



ACGME-I Case Logs **QUICK GUIDE** for **Fellows in Allergy** **and Immunology**

Consider the following when entering your cases or reviewing your Case Log reports:

1. Entering procedures is required to maintain program accreditation. Entering diagnoses is not required by ACGME-I; however, your program may require you to enter diagnoses for certification or for use in program improvement. Contact your program director to determine your program's requirements for entering diagnoses into the ACGME-I Case Log system.
2. When more than one fellow participates in a given procedure, each should log it. When serial treatments, such as those that occur weekly or monthly for allergen immunotherapy or immunoglobulin (immunomodulator) therapy, are administered to a given patient, the participating fellow(s) should log each encounter as a separate procedural experience.
3. The following describe the clinical situations that count toward minimum case requirements. If any of the following is satisfied, you can count the case
 - a. Allergen immunotherapy
 - 1) The fellow is involved in the discussion on the need for immunotherapy AND the formulation of the allergen vaccine contents by writing the prescription; or,
 - 2) The fellow assists physically in the mixing of an allergen vaccine. This is recorded as one event per patient, even if more than one vial is prepared or multiple dilutions of each vaccine are produced; or,
 - 3) The fellow evaluates the indications for, and is involved in the discussion related to a dose change in allergen vaccine due to pregnancy, local reaction, systemic reaction, change in lung function, interruption of administration schedule, change in other medication (such as initiation of beta blocker eye drops), or other relevant event; or,
 - 4) The fellow evaluates and assists in the treatment of a local or systemic reaction to specific allergen immunotherapy. This would include treatment of the acute reaction and/or adjustment of the dose or schedule, if necessary; or,
 - 5) The fellow administers an allergen vaccine to an individual patient. This includes drawing the correct dose into a syringe, preparing the skin, administering the dose, and documenting administration and any adverse events. Allergen immunotherapy should be logged as a single procedure per patient per visit, even if more than one specific allergen extract/vaccine is administered.
 - b. Contact or delayed hypersensitivity (anergy) testing
 - 1) The fellow evaluates a patient and is involved in the discussion of the indications for testing. The fellow orders the specific antigen tests, interprets the results, and discusses them with the attending physician and patient; or,
 - 2) The fellow directly applies the skin test(s) and interprets the response. The results

are discussed with the staff and/or attending physician. Each patient should be logged as a single event, even if multiple skin tests were applied.

c. Drug hypersensitivity diagnosis and treatment

The fellow assesses a patient with history of an adverse drug reaction and develops a desensitization or challenge procedure based upon review of the medical literature, available protocols, and/or discussions with the attending physician. The fellow then orders the specific dosing of the drug, and monitors and documents the results of the desensitization and challenge. The fellow participates in the discussion of risks and benefits with the patient and/or obtains informed consent before the procedure and counsels the patient after administration. To fulfill this criterion the fellow is not required to remain at the bedside throughout the process provided he or she is available to assist should a problem arise, and all applicable institutional protocols are followed.

d. Food hypersensitivity diagnosis and treatment

- 1) The fellow evaluates the patient and discusses the need for food challenge testing. The fellow is directly involved in ordering the challenge according to an existing protocol, or in developing a medical literature-based protocol. The fellow interprets the results and discusses them with the attending physician and the patient. Each logged event is an individual patient on a specific day or with a specific antigen. An individual patient would be logged more than once for repeat testing with different antigens. Placebo challenges, however, would not be logged as separate events. Each dose of antigen is NOT logged as a distinct event. The fellow would not have to be present during the actual challenge, but should be immediately available to respond to problems or questions; or,
- 2) The fellow directly performs a food challenge, either blinded or open, and observes the patient for adverse events. If multiple doses of a specific food or a double-blind challenge is performed involving a single patient, the case should be logged as a single event. If the same patient undergoes challenge with other foods, those challenges should be logged as separate events.

e. Immediate hypersensitivity skin testing

- 1) The fellow evaluates the patient, is involved in the discussion of the indications and allergen selection for immediate hypersensitivity skin testing, and interprets the results with the attending physician and the patient; or,
- 2) The fellow performs percutaneous and/or intradermal skin testing of the patient. Each patient is logged as a single event, not each skin test.

f. Immunoglobulin treatment and administration, including the use of immunoglobulin and immunomodulatory therapy

- 1) The fellow evaluates a patient, participates in discussing the need for immunoglobulin or immunomodulator therapy, and calculates the dose or is involved in writing the order; or,
- 2) The fellow administers or monitors immunoglobulin or immunomodulator therapy to a patient. This may include starting the intravenous or subcutaneous infusion and adjusting the rate. It may also include being present during infusion or administration and actively participating in the monitoring of vital signs and response to any changes; or,
- 3) The fellow interacts with staff involved in the administration, such as assessing a

- report of an adverse event and recommending treatment. The fellow would not have to be present during the actual adverse event; or,
- 4) The fellow is involved in the decision to change the dosage or route of administration of an immunoglobulin product or immunomodulator.

Quick Guide to Case Entry Fields

<i>Date</i>	Enter the date <i>the procedure was performed</i> . Do not enter the date you are entering the case into the Case Log System.
<i>Resident Program Year and Resident Year of Case</i>	Enter your categorical year in the specialty at the time of the case. You can adjust the Resident Year of Case field to a prior year if you wish to backdate a case.
<i>Principal</i>	Indicate the following for each diagnosis Principal: the diagnosis is the main reason for the visit or admission. Secondary: the diagnosis is incidental, related, or other diagnoses addressed during this visit.
<i>Attending</i>	Select the attending physician who supervised the case. All attending physicians should be available from the dropdown menu. If the attending is not listed, inform the program coordinator who can add the faculty member to ADS.
<i>Patient Type</i>	Adult: 18 years or older at the time of surgery Pediatric: younger than 18 years at the time of surgery
<i>Case ID</i>	Indicate a unique patient identifier to allow tracking of the patient to the procedure.

For technical support or questions regarding ADS and the Case Log System, e-mail ADS@acgme.org.

