



**UNC Department of Surgery
General Surgery Residency Program
Policy on Procedural Experience Oversight and Expectations**

It is the goal of the UNC general surgery residency program to assure adequate progress in procedural experience through the five clinical years of training. It is our expectation that all residents will graduate with at least the minimum number of cases for each category defined by the ACGME and the minimum number of total cases (850), chief year cases (200) and endoscopy (50 colonoscopy/35 EGD). Defined category cases can be found on the final page of this document.

To assure adequate progress over the course of the program, it will be the expectation that residents log their cases in real time in the ACGME case log system. We will not accept keeping of personal logbooks to be entered into the case log system prior to graduation. The following will be the steps taken to assure accurate and timely completion of case logs:

1. The program coordinator will review case log activity reports on a regular basis. Residents who have not posted any cases for greater than one month will be notified.
 - a. The program director and program coordinator will re-evaluate case log activity together on a regular basis thereafter.
 - b. Individual residents who have failed to log cases at that time will be contacted by the program director personally.
 - c. Residents who fail to enter cases for two consecutive months will be invited to a meeting with the program director to discuss issues related to completing case logs.
 - d. If a resident is unable to complete their case records within one week after the meeting with the program director, they will be held out of clinical activity until their records have been completed.
 - i. Each day missed will be considered a vacation day and will be subtracted from the next scheduled vacation for that resident.
 - e. This will also be part of the data considered when evaluating the professionalism milestones for each resident twice annually.
2. Defined category reports will be downloaded for each resident at least twice annually to assure adequate progress relative to peers
 - a. These will be reviewed by the Clinical Competency Committee at least twice a year.
 - b. They will also be part of the information reviewed with the residents and documented in their personal files as part of the semi-annual review meetings with the program director.
 - c. Progress in defined category cases will be reviewed in conjunction with other data in considering resident promotion in the spring of each year.
 - i. Inadequate documented procedural volume may negatively impact promotion to the next year of training.
3. In March of the chief resident year, the program director will review the defined category reports of all residents approaching graduation to assure adequate procedural experience has been documented. This will be a condition of completion of the program and attestation to the American Board of Surgery that a resident has completed program and is eligible to sit for the board exam.
 - a. Residents who have not completed operative case requirements (as documented by the ACGME case log) will not have their application to the American Board of Surgery signed by the program director until this has been completed

4. PGY 2 residents will not be promoted to the PGY 3 year until they have completed the requisite procedural experience of 250 cases (as defined by the American Board of Surgery and documented by the ACGME report entitled 'General Surgery Year 2 Minimum Report')
 - a. If this is not completed June 1st of the PGY 2 year, the trainee will be notified by the program that they are at risk
 - b. If it is not completed by June 17th of the PGY 2 year, they will be required to extend their PGY 2 year until it is completed.
 - i. This may have an impact on completion of residency on time
 - ii. Please reference the surgery program policies on PTO and Effect of Leave of Absence for additional details on expected time of training