National Institute for Health Specialties
United Arab Emirates

General Procedure Log Guidelines for Residency and Fellowship Programs

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Date & Signature:	
Scope of the Policy:	Procedure Log implementation aligned with Emirati Board Examinations under the scope of NIHS
Stakeholders:	▪ DIOs, GMECs, PDs, administrative staff, faculty of NIHS accredited programs ▪ Trainees of NIHS accredited programs 1. Chairs and members of NIHS Committees ▪ NIHS Employees or Staff

Modification History

Version	Date	Summary of Revisions	Responsibility	Signature
V 1.0	21.04.2025	Guideline Created	NIHS Assessment Dept.	

Contents

1. EXECUTIVE SUMMARY

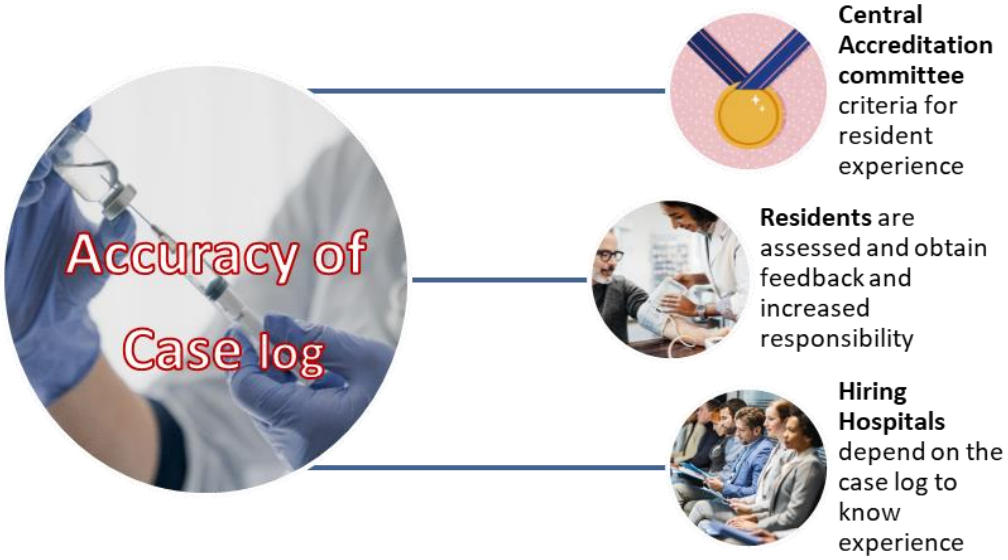
This document outlines the general framework for documenting procedure logs across all specialties. It defines the minimum requirements and clarifies the roles of trainees, teaching assistants (TAs), and Specialty Scientific Subcommittee (SSS) assessors in ensuring proper supervision and validation.

Each specialty will have a dedicated appendix detailing specific procedural requirements, including the number of times each activity must be performed, the required level of supervision, and any specialty-specific conditions. These requirements must be fulfilled for the case log to be considered complete. This document should be read in conjunction with the specific appendix for each specialty.

For general applicability we will refer here to both residents and fellows as trainees.

2. PURPOSE

The NIHS Procedure Log System provides a critical summary of trainees' procedural activity during their residency or fellowship program. This guide is provided to help facilitate uniform and accurate logging.



Program leadership is expected to review trainee's Procedure Logs on a regular basis to ensure they are consistently progressing through the achievement of respective EPAs and correctly recording their cases afterwards.

At a minimum, this review must take place twice a year during the semi-annual evaluation of trainee performance.

Accurate logging affects programs and residents/fellows in these ways:

- Procedure Log data of program graduates play a major role in the Central Accreditation Committee's accreditation decisions as to whether the program offers adequate procedural experience.
- Procedure Log data play an important role in assessment, feedback, and increased responsibility for trainees to ensure they have the experience needed to progress to autonomous practice.
- Hospitals and practices may request graduate Procedure Log reports as data elements for hiring, granting privileges, and/or other employment processes.

3. GUIDELINE

3.1 Specialty Minimum Numbers

The Central Accreditation Committee has defined the procedural categories required for trainees' education in each (sub)specialty and has outlined the minimum procedural experiences that programs are required to provide to trainees.

