

# Automating Anesthesiology Resident Case Logs Reduces Reporting Variability

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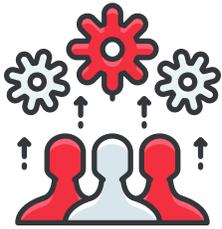
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The Accreditation Council for Graduate Medical Education (ACGME) sets forth minimum case and procedure requirements for residents. Residents are responsible for reporting their experiences, but this process requires active participation and excellent recall.

Procedural documentation is challenging because categorization of some surgical procedures can be ambiguous and requires subjective interpretation. Reporting variability undermines a program's ability to assess a trainee's progression and also compromises equitable case distribution.

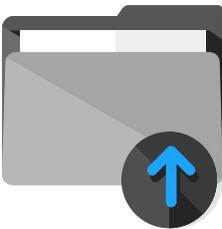
## < ACGME CASE LOG AUTOMATION >



### How It Works

Anesthesia CPT codes and the ASA Crosswalk were used to identify the associated surgical procedure and assign ACGME case log categories.

Resident demographics from MedHub were merged with EHR data to generate the filters required for analysis and summaries.



### Who? What? When?

Residents were given credit for a case if they participated in greater than 50% of the intraoperative care, or if they were present for more than 50 intraoperative minutes.

Extracted data was audited and validated by a task force.

## REAPING THE REWARDS

### The Numbers Are In



The median number of cases identified by the automated process was significantly higher across most ACGME categories

### Better Documentation



Automation addresses reporting bias, thereby providing a better representation of a trainee's procedural record

### Even More Benefits



Improved case logs inform the program of residents' longitudinal experiences which then facilitates resident daily assignments



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