

## ACGME Case Log: Key Points

Here is a quick guide to properly logging your cases with the ACGME website:

<https://dconnect.acgme.org/residentdatacollection/>

1) Log every case! Your case numbers are being sought by your future employers...

2) Log every case. This includes not just your OR cases but also ICU intubations, epidurals for vaginal delivery and pain procedures. (including consults, epidural postops, and procedures).

3) Log on using your user name which is your last name followed by the first initial of your first name

4) Click on the "Case Entry" tab and click "Add" procedure

5) After filling in the appropriate patient information at the top, completely fill out the "Anesthesia Required Descriptors" fields.

a) "ASA Physical status"

b) "Anesthesia/Analgesia type" - Please make sure to include all types of anesthesia you have provided. So if you placed a PNB for post-op pain control and then did a GA, you must click BOTH GA and continuous/single shot PNB . This is where the ACGME is tracking the number of each of these procedures that you have done. (If you do not enter each of them and instead put them under the optional descriptors, they will not be counted toward your case numbers)

c) "Airway Management Techniques"- List all that you have used. For example if you failed with a bougie intubation and then intubated fiberoptically through an LMA, you would need to include oral ETT, basic laryngoscope, LMA, intubating stylet and fiberoptic bronchoscope.

d) "Special Situation"- Use this if the case was a TRAUMA, burn, ambulatory, on-call or DIFFICULT AIRWAY.

e) "Procedure Category"- This is used to track cardiac, thoracic, vascular, intracranial, vaginal deliveries and c-sections.

f) "Specialized Vascular Access/ Monitoring"- Make sure if you put in several central lines and/or a-lines that you click the descriptor more than once as appropriate. Also, please click the appropriate descriptor if you used ultrasound.

g) "Specialized Monitoring Techniques"- If you used TEE, SSEP/BAER/MEP and/or pre-cordial doppler please click the appropriate descriptor.

h) "Miscellaneous Procedures and Techniques"- Click the appropriate descriptor if you used deliberate hypotension, venovenous bypass, circulatory arrest, CSF drain, epidural blood patch, fiberoptic bronchoscopy(i.e. not for intubation), thoracentesis, paracentesis or chest tube.

6) Anesthesia Optional Descriptors

a) You can list the location and patient position for neuroaxial and regional blocks. These are not tracked by ACGME toward your case numbers.

#### 7) Pain Consults and Procedures

a) If you have seen pain consults on your pain rotation and/or performed blocks for patients as part of your pain rotation please fill in the appropriate descriptors.

8) If you think that you have not entered your procedures correctly (e.g., you have been entering epidurals and peripheral nerve blocks only under optional descriptors), please go back through your cases under "edit" and add the procedure to the required descriptors section.

**ACGME Requirements** (minimum, these may be much below numbers desired by employers):

Vaginal deliveries - 40

C-sections - 20

Pediatric(<12y/o) - 100

Pediatric(<3y/o) - 20

Pediatric(<3m/o) - 5

Cardiac - 20

Vascular( open or endovascular) - 20

Intrathoracic (non-cardiac) - 20

Intracerebral(can be endovascular) - 20

Epidural analgesia- 40

Spinal analgesia - 40

Trauma/surgery for "complex, life-threatening injuries" - 20

Peripheral nerve blocks - 40

New pain evaluations(acute, chronic or cancer) - 20

CSE can be counted as both epidural AND spinal

for more details see:

[http://www.acgme.org/acWebsite/downloads/RRC\\_progReq/040\\_anesthesiology\\_07012008\\_u03102008.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/040_anesthesiology_07012008_u03102008.pdf)