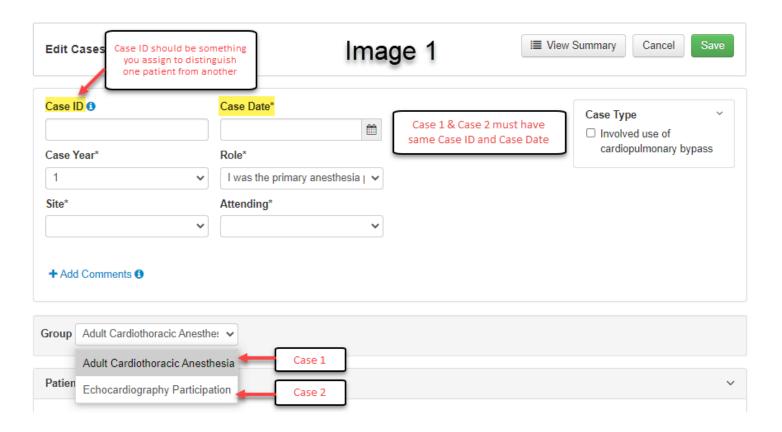# Instructions for Logging a TEE Case in the ACGME Case Log System
Review Committee for Anesthesiology
Adult Cardiothoracic Anesthesiology

Adult cardiothoracic anesthesiology fellows should follow the instructions below for logging transesophageal echocardiography (TEE) cases in the ACGME Case Log System.

Each case must be entered twice:
- One separate case with the procedure and diagnosis selection from the **Adult Cardiothoracic Anesthesia** group; and,
- Another separate case with the experience under the **Echocardiography Participation** group (Image 1).
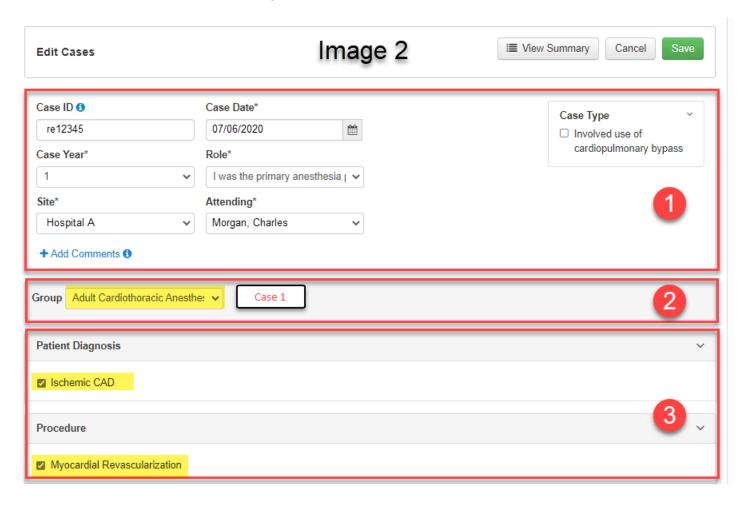
Both case entries need to have the same Case Date and Case ID in order for them to be grouped as a single case. The Case ID should be something the fellow assigns to distinguish one patient from another. If different attendings supervised the different parts of the procedure, separate attending names may be selected, but the Case Date and Case ID must be identical.
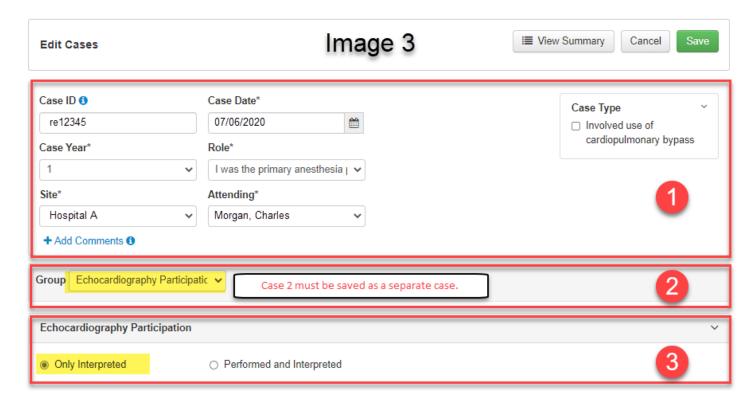
Example of Logging a TEE Case:

Enter Case 1

1. Enter Case 1 with the Case Date and assigned Case ID.
2. Select the "Adult Cardiothoracic Anesthesia" group from the drop-down menu.
3. Select the procedure/diagnosis/technique, then save the case.

Enter Case 2

1. Enter Case 2 with the same Case ID and Case Date.
2. Select the "Electrocardiography Participation" group from the drop-down menu.
3. Select from the participation options, then save the case.

This example would appear like this in the TEE Logbook Report:

	Date Performed	TEE	Diagnosis	Surgery	Attending
1	07/06/2020	I interpreted, but did not perform the TEE			Morgan
			Ischemic Coronary Artery Disease		Morgan
				Myocardial Revascularization	Morgan

NOTE: Fellows should review their TEE Logbooks regularly to ensure that their examinations display correctly on the report. When fellows complete the fellowship, the program will archive their Case Logs. Fellows will have continued access to their account to retrieve their Case Log Reports or download their data, but *additions or corrections CANNOT be made once the cases have been archived*.