

Guidelines for ACGME Case Logs Diagnostic and Interventional Radiology Imaging Exams, Procedural and Clinic Encounters Review Committee for Radiology

To comply with the Program Requirements for Graduate Medical Education in Diagnostic and Interventional Radiology, the procedural training experience of each diagnostic and interventional radiology resident must be tracked through the ACGME Resident Case Log System. There are two methods of Case Log entry:

1. Aggregate entry of diagnostic imaging exams (Table 1)
2. Individual entry of procedural and new outpatient clinic encounters (Table 2)

Diagnostic radiology (including Early Specialization in Interventional Radiology (ESIR)) and integrated interventional radiology programs and residents enter the following directly into the ACGME Case Log System:

- a. diagnostic imaging exams (aggregate);
- b. procedural encounters (individually); and,
- c. new outpatient clinic encounters (individually).

Independent interventional radiology programs and residents enter the following directly into the ACGME Case Log System:

- a. procedural encounters (individually); and,
- b. new outpatient clinic encounters (individually).

Case Log System

Diagnostic and interventional radiology residents use the ACGME's Case Log System to capture specified diagnostic imaging cases and the entirety of procedural and new outpatient clinic encounters. Diagnostic and interventional radiology data must be entered into the Case Log System for each resident. The Case Logs should be reviewed semi-annually and must be reviewed annually for accuracy. (See program requirements V.A.1.d).(1) and V.A.1.e).(1).)

Specific Case Log procedural categories were selected to provide a representative picture of resident procedural activities across the full domain of diagnostic and interventional radiology (see **Table 2**). Procedural minimums for interventional radiology residents have not been established at this time, but will be determined in the future once sufficient data has been collected. **Of note, new interventional outpatient evaluation, while not a procedure, is an important resident experience and has been included as a Case Log category.**

Procedural and new outpatient Case Log categories are defined by name and nested in hierarchies within the 2024 revised ACGME Resident Case Log System.

Interventional Radiology Patient Procedural Encounters Log

A patient procedural encounter is defined as a patient visit during which a patient is evaluated or treated by a resident. This includes visits in which a radiology patient undergoes a percutaneous needle-based procedure, as well as outpatient visits in which an initial evaluation is performed.

The Interventional Radiology Patient Procedural Encounters Log reflects the cumulative procedural experience of a diagnostic and interventional radiology resident. The Program Requirements for Graduate Medical Education in Interventional Radiology specify a minimum number of procedures per resident (1000 procedures during the interventional radiology residency, and 500 during the ESIR curriculum). Programs must ensure that residents keep a log of all radiology patient procedural encounters to track the cumulative procedural experience obtained during education and training. The cumulative procedural encounters, commonly known as a “procedure log,” should track the volume and type of all procedures and patient encounters, but should also provide some meaningful detail about each case.

Guidelines for Counting Patient Procedural Encounters

1. A resident must be the first operator on a patient procedural encounter to count it in the Case Logs. An exception can be made to allow both a senior and a junior resident to count the same procedure when the senior resident is supervising the performance of a minor procedure performed by the junior resident.
2. No more than two residents can take credit for the same procedure.
3. More than one procedure may be entered if multiple disparate procedures are performed during one patient encounter (e.g., chest port and gastrostomy tube). Otherwise, only the highest complexity procedure should be entered if multiple procedures are in the same category.
4. Non-catheter-based vascular (i.e., diagnostic) imaging studies do not count toward interventional radiology patient procedural encounters.

Considerations for ESIR

1. Upon completion of ESIR training, the diagnostic radiology program director must provide residents with written verification of their completion of a minimum of 500 patient procedural encounters. This written verification, along with the resident’s procedure log, must be provided to the interventional radiology-independent program director upon the resident’s matriculation into the program. Please see **Appendix 1** for a sample of a standardized form to be used.
2. Residents who successfully complete ESIR training and enter an interventional radiology-independent program in the second year of training should include in their learning portfolio all interventional radiology patient procedural encounters completed during the ESIR curriculum.
3. The Case Log information for each advanced-year interventional radiology -independent resident should be combined with the ESIR year Case Log data and the interventional radiology - independent Case Logs for total documented Case Log experience.

Table 1: Diagnostic Radiology Imaging Case Log Categories

CASE LOG CATEGORY (11)	REQUIRED MINIMUM
Chest X-Ray	1900
CTA/MRA	100
Mammography	300
CT Abdominal/Pelvic	600
US Abdominal/Pelvic	350
Image Guided Biopsy/Drainage	25
MRI Lower Extremity Joints	20
MRI Brain	110
PET	30
MRI Body	20
MRI Spine	60

Table 2: Interventional Radiology Procedural Case Log Categories

CASE LOG CATEGORY (12)	REQUIRED MINIMUM
Aortic Stent Grafting	TBD
Arterial PTA or Stent	TBD
Dialysis Access Intervention	TBD
Embolization	TBD
New Outpatient Clinic Evaluation	TBD
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	TBD
Primary Nephrostomy	TBD
Thrombolysis or Thrombectomy (Arterial or Venous)	TBD
TIPS or TIPS Revision	TBD
Tumor Ablation	TBD
Venous Port	TBD
Venous Intervention (Stent, PTA, or filter)	TBD

Appendix 1: Standardized Form for ESIR Resident Training Verification

**Verification of
Early Specialization in Interventional Radiology (ESIR) Training
Review Committee for Radiology**

Complete this form and provide it to the program director of the accepting interventional radiology-independent program for each resident who completes ESIR training.

Diagnostic Radiology Program Name:
Diagnostic Radiology Program Number:

Resident Name:

The above-named resident has successfully completed our ACGME-approved ESIR curriculum. This form summarizes the procedural experience obtained during the ESIR training and includes interventional radiology Case Log volumes and the total number of interventional radiology patient procedural encounters.

ACGME Case Logs

CASE LOG CATEGORY (12)	Number Performed
VASCULAR	
Aortic Stent Grafting	
Arterial PTA or Stent	
Embolization	
Venous Intervention (Stent, PTA, or filter)	
Venous Port	
Dialysis Access Intervention	
Thrombolysis or Thrombectomy (Arterial or Venous)	
TIPS or TIPS Revision	
NON-VASCULAR	
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	
Primary Nephrostomy	
Tumor Ablation	
New Outpatient Clinic Evaluation	

Completed ICU rotation?..... **YES** **NO**

Interventional Radiology Patient Procedural Encounters

Total number of interventional radiology patient procedural encounters in which the resident participated during ESIR training: _____

A detailed log enumerating these patient procedural encounters has been reviewed by myself, with the resident, and a copy is attached to this form.

Diagnostic Radiology Program Director Name:

Date:

Diagnostic Radiology Program Director Signature