

Case Log Information: Pediatric Urology

Review Committee for Urology

The Review Committee has defined index categories required for fellow education in pediatric urology. The Review Committee uses Case Logs to assess individual fellow experience, as well as the breadth and depth of a program's procedural training. This document provides information about the index categories, the minimum number of cases fellows are required to perform, and guidelines for logging the [fellow role](#) and [robotic cases](#).

A list of pediatric urology tracked procedures can be found in [Accreditation Data System](#) (ADS) > Case Log Tab > Reports > Tracked Codes Report. The column "Index Category" indicates if a procedure counts toward one or more index category.

Email questions to Review Committee Executive Director Laura Huth, MBA: lhuth@acgme.org.

Index Categories and Minimums

Category	Minimum
Endoscopic	30
Injection of bulking agent or chemo	8
Posterior valve ablation	3
Ureterocele incision	2
Ureteroscopy	8
Scrotal/Inguinal Surgery	80
Hernia repair/Orchiopexy/Laparoscopic Orchiopexy	60
Orchiectomy	0
Varicocele	0
Penile Surgery	50
Distal hypospadias	30
Proximal hypospadias	8
Hypospadias complication	5
Epispadias	0
Buccal mucosa graft-harvest	0
Buccal mucosa graft-placement	0
Corporal grafting	0
Chordee/Correct angulation	0
Scrotoplasty-simple/complex	0
Urethroplasty bulbar/posterior	0

Category	Minimum
Upper Urinary Tract	25
Nephrectomy w/wo ureterectomy	2
Pyeloplasty	15
Heminephrectomy w/wo ureterectomy	0
Lower Urinary Tract	25
Ureteral reimplant single/duplex/tapered	20
Excision of ureterocele	0
Excision of diverticulum	0
Vesicostomy	0
Major Abdominal	10
Catheterizable channel MACE/ Mitrofanoff/Monti	5
Bladder neck sling/reconstruction	2
Bladder augmentation	2
Abdominoplasty for PBS	0
Cystectomy with diversion	0
Urinary diversion	0
Miscellaneous	30
Urodynamic study	10
Exstrophy	0
Interstim	0
Clitoroplasty	0
Vaginoplasty	0
Trauma	0
Minimally Invasive Surgery¹	20
Total Index Cases	350

¹Minimally Invasive Surgery procedures are automatically counted in the Case Log System based on their CPT codes. An additional step is not necessary to record these procedures.

Notes

- Minimum numbers represent what the Review Committee believes to be an acceptable minimal experience; these minima are not a final target number. Achievement does not signify competence, and program directors must ensure that fellows continue to report their procedures in the Case Log System after minimums are achieved.
- Procedures that are given credit in an index **subcategory** are also given credit in the corresponding index category. For example, Ureteroscopy is mapped to both Ureteroscopy and Endoscopic.
- Uncommon index subcategories may have no minimum number requirements, but the Review Committee recognizes these infrequent procedures as important for tracking overall fellow experience.

Surgeon, Assistant, and Teaching Assistant Roles

Fellow participation in a surgical procedure will be credited as an index case whether the fellow functions as **Surgeon**, **Assistant**, or **Teaching Assistant**.

To be recorded as **Surgeon**, a fellow must perform 50 percent or more of the procedure, including a significant number of the critical steps. When two fellows each complete one side of a bilateral procedure (e.g., orchidopexy, ureteral reimplant, nephrectomy), each fellow may record the case as Surgeon.

To be recorded as **Assistant** surgeon, a fellow must perform less than 50 percent of the procedure and/or not the key portion(s) of the procedure. Only one fellow can claim credit as Assistant on a given procedure.

To be recorded as **Teaching Assistant**, a fellow directs and oversees major portions of the procedure being performed by a resident surgeon, under the guidance of a supervising faculty member.

It is expected that over the course of the program, fellows will develop the skills necessary to perform progressively greater proportions of cases. Involvement in pre-operative assessment and post-operative management of patients are important elements of fellow participation.

Logging Robotic Cases

In robotic cases, the fellow typically acts in one of two operative roles: console Surgeon or bedside Assistant.

To be recorded as **Surgeon**, a fellow must act as console surgeon for some portion of the case. Because robotic cases require a unique set of skills gained through stepwise learning, fellows are not expected to complete the majority of critical steps of a given robotic case to qualify as Surgeon. It is expected that over the course of the educational program, fellows will develop the skills necessary to perform progressively greater proportions of robotic cases.

To be recorded as **Assistant**, a fellow must serve as the bedside Assistant.