ACGME-I Case Logs
QUICK GUIDE for Faculty and Staff in Allergy and Immunology

Consider the following when reviewing resident Case Log reports or counseling fellows on their Case Log entry:

1. Diagnostic information and reports are available in the ACGME-I Case Log System for a program's internal use only. The Review Committee – International (RC-I) does not review diagnosis and this information is not used to make an accreditation decision on the program. The RC-I will review attainment of minimum requirements in tracked procedures only. The minimum requirements are available by accessing the Allergy and Immunology Minimum report for individual fellows. This report will track each fellow's progress toward achieving the designated minimum expectations.

2. An individual fellow's Case Log must reflect the activities of that fellow, but 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, the fellow 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 immunoglobin and immunomodulatory therapy

1) The fellow evaluates a patient, participates in discussing the need for immunoglobin or immunomodulator therapy, and calculates the dose or is involved in writing the order; or,
2) The fellow administers or monitors immunoglobin 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 immunoglobin product or immunomodulator.

4. The following definitions are used in case entry fields:

a. Patient Type

- Adult: 18 years or older at the time of the procedure
- Pediatric: Younger than 18 years at the time of the procedure

b. Principal

- The Principal diagnosis is the main reason for the visit or admission.
- The Secondary diagnoses are incidental, related, or other diagnoses addressed during this visit.

Available Reports

Log Activity Report	This report allows program directors to note the number of cases or procedures logged by fellows and the date and time that cases or updates were entered. This report is a quick way to keep track of how frequently fellows are entering their cases. For example, if the program has a requirement that fellows must enter cases weekly, running this report on a weekly basis is an easy way to identify those who are not logging their cases.
Case Brief Report	This is a brief report that lists the procedure, date, case ID, institution, role, attending, and description for each case for the selected fellow.
Case Detail Report	All information for each case entered into the Case Log System is displayed in this report, making it useful for getting an in-depth view of a fellow's experience during a defined period. For example, this report could be generated for each fellow for the preceding three-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 fellow'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 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. Although CPT codes are not necessary when entering cases, review of these codes can determine if cases are being correctly entered.
Tracked Procedures	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 area and type and is useful to get a comprehensive listing of all procedures that are available to be tracked.
Allergy and Immunology Minimum	The report can be obtained for all fellows or for individual fellows and indicates the total number of cases entered for those procedures that have minimum requirements.
Allergy and Immunology Key Diagnosis and Procedures	This report will track fellow progress toward achieving minimum numbers, a separate report should be generated for each fellow using the default settings.
Experience by Credit	The report can be obtained for all fellows or for individual fellows and indicates the total number of cases entered for all procedures and diagnoses that are tracked. The report also indicates if the diagnoses was credited as a primary or secondary diagnosis.

Archived reports	There are two reports available in this category for fellows who have graduated from the program. First, the Archived Experience by Year report generates data on procedures completed by year in the program. Second, the archived Minimum Report reflects procedural categories and the minimums that were applicable at the time they were entered into the Case Log system

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