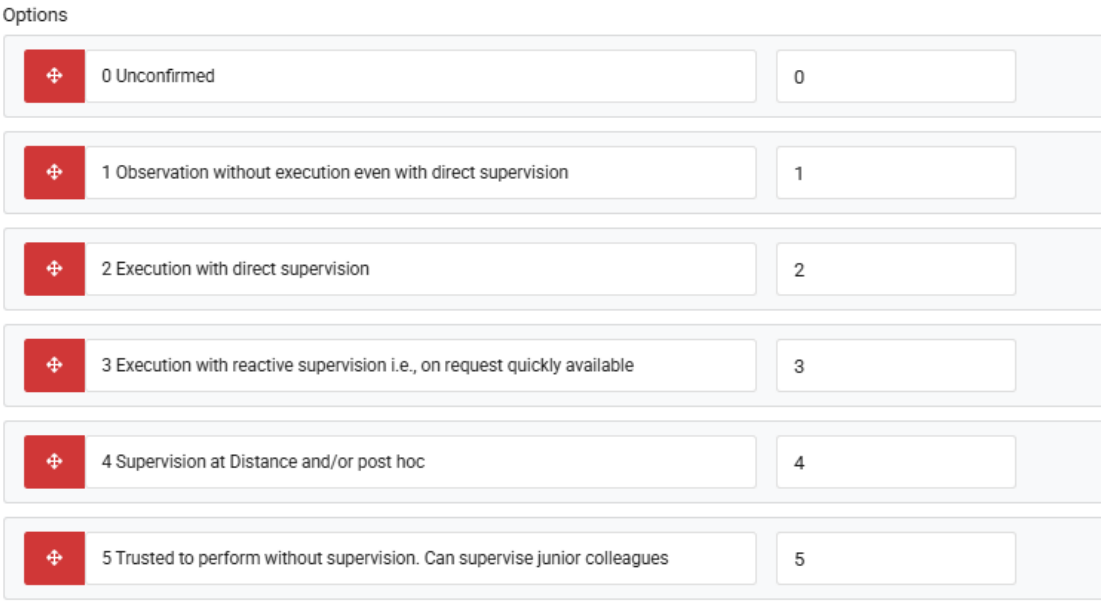
The Central Accreditation Committee uses Procedure Logs to assess trainee experience, as well as the breadth and depth of a program's procedural education and training.
The Specialty specific minimum Case/Procedure numbers are provided in Appendix 1.

Conditions

- Minimum numbers represent what the Central Accreditation Committee believes to be an acceptable minimal experience. Minimum numbers are not a final target number and achievement of the minimum does not signify competence.
- Program directors must ensure trainees continue to report procedures in the Procedure Log System even after the EPAs and minimum number of any procedure is achieved.
- Programs are considered compliant with procedural requirements if all graduating trainees in a program achieve the minimum number in each category.
- Minimum counts include the roles of Surgeon and Teaching Assistant which are equivalent to level 4 and 5 in the entrustment scale of the specific EPAs. See below for more information regarding these roles.
- To log a procedure towards minimum counts, a trainee must receive an entrustment rating of 4 or 5 or must be already entrusted for that specific procedure.
- For program completion, each trainee is expected to achieve the required number of procedures with such entrustment ratings as outlined in the minimum procedure list.
- The level of autonomy indicates the highest level of entrustment that can be achieved for the particular procedure. Therefore, faculty must note that they cannot score higher entrustment than the level of autonomy assigned to the trainee for that particular procedure.

3.2 Rating Scale for Level of Entrustment:

Th faculty rates the candidate based on the entrustment scale for the observed procedure as shown in the rating scale below:

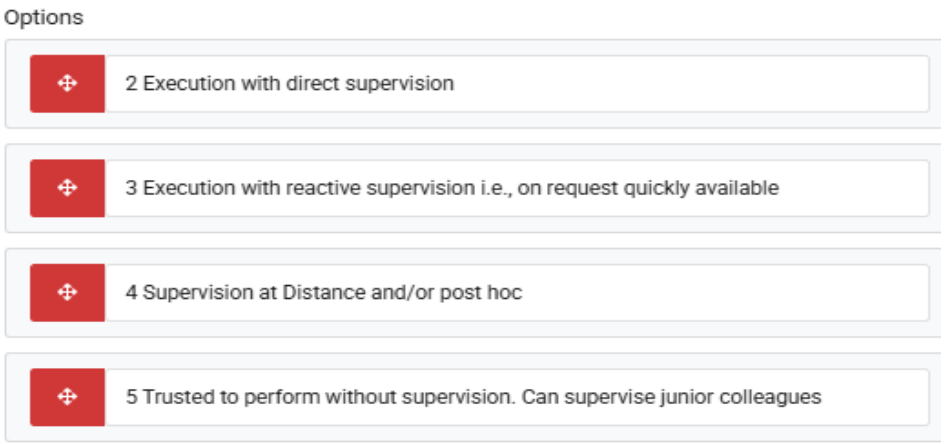


3.3 Initiating the Procedure Log Entry

Before performing a procedure, trainees are required to complete the "Add a Case" section of the Procedure Log System. All available fields should be filled in, with special attention to the starred (*) items which are mandatory. This includes entering the date the procedure was performed, selecting the clinical setting and patient type from dropdown menus, and providing the MRN, a unique case identifier that carries no patient-identifiable information.
Additional details such as location (optional), diagnosis using the ICD code, and the primary procedure to be logged must also be recorded. Trainees may indicate secondary procedures using checkboxes; however, these will not count toward the procedure log minimums unless they are entered separately in a new form.

3.4 Level of Autonomy

The trainee must fill the level of autonomy to indicate whether the trainee is assigned to perform the procedure under direct supervision, reactive supervision, distance supervision or independently. Therefore, the form includes these options as shown below:



3.5 Trainees Roles

When residents/fellows enter a case into the NIHS Procedure Log System, they must indicate their major role in the case (autonomy level).

Assistant

To be recorded as the Assistant, a trainee must be scrubbed in, actively participate in the case, and perform less that 50 percent of the procedure or greater than or equal to 50 percent, but not the key portion(s) of the procedure.

Independent

To be recorded as the Independent (Surgeon), a trainee must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. Two trainees may enter the Independent (Surgeon) role if each of them complete one side of the same bilateral procedure, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure.
This is consistent with level 4 on the EPA entrustment scale.

Teaching Assistant

To be recorded as the Teaching Assistant, an entrusted trainee must instruct and assist a more junior trainee through a procedure. The more junior trainee must function as the Surgeon and perform greater than or equal to 50 percent of the procedure, including the key portions. The attending/faculty (surgeon) must function as Assistant or Observer. Read the next section for details on the Teaching Assistant role.
This is consistent with level 5 on the EPA entrustment scale.

Additional Notes

- The roles of Independent (Surgeon) and Teaching Assistant are given credit toward the required minimum procedural counts.
- No more than **two trainees** may receive credit for the minimum requirements for a single procedure. When the role criteria outlined above are met, one (more junior) trainee may receive credit as Surgeon and another (more senior and entrusted) as Teaching Assistant or two trainees may, each, receive credit as Surgeon.

Teaching Assistants

One goal of residency/fellowship is to enable graduates to serve as effective supervisors and educators. To help achieve this goal, entrusted trainees will receive case credit toward the minimum when acting as Teaching Assistant to a more junior trainee.

- To be recorded as Teaching Assistant in the Procedure Log System, an entrusted trainee must instruct and assist a more junior trainee through a procedure. The more junior trainee must function as Surgeon and perform greater than or equal to 50 percent of the procedure, including the key portions. The attending/faculty member must function as Assistant or Observer. An entrusted trainee may act as Teaching Assistant to a more junior trainee
- Senior trainees (e.g. PGY 3-4-5 or fellows) may use the Teaching Assistant role only after the program director has formally acknowledged (entrusted) their readiness

to be a Teaching Assistant for a given procedure. These decisions rely on achieving level 5 in the entrustment scale in the specific EPAs.

- Programs should develop the EPA process for determining resident readiness to be a Teaching Assistant.

3.6 Teaching Assistant Endorsement Form

When utilizing a teaching assistant role in the certification process, programs must ensure that the TA's involvement is formally endorsed by the Program Director using the designated template provided below. This endorsement is necessary to be submitted with the eligibility certificate for the documentation to be accepted as valid evidence of training.

The program Director must complete the Teaching Assistant Endorsement Form:

Sample Teaching Assistant Endorsement Form

Note: Programs may use this form, customize this form, or create their own form.

Teaching Assistant Endorsement Form

As program director, I attest that ..... is competent and entrusted to act as Teaching Assistant to more junior residents in the following index cases:

Procedure	Date Approved	Initials

Signed:

Printed:

Date:

Example

Below is a *sample* case with possible role credits.

A PGY-3 resident is supervised by a PGY-4/5 entrusted resident for a procedure.

- The PGY-3 resident can log the case as Surgeon if the PGY-3 resident performs at least 50 percent of the case, and the PGY-4/5 resident can log the case as Teaching Assistant if the PGY-4/5 resident guided the PGY-3 resident through the key elements of the case. Both residents will get credit for the case towards the minimum requirements, if the program director has previously entrusted the PGY-4/5 resident competence to be a Teaching Assistant for procedure.
- If the PGY-4/5 resident performs greater than 50 percent of the procedure, the PGY-4/5 resident would log the case as Surgeon and the PGY-3 resident would log the case as Assistant. In this scenario, only the PGY-4/5 resident would receive credit towards the minimum requirements.
- If the PGY-4/5 and PGY-3 residents both perform 50 percent of the procedure and participate equally in the key portions, both would log the case as Surgeon and both would receive credit towards the minimum requirements.

3.7 Trainee Responsibilities in Procedure Logging

Key Points

- Trainees must be conscientious and thorough about recording cases. Procedure Logs should reflect the hard work a trainee has done in the educational program.
- Trainees should take credit for what they have performed and report cases appropriately. Trainees should pay special attention to cases which may require additional documentation when applying for privileges after graduation, such as for additional or separate procedures, laser, and robotic surgery.
- Reporting cases for the NIHS is **not** the same as coding for billing.
- While trainees can report any procedure or clinical activity in the NIHS Procedure Log System, only some specific specialty procedures are "tracked" in Procedure Logs and "mapped" to a required minimum (i.e., give credit towards a minimum category).
- Only trainees with autonomy level 4 and 5 (equivalent to level 4 and 5 on the entrustability scale) will receive credits for a procedure.

Examples:

- Activity tracked in the Procedure Log System **and** credit given to a minimum category:

Activity	Credit given
E. g. preoperative, ***surgical procedure***, postoperative care	Surgical procedure

- Activity added in the Procedure Log System, but **no** credit given to a minimum category:

Activity	Credit given
Non listed procedures	No credit

Note: even if not all procedures in a specialty are listed in the case minimums, some may be still recorded and used as personal logbook data.

- Activities which do not require medical intervention or those which are normally part of more complex procedures shall not be separately logged in the Procedure Log System:

Activity	Credit given
Physiological course of a condition or a condition which necessitates no medical intervention (e.g. spontaneous expulsion of placenta, spontaneous expulsion of a foreign body)	No credit
Intrinsic surgical steps of procedures (e.g. dissection, abdomen entry, skin suture)	

Non-tracked activities can be entered into the system and will be stored in a resident's Procedure Log record.

3.8 Adding a Case to the procedures log in the NIHS ePortfolio

Field	Input Type / Instructions
Date Performed*	*Enter the date of the procedure.*
Clinical Setting*	*Select from the dropdown menu.*
Location	*Optional field – enter location if applicable.*
MRN*	*Enter the MRN (unique case identifier, not patient identifiable).*
Patient Type*	*Select from the dropdown menu.*
Diagnosis*	*Enter the ICD code for the diagnosis.*
Primary Procedure*	*Select the main procedure to be counted in the Procedure Log.*
Secondary Procedure (Checkbox)	*You may check multiple additional procedures.* ***Note:*** *Secondary procedures are not counted toward minimums; if you want them counted, open a separate Procedure Log form.*
Role*	*Choose from dropdown:* *Assistant* *Independent (Surgeon)* *Teaching Assistant (See page 3 for role definitions)*
Level of Autonomy*	*Select from the dropdown menu.* *2 Execution with direct supervision* *3 Execution with reactive supervision i.e., on request quickly available* *4 Supervision at distance and/or post hoc* *5 Trusted to perform without supervision. Can supervise junior colleagues*
Resident Comments	*Free-text box – enter your comments.*
Supervisor Section	*Hand over the device to the supervisor for completion.*
Level of Entrustment*	*Supervisor selects from dropdown for the* ***primary procedure****.* *0 Unconfirmed* *1 Observation without execution even with direct supervision* *2 Execution with direct supervision* *3 Execution with reactive supervision i.e., on request quickly available* *4 Supervision at distance and/or post hoc* *5 Trusted to perform without supervision. Can supervise junior colleagues*
Supervisor Comments	*Supervisor writes comments.*

