

Case Log Instructions: Reproductive Endocrinology and Infertility Review Committee 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 reproductive endocrinology and infertility 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 procedures fellows must perform. The Review Committee will establish required minimum numbers once the Case Log data are deemed sufficiently robust to set empirically derived minima.

Email questions to Review Committee Executive Director Kathleen Quinn-Leering, PhD:
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Guidelines

The following procedures are tracked in the Case Log System for reproductive endocrinology and infertility:

- ultrasounds (complete gynecological scans, follicle scans, and early pregnancy scans)
- uterine cavity and tubal evaluations (hysterosalpingograms, saline sonograms, and saline sonograms with tubal assessment)
- intrauterine inseminations
- oocyte retrievals
- embryo transfers (live, mock, and simulation)
- operative hysteroscopies
- laparoscopies (diagnostic and operative)
- myomectomies (hysteroscopic, laparoscopic, and laparotomy)

Common Questions

How can fellows obtain 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 for each case?

Entry of a Case ID is optional.

Can fellows include more than one case in a Case Log entry?

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

Which ultrasounds need to be logged?

Fellows are required to log complete gynecological scans, follicle scans, and early pregnancy scans.

Which CPT code should be used for a complete gynecological scan?

Fellows can use either CPT code 76830 or 76856.

Which CPT code should be used for a follicle scan?

Fellows should use CPT code 76857.

Do fellows need to log diagnostic hysteroscopies?

No. Only operative hysteroscopies are logged. Fellows may log diagnostic hysteroscopies for their own purposes, but they are not being tracked by the Review Committee.

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 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 are deemed sufficiently robust to set empirically derived minima. This will be no earlier than 2023. Programs will be informed when the minima are established.