

Case Log Instructions: Complex Family Planning 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 complex family planning 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 minimums once the Case Log data is deemed sufficiently robust to set empirically derived minimums.

The following experiences are being tracked for complex family planning:

- Procedures:
 - Complex induced surgical abortion
 - Surgical treatment of a missed abortion during the second trimester
 - Removal of intrauterine device (IUD) using hysteroscopy, ultrasound, or laparoscopic guidance
 - Removal of implants that require imaging guidance (due to depth, migration, not being palpable, or other challenging characteristic)

- Management of:
 - Non-tubal ectopic pregnancy
 - Gestational trophoblastic neoplasia

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COMMON QUESTIONS

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

Yes, logging is required as of July 1, 2022.

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

New 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.

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. In ADS, go to **Case Logs > Cases > Entry (View Only)**. Information can be entered but not saved.

Do fellows need to have significant involvement in a case for it to be recorded in the Case Log System?

Yes. Fellows should log cases where they are the Surgeon (i.e., performing greater than 50 percent of the procedure, including key portions) or a Teaching Assistant (i.e., instructing and assisting a more junior learner through the case). A case should not be recorded if the fellow is observing or acting as an Assistant.

Which induced surgical abortions must be logged?

Fellows must log:

- **All** induced abortions by dilation and evacuation of at least 14 weeks using CPT code 59841.
- **Complex** induced abortions by dilation and curettage using CPT code 59840.
 - **Complex** dilation and curettage cases are those that involve significant comorbidities related to medical/surgical/social and structural determinants of health, are for a patient who is an inpatient, require coordination with other medical specialties and/or other professionals, and/or require other significant actions by the care team pre-/intra-/post-operation.
 - Fellows **must** check the “Complex” checkbox under the description for 59840.

Fellows can batch enter these experiences. Once the CPT code is identified, enter the total number, and click “Add.” While a date must be entered, it is understood it will represent the date of only some of the procedures. Should fellows choose to log non-complex dilation and curettage cases for their own or program purposes, these cases must be batch entered **separately** from the complex cases.

What CPT code is used for surgical treatment of a missed abortion during the second trimester?

Fellows should use CPT code 59821. Fellows can batch enter these experiences. Once CPT code 59821 is chosen, enter the total number, and click “Add.” While a date must be entered, it is understood it will represent the date of only some of the procedures.

How should fellows log management of a non-tubal ectopic pregnancy or gestational trophoblastic neoplasia?

While there are not CPT codes for management of a non-tubal ectopic pregnancy or gestational

trophoblastic neoplasia, these items are available in the Case Log System. Fellows can locate them by using the Area/Type/Code tab and entering “management of abnormal pregnancy” in the Area field and clicking the search button.

Which IUD removals should be logged?

Fellows should **only** log IUD removals that are performed using hysteroscopy, ultrasound, or laparoscopic guidance using CPT code 58301.

Which implant removals should be logged?

Fellows should **only** log implant removals that require imaging guidance (due to depth, migration, or other challenging characteristic) using CPT code 11982.

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

Fellows are only required to log those experiences the Review Committee is tracking (see page one). However, programs and/or fellows may use the system to track other procedures for their own purposes. Programs can use the Code Summary Report in ADS to review logged procedures not being tracked in the Case Log System.

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

The Review Committee will not issue a citation regarding the fellows’ number of procedural experiences until minimums are established, although an area for improvement (AFI) may be given. However, if a program’s Case Log data indicates 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 the Case Log data be used to determine procedural minimums?

The Review Committee will establish procedural minimums once the Case Log data is deemed sufficiently robust to set empirically derived minimums. This will be no earlier than 2026. Programs will be informed when the minimums are established.