

MEMORANDUM

TO: Pediatric Urology Program Directors

FROM: Louise King
Executive Director, Residency Review Committee for Urology
312.755.5498 – lking@acgme.org
Members, Review Committee for Urology

DATE: April 12, 2011

RE: Pediatric Urology Resident Surgical Index Case List Redefined For
2010-2011: Recommended Minimum Numbers and Core Domains
Emphasized

The Urology Residency Review Committee (RRC) will implement a new system for evaluating Pediatric Urology resident surgical experience based on “recommended minimum numbers.” Beginning July 1, 2011, graduating Pediatric Urology resident index procedure case logs will be reported side-by-side with the newly established recommended minimum numbers for urology residency education.

The new recommended minimums reflect the RRCs view of the lowest acceptable clinical volume of critical procedures performed per pediatric urology resident for program accreditation. In reviewing data from 2009-2010 graduates, the recommended minimum numbers are near the tenth percentile, a level traditionally used by the RRC to trigger program citations for providing inadequate surgical experience. A program is in compliance with requirements if each resident in the program achieves the minimum number of procedures for each listed procedure or category.

Surgical procedure case logs for graduating residents will also be reported categorically, organized into “core domains” as follows:

1. Endourology/Stone Disease
2. Scrotal/Inguinal Surgery
3. Penile Surgery
4. Bladder/Ureteral Surgery
5. Major Abd/Reconstructive Procedures
6. Urodynamic Studies
7. Total Cases

8. Total Laparoscopic Cases (monitored)
9. Total Robotic Cases (monitored)

In reporting resident experience by the new core domains, broad categories of surgical activity will be assessed, thus ensuring a diverse educational exposure. Within each category, however, certain specific critical procedures (or sub-categories of procedures) will also be monitored. Residents should continue to enter all surgical activity during training. Program directors should ensure that reporting of surgical training is complete and does not end once minimum numbers are achieved by a resident—these numbers do not constitute a final target number, but rather reflect what the Urology RRC believes is merely an acceptable minimal exposure during residency.

Points to Remember:

1. Definition of Surgeon for Case Entry: Resident participation in a surgical procedure will be credited as an index case whether they function as “surgeon” or “first assistant.” To be recorded as surgeon, a resident must be present for all of the critical portions of the case and must perform a significant number of the critical steps of the procedure. It is expected that over the course of their training, residents will develop the skills necessary to perform progressively greater proportions of complex cases and will be given the opportunity to demonstrate those technical skills to program faculty. Involvement in preoperative assessment and postoperative management of patients is still considered to be an important element of resident participation.
2. Assistant Surgeon: A pediatric urology resident should record a procedure for credit if they are a first assistant. Cