Case Log Instructions: Maternal-Fetal Medicine
Review Committees for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System was established in 2001. It is a data repository to support programs in complying with requirements and to provide a uniform mechanism to verify the clinical experience of residents and fellows in ACGME accredited programs. The Case Log System is HIPAA-compliant and has the necessary agreements in place, created by the ACGME, between the covered entities and the Sponsoring Institution. Fellows will be familiar with the Case Log System from their residency.

The Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a maternal-fetal medicine fellowship program. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure that the fellows’ Case Logs are accurate. The case volume provided by each program is analyzed by the ACGME. Reports are created for the fellows, program directors, and the Review Committee. Minimum numbers of procedures and experiences have not been determined at this time.

Fellows are required to log cases starting August 1, 2017. The 2017-2018 academic year will be a learning period for both programs and the Review Committee. The year provides an opportunity for program leadership and fellows to become accustomed to the Case Log System. It also allows the Review Committee to make changes to the Case Log System based on feedback received. Please send comments and suggestions to Jenny Campbell, associate executive director of the Review Committee for Obstetrics and Gynecology: jcampbell@acgme.org.

Send any technical questions about the system to ADS@acgme.org.
GUIDELINES

- Fellows should enter cases on a regular basis, ideally daily.

- Fellows may enter individual patients into the Case Log System more than once. For example, a fellow who sees a patient as a consult, for an ultrasound, and again for a delivery should log the patient three times. *It is important that the same Case ID be used each time an individual patient is entered.*

- The following experiences are being tracked for the maternal-fetal medicine in the Case Log System:
  - Procedures: deliveries, Cesarean hysterectomies, cervical cerclage, fetal evaluations
  - Co-morbidities: pre-existing diabetes mellitus, cardiac disease, pre-existing hypertensive disease, hypertensive disease of pregnancy, bacterial infection, viral infection, parasitic infection
    - Fellows can log one or more of these co-morbidities for every case entered.
  - Complications: placental previa and placental accreta
    - Fellows can log these complications for each case entered.
  - Patient Visits: Consults and ongoing medical management of co-morbidity
    - Fellows log patient visits via “Resident Role.”
    - Fellows are expected to log each type of visit (i.e., consults or ongoing management) with an individual patient only once.
      - As an example, if a fellow has several consults with one patient, only one consult needs to be logged. If the fellow then begins to see the same patient for ongoing medical management, the fellow should log ongoing medical management of co-morbidity with the patient once. For this patient there will be two patient visits in the Case Log System: one consult and one ongoing medical management.
      - Should a fellow log more than one consult or ongoing medical management of co-morbidity visit with an individual patient, credit will be given only once; however, there is no harm if a fellow accidentally logs an individual patient for the same type of visit. Each visit type will only count once for each patient.
      - Coming soon: an alert to notify fellows when a duplicate visit for the same patient is being logged.
  - Gestational age
    - Fellows must indicate gestational age using the “Patient Type” drop-down for deliveries and fetal evaluations.
COMMON QUESTIONS

Are fellows required to enter cases into the Case Log System starting August 1, 2017?
Yes—logging is required. As noted above, the 2017-2018 academic year will be a learning period for both programs and the Review Committee. Case Log data from this year will not be used to determine Case Log minimums.

Do fellows currently in the program need to go back and log patient encounters that occurred prior to August 1, 2017?
No, fellows are not expected to back-enter any data. They can do so if they wish to have the information for their own records.

When will the Case Log data start to “count”?
Starting July 1, 2018, the Review Committee will begin using Case Log data to determine Case Log minimums. It is anticipated that required minimum numbers for maternal-fetal medicine will be established in late 2021.

How do the fellows get an ID and password to access the Case Log System?
New fellows will have an ID and password assigned and e-mailed to them when they are first entered into the Accreditation Data System (ADS) by the program. For fellows who were in the program prior to the Case Log application, program directors or coordinators should go to the Resident Roster in ADS and click on “Grant User.” This will create and e-mail IDs and passwords to existing fellows. In either case, fellows will be required to change their passwords the first time they log into the system.

Can attending physicians not included in the program’s Faculty Roster in ADS be included in the Attending list?
Yes. To add an attending physician to the Case Log System: Quick Links > Case Log Attendings > Add Case Log Attending. Only a name and e-mail address are needed. The Case Log System will verify if the attending is already in the database.

How do fellows log patient visits?
Enter required information at the top of the screen (e.g., Case ID, Attending), and for Resident Role, select either “Consult” or “Ongoing medical management of co-morbidity.” If appropriate, add co-morbidity(ies) below.

Should fellows indicate a patient’s co-morbidity(ies) each time they log a visit or procedure with that patient?
Yes.

Why do fellows only need to log one consult or ongoing medical management of co-morbidity visit with each patient?
The Review Committee believes this approach provides important information regarding fellows’ clinical experiences and does not burden fellows with excessive logging expectations. Should a fellow log more than one consult or ongoing medical management of co-morbidity visit with an individual patient, credit will be given only once. An alert to notify fellows when a duplicate visit for the same patient is being logged is being developed.

How will program directors and the Review Committee track the actual number of patients with co-morbidities as fellows will likely enter one patient several times in the Case Log System?
A report will be created that will count each patient only one time regardless of the number of times an individual patient is entered in the Case Log System. For this reason, it is important that fellows use the same Case ID for the same patient.
How should fellows log multiple births if one baby is breech?
Fellows should first log the appropriate CPT code for a multi-fetal delivery. Then, in the same entry, add the appropriate breech presentation CPT code.

How should fellows log their participation in Cesarean hysterectomies?
Choose “Assistant” if the fellow did not actually perform the hysterectomy and his/her role was limited to collaboration with other specialists. Choose “Teaching Assistant” if the fellow supervised a more junior learner performing a hysterectomy. Choose “Surgeon” if the fellow performed the hysterectomy themselves.

Should fellows log their participation in a delivery if their role was limited to supervising a resident?
Yes. They should choose “Teaching Assistant” when logging the case.

When will Case Log required minimum numbers be established?
It is anticipated that required minimum numbers for maternal-fetal medicine will be established in late 2021.