

Case Log Instructions: Gynecologic Oncology 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 provides 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 programs.

The Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a gynecologic oncology fellowship. 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 have not been determined at this time.

Send Case Log content questions and comments to Kathleen Quinn-Leering, PhD, executive director of the Review Committee for Obstetrics and Gynecology: kquinn@acgme.org. Send technical questions about the system to ADS@acgme.org.

GUIDELINES

- The following are being tracked in the Case Log System for gynecologic oncology:
 - Procedures
 - Brachytherapy
 - Conduit
 - Debulking (primary debulking BSO/omentectomy, interval debulking BSO/omentectomy, splenectomy, diaphragmatic stripping/resection)
 - Exenteration
 - Hysterectomy
 - Radical hysterectomy
 - Inguinal node dissection
 - Intestinal procedure (bowel resection/anastomosis, Ostomy/NOS)
 - Lymphadenectomy
 - Lymphatic mapping/sentinel node biopsy
 - Simple trachelectomy
 - Radical trachelectomy
 - Urinary tract procedures (bladder fistula repair, ureteral neocystotomy)
 - Simple vulvectomy
 - Radical vulvectomy
 - Therapies
 - Chemotherapy
 - Chemoradiation
 - Chemotherapy/targeted therapeutic
 - Targeted therapeutic

- For a number of procedures, fellows' choice of surgical procedure includes how the procedure was performed (i.e., abdominal, laparoscopic, robotic, or vaginal).
- For each procedure or therapy entered, fellows must identify a disease type including:
 - Benign disease
 - Cervical cancer
 - Gestational trophoblastic neoplasia (GTN)
 - Non-gynecologic cancer
 - Ovarian cancer
 - Pre-invasive cancer
 - Uterine cancer
 - Vulva-vaginal cancer

COMMON QUESTIONS

Are fellows required to enter cases into the Case Log System?

Yes—logging is required as of August 1, 2017.

Do fellows need to go back and log patient encounters from prior to August 1, 2017?

No, fellows are not expected to back-enter any data. They can do so if they wish in order to have the information for their own records.

What changes were made to the Case Log System in August 2018?

The gynecologic oncology Case Log System is no longer based on CPT codes. In addition, the system now tracks the disease type for each logged procedures/therapies and, for some procedures, how the procedure was performed (i.e., abdominal, laparoscopic, robotic, or vaginal).

How do fellows log cases without using CPT codes?

Fellows must log at least **two** data points for **each** patient: Disease category (e.g., cervical cancer, vulva-vaginal cancer) and type of management, medical and/or surgical (e.g., chemotherapy, vulvectomy, hysterectomy). To log:

- Add general case information at the top of the log
- Add Disease Category
 - Under Area: Select Disease Category
 - Under Type: Select disease (e.g., cervical cancer, vulva-vaginal cancer)
 - Press Search
 - Press Add
 - Note: Will see a blue row “Code added to this Case” and the blue Selected Codes button will indicate “1”
- Add the Medical Management or Surgical Procedure
 - Under Area: Select Medical Management or Surgical Procedure
 - Under Type: Select specific medical management or procedure; there are several ways to do this:
 - Most complete is to select All > press Search > press Add
 - Can narrow the category under Type by picking the type of medical management or procedure > press Search > press Add
 - Note: Will see a blue row “Code added to this Case” and the blue Selected Codes button will indicate “2”
 - Repeat if adding additional medical management or surgical procedure(s)
- To view or remove selected codes, press the blue Selected Codes button
- Once all codes have been added, press the green Submit button

Given the changes to the Case Log System changes in August 2018, do fellows need to go back and revise patient encounters logged before August 2018?

No, fellows are not expected to revise previously entered cases. Existing patient encounters were transitioned into the new Case Log structure. Given the differences between the old and new Case Log Systems, there will be patient encounters moved to a procedure or therapy category that is close but not exact. However, fellows are not expected to make corrections. The Review Committee is cognizant of this issue and will take it into consideration when graduate case logs become available to them for review, beginning with the 2020 graduates. Fellows can make changes to previously logged cases if they wish for their own records. If an older entry is

changed, a disease category must be added in order to save the case.

Can fellows log procedures that are not being tracked in the Case Log System?

Yes. Fellows should follow the instructions above and choose “Other (non-tracked procedure).” Specific information about the procedure(s) can be entered by pressing “+ Add Comments” and entering the procedure(s).

How do fellows create a report for procedures that are not tracked in the Case Log System?

Use the Case Detail Report because it includes comments. See above question for instructions on logging non-tracked procedures.

When will the Case Log data be used to determine procedural and therapy minimums?

The 2017-2018 academic year was a learning year for both programs and the Review Committee. Starting July 1, 2018, the Review Committee will begin using Case Log data to determine Case Log minimums. The Committee will establish procedural and therapy minimums once the Case Log data is deemed sufficiently robust to set empirically derived minimums. This will be no earlier than 2022. Programs will be informed when the minimums are established.

Can a program receive a citation based on Case Log data?

Programs cannot receive a citation based on Case Log data until the minimums are established. For information regarding the establishment of minimums, see the question above. The Review Committee will be able to view a program’s Case Log data once there are three years of data. At that time, programs can receive an Area for Improvement (AFI) if the Review Committee has concerns about fellow experience. Programs will be informed when the minimums are established; once set, programs can receive a citation or an AFI for failure to meet a minimum.

How do fellows get an ID and password to access the Case Log System?

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. 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. Program directors and coordinators can 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 whether the attending is already in the database.

Can the program director and coordinator access the Case Log System?

Yes. Program directors and coordinators can access the system in a “view only” mode. Go to Case Log System > Quick Links > Add Cases (View Only). Information can be entered, but not saved.

Can two fellows choose the role “surgeon” for the same case?

No. Two fellows can log the same case, but they must choose different roles (e.g., assistant and surgeon, surgeon and teaching assistant).

The Review Committee recognizes that exenteration, conduit, and bilateral inguinal femoral lymphadenectomy are rare cases. If two fellows participate in one of these procedures, one fellow should log the case as assistant and the other as surgeon. Correctly logging these cases

will help the Review Committee establish appropriate minimums. The Review Committee may determine that for rare cases, credit will be given for both the assistant and surgeon roles. For information regarding the establishment of minimums, see the question above.

How do fellows log the administration of chemotherapeutic drugs, radiation, and targeted therapeutics?

There are four options available in the Case Log for therapies: chemotherapy, chemoradiation, chemotherapy/targeted therapeutic, and targeted therapeutic. Logging medical management indicates participation in decision making. Fellows are only required to log administration of a specific therapy once for each patient.

Do fellows need to log a “Resident Role” for the administration of chemotherapeutic drugs, radiation, and targeted therapeutics?

Yes. The system requires a role be chosen. Fellows should choose “Surgeon.”

If a fellow administers chemotherapy, chemoradiation, chemotherapy/targeted therapeutic, or targeted therapeutic to an individual patient several times, how many times does the fellow need to enter the same therapy given to the patient in the Case Log System?

Fellows are only required to log administration of a specific therapy once for each patient, even if there are changes to that therapy. If the fellow administers a **different** treatment to the same patient, the fellow would also need to log the new therapy. For example, a fellow who administers chemotherapy to the same patient three times would log chemotherapy for that patient once. If at a later date, the fellow administers a targeted therapeutic twice to the same patient, the fellow would log targeted therapeutic for that patient once.

If a patient has a recurrence of her cancer and requires a new treatment regimen, should the fellow log the new therapy in the Case Log System?

If a patient has a recurrence of her cancer and requires a new treatment regimen, the fellow should treat this patient like a new patient and log each new therapy once.

What therapies should be logged as a targeted therapeutic?

Antiangiogenics, PARP inhibitors, immunooncology agents, hormonal agents, and other pathway-specific therapies should be logged as targeted therapeutic.