3.9 Subspecialty procedures

Logging subspecialty procedures can be challenging because many cases include more than one procedure and/or are performed additionally to a general specialty procedure. To ensure proper credit is given for each procedure towards the required minimums, trainees must ensure the correct denominations are chosen.
Logging cases for the NIHS is **not** the same as coding for billing.

- In cases where more than one procedure is performed in a single case, **trainees should log each procedure separately**.
- In cases where the trainees perform only one part procedure from a more complex procedure, they must log only their participation role.

Specific tips for logging into subspecialty procedures.

- **Example 1**: combined procedures (multiorgan surgery, e.g. uterus and bladder, stomach and small bowel)

To log this case correctly, a trainee should enter each listed procedure separately (multiple entries).

- **Example 2:** combined entries (open and laparoscopic/robotic)

To log this case correctly, a trainee should enter separately the procedure and the special (endoscopic/robotic) entry. The case shall count for each category.

For each (sub)specialty will be detailed specific examples for procedural log (see Appendix 1)

3.10 Procedure Log Reports

The following reports for each program shall be included in the annual program evaluation and submitted for the (re)accreditation.

1. **Experience by Role**

   This report lists the number of cases at each participation level, broken down by procedures. The end of this report provides a total number of cases performed at each participation level for listed case minimums.

2. **Experience by Year**

   This report summarizes the total number of procedures logged for each program year. It provides a quick way to see which procedures are most common for each

program year. This report can provide useful information for monitoring procedural activity in the program.

3. **Log Activity**

   This is a summary report that provides a total number of cases/procedures for all trainees or for a selected trainee. This report is a quick way to keep tabs on how accurately trainees are entering their cases.

4. **Case Detail**

   All information for each case entered into the Procedure Log System is making this report most useful for getting an in-depth view of a resident's procedural experience during a defined period.
   For example, this report could be generated for each trainee for the preceding six-month period and used as part of the resident semi-annual evaluation.

5. **(Sub)specialty Minimums**

   This report tracks progress toward achieving the required procedural minimums. The counts include the roles of Surgeon and Teaching Assistant.
   In the final year of residency/fellowship, the report shall show each category as green (minimum met) or red (minimum not met).

3.11 Frequently Asked Questions

If two trainees participate in a procedure, can they both enter the Independent Surgeon role if each was involved in 50 percent of the case and equally participated in key portions of the procedure?

Yes, in some circumstances. Two trainees may enter the Independent Surgeon role when each completes one side of a **bilateral** procedure, each is involved in 50 percent of the procedure, and each equally participates in key portions of the procedure. For example, two trainees who participate equally in an uterine or adnexal or bilateral ocular procedure could each log in the role of Independent Surgeon.
If a more senior entrusted trainee instructs and assists a more junior trainee through a procedure, the more senior trainee should choose the role of Teaching Assistant in the Procedure Log System, not an Independent Surgeon.
See the Trainee Roles and Teaching Assistant sections of this document for more information on the Teaching Assistant role.

If a resident and a fellow participate in the same procedure, can both choose the

Surgeon role?

Yes. If a resident and fellow each performs 50 percent of a bilateral procedure (see examples above) and equally participated in the key portions of the procedure, each may enter the role of Surgeon.
Note that it is preferable for a fellow to serve as a Teaching Assistant on resident-level procedures with the resident serving in the Surgeon role, and the attending/faculty surgeon to function as an Assistant or Observer.
A resident and fellow may also both log the Surgeon role for different aspects of a case with the resident serving as the Surgeon on resident-level procedure(s) and the fellow serving as the Surgeon the fellow-level procedure(s). See the next question for more information on logging cases that include more than one procedure.

How should a trainee log a case when a patient undergoes several procedures, but the trainee only acts as an Independent Surgeon for one?

The trainee should record the denomination associated with the procedures for which the resident was acting as a surgeon and choose the Independent Surgeon role.
Alternatively, the procedure in which the trainee acted as independent surgeon can be entered as main procedure and the rest of procedures listed as secondary. The system will automatically count only the main procedure.
If the trainee participated in other procedures, the trainee should enter the case into the Procedure Log System a second time with the other procedure that correspond to another role and choose the applicable role–Assistant or Teaching Assistant.
The trainee may enter the same patient information for both cases.

Can three residents receive credit towards the minimum requirements for a single procedure (two Surgeons and one Teaching Assistant)?

No. No more than two residents may receive credit towards the minimum requirements for a single procedure provided the criteria outlined above in the Resident Roles section are met (i.e., Surgeon/Teaching Assistant or Surgeon/Surgeon).

Can two residents log the Surgeon role and one fellow log the Teaching Assistant role for a single procedure?

Yes, provided the role criteria outlined in the Resident Roles section are met.

How should a trainee choose the appropriate role for a robotic case?

To be recorded as Surgeon, a trainee must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. There are times during robotic surgery, however, where the trainee may have two different roles in the same case.
An example would be a case in which the resident is the surgeon during the port placement and laparoscopic portion of the case but then serves as a bedside assistant during the actual procedure performed on the console. In this situation, the trainee would be 1) Surgeon for the diagnostic/operative procedure, and 2) Assistant for the robotic-assisted procedure.

Can a resident choose "Invasive Cancer" from the Patient Type drop-down if cancer is suspected prior to surgery?

Yes.

Can residents enter cases into the Procedure Log System when they are on a participating site rotation?

Yes, providing all logging rules are respected.

What minimum categories are given credit for a laparoscopic assisted vaginal hysterectomy (LAVH)?

An LAVH is given credit in two minimum categories: vaginal hysterectomy and laparoscopy.

Are medical abortions given credit towards the abortion minimum?

No. Only surgical abortions are tracked in the Procedure Log System and given credit towards the procedural minimum requirement for abortion.

What are the Committee's expectations for program director oversight of trainee Procedure Logs?

Program directors are expected to monitor trainees Procedure Logs to ensure they log consistently and accurately. Procedure Logs must be reviewed towards the entrustment process and, after that, with each trainee as part of their semi-annual evaluation to ensure breadth and depth of experience and continuing growth in technical and clinical competence.
The Central Accreditation Committee reviews graduate Procedure Log reports as part of the annual program review process. Programs will receive a citation

or Area for Improvement (AFI) if one or more residents do not meet the minimum procedural requirements.

Programs may also receive a citation for lack of program director oversight of the Procedure Logs if the Central Accreditation Committee determines that trainees could have met the minimums with proper program director oversight and better distribution of available cases.

Can a product name be used as a keyword to search for the correct CPT code?

No. Procedures names do not include product names.

APPENDIX 1: Template for Specialty Procedure Minimum Numbers

*[This list is intended to be used in conjunction with the **Procedure Log Guidelines for Residency and Fellowship Programs** to ensure comprehensive documentation and compliance with training requirements.]*

Category	Minimum
Total number of procedures	

Resident Roles

When residents enter a case into the NIHS Procedure Log System, they must indicate their major role in the case (autonomy level).

- **Assistant** scrubbed in and performed less that 50 percent of the procedure or greater than or equal to 50 percent, but not the key portion(s) of the procedure.
- **Independent** must perform greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure. This is consistent with level 4 on the EPA entrustment scale.
- **Teaching Assistant** This is consistent with level 5 on the EPA entrustment scale. To be recorded as Teaching Assistant in the Procedure Log System, an entrusted resident must instruct and assist a more junior resident through a procedure. The more junior resident must function as Surgeon and perform greater than or equal to 50 percent of the procedure, including the key portions. The attending/faculty member must function as Assistant or Observer.

P.S. You will find a separate Appendix 1 for each specialty on NIHS website.

APPENDIX 2: Template for Teaching Assistant Endorsement Form

Note: Programs may use this form, customize this form, or create their own form.

Teaching Assistant Endorsement Form

As program director, I attest that ..... is competent and entrusted to act as Teaching Assistant to more junior residents in the following index cases:

Procedure	Date Approved	Initials

Signed:
Printed:
Date: