimums allows a more nuanced look into case volume at residency programs. Significant education is required to navigate both the ABOS KSB process and the ACGME ADS interface. However, this new KSB+ platform integration will also allow reporting via ADS with real-time tracking of a resident's progress toward meeting code minimums as well as a centralized location for resident assessments. The first look at the

program's minimums status is expected in late spring 2025, and the 2025-2026 academic year will provide data without risk of citation. The 2024-2025 PGY-3 residents will be the first cohort of residents using the new minimum standards at graduation.

This article is the third of a four-part series outlining the upcoming changes addressing the new ACGME orthopaedic surgery case minimum requirements. The fall 2024 article (Part 4) will provide an update on the two data collection systems, a link to the final CPT lists that count toward each minimum, and an update on timing as the ACGME's new ADS Case Log System rolls out. A current list of the minimums themselves – description and number – is available on the CORD resources page.

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References:

1. ABOS. n.d. "ABOS Knowledge, Skills, and Behavior Program." Accessed September 30, 2024. <https://www.abos.org/abosksb/>.
2. Van Heest, AE, AD Armstrong, MS Bednar, et al. 2022. "American Board of Orthopaedic Surgery's Initiatives Toward Competency-Based Education." *JB JS Open Access* 7(2): e21.00150. doi:10.2106/JBJS.OA.21.00150.
3. Salazar D, A Schiff, E Mitchell, and Hopkinson. 2014. "Variability in Accreditation Council for Graduate Medical Education Resident Case Log System Practices Among Orthopaedic Surgery Residents." *Journal of Bone and Joint Surgery* 96(3): e22. doi:10.2106/JBJS.L.01689.