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

BACKGROUND

The ACGME Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a maternal-fetal medicine 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 fellows' Case Logs are accurate. While graduate Case Log data is reviewed on an annual basis, the Review Committee has not yet established a required minimum number of fellow experiences. The Review Committee will establish required minimum numbers once the Case Log data is deemed sufficiently robust to set empirically derived minima.

Email questions to Review Committee Executive Director Laura Huth, MBA: lhuth@acgme.org.

GUIDELINES

The following experiences are tracked for maternal-fetal medicine:
- Amniocentesis
- Cervical cerclage
- Cordocentesis
- Chorionic villus sampling
- Obstetric (OB) Critical Care
- Ultrasound (Performed)
  - Transvaginal
  - Detailed anatomy
  - Doppler
  - Echocardiogram

COMMON QUESTIONS

How do the fellows get an ID and password to access the Case Log System?
Fellows will have an ID and password assigned and emailed to them when their information is first entered into the Accreditation Data System (ADS) by the program director or coordinator. Fellows will be required to change their passwords the first time they log into the system.

Do fellows need to enter a Case ID?
Case ID is optional.

When should fellows log an OB Critical Care case?
OB Critical Care cases should be logged when fellows are involved in managing the care for an obstetric patient receiving ICU-level care. Fellows must be involved in decision making. This care can take place on any unit.

Fellows should do their best to log each OB critical care patient once; however, the Review Committee understands there may be instances of double counting.

When should fellows log an ultrasound?
Fellows should log ultrasounds they **perform**. Ultrasounds that are interpreted but not performed by the fellow do not need to be recorded in the Case Log.

What ultrasound CPT codes are being tracked in the Case Log?
CPT codes 76811, 76812, 76813, 76814, 76817, 76825, 76827, and 76828 are being tracked.

Fellows can "batch enter" the ultrasounds they perform by choosing the appropriate role and CPT code and then entering the total number of ultrasounds over a given period of time. The maximum number of ultrasounds for one entry is 50. Fellows must enter a case date. It is recommended the date of most recent ultrasound be entered to facilitate tracking entries.

How should fellows log an ultrasound performed for a multiple gestation?
Each fetus should be counted individually.

Can a program receive a citation based on Case Log data?
The Review Committee will not issue a citation regarding the number of fellows' experiences until minima are established, although an Area for Improvement (AFI) may be given. However, if a program's Case Log data indicate fellows are not consistently and/or accurately logging their experiences, the Review Committee may issue a citation or AFI regarding program director oversight of fellows' Case Logs.

When will Case Log required minimum numbers be established?
The Review Committee began using Case Log data to determine Case Log minimum numbers during the 2017-2018 academic year. The Review Committee will establish minima once the Case Log data is deemed sufficiently robust to set empirically derived minima. This will be no earlier than 2023. Programs will be informed when the minima are established.