ACGME-I Case Logs
QUICK GUIDE for Faculty and Staff in Emergency Medicine

A *Quick Guide* to interpreting reports

Consider the following when reviewing resident case log reports or counselling residents on their case log entry:

1. Resident role options are:
   Performed – completes the most critical portion of the procedure or treatment on a patient and is responsible for the overall success
   Simulated – performs the procedure or treatment in a setting that was not a live patient receiving care

2. Patient type options are:
   Adult – 18 years of age or older
   Pediatric – less than 18 years and older than 12 months of age
   Infant – 12 months of age or younger

3. Credit options are:
   Primary – the procedure or treatment that is the main reason for providing care to the patient on the date indicated
   Secondary – all other subordinate procedures or treatments performed on the date indicated

4. Residents receive credit for all cases and all roles entered. Up to 30 percent of the required logged procedures performed in simulated settings can count toward the required minimum with the exception of rare procedures, including pericardiocentesis, cardiac pacing and cricothyrotomy. One hundred percent of these rare procedures may be performed as simulation.

Available Reports

Experience by Year	This report provides the total number of procedures that are included in the resident experience report by role.
Experience by Role	This report lists all procedures, including those that do not count toward the required minimum numbers, the number of each performed by the selected resident in each of the three roles, as well as the total number for each procedure.

Activity Report	This report allows program directors to note the number of cases or procedures logged by residents and the date and time that cases or updates were entered. This report is a quick way to keep track of how frequently residents are entering their cases. For example, if the program has a requirement that residents must enter cases weekly, running this report on a weekly basis is an easy way to identify residents who are not meeting the residency's requirements.
Case Detail Report	All information for each case entered into the case log system is displayed in this report, making it most useful for getting an in-depth view of a resident's experience during a defined period. For example, this report could be generated for each resident for the preceding 3-month period and used as part of the quarterly evaluation meeting with the program director or designated faculty mentor. The use of filters can provide additional insight into the resident's activities.
Code Summary Report	This report provides the number of times each procedure or CPT code is entered into the case log system by the program's residents. Filtering by specific CPT code, attending, institution, and/or setting can provide information on clinical activity that is useful to make targeted changes in rotation schedules, curriculum, faculty assignments, etc. This report can also be especially helpful in monitoring the procedures that do not count toward minimums. Choosing non-tracked codes on the area dropdown will show the procedures that have been entered and will not count toward minimum requirements. Review of these codes can determine if cases are being correctly entered.
Minimums Report	This report will track resident progress toward achieving minimum numbers, a separate report should be generated for each resident using the default settings.
Tracked Codes Report	This report provides a summary and description of all of the cases defined by the specialty that can be entered into the ACGME-I case log system. This report is organized by CPT codes; however, even if CPT codes are not used in your system, the report is useful to get a comprehensive listing of all procedures that are available to be tracked.

For technical support with Accreditation Data System (ADS) and the Case Log System, e-mail ADS@acgme.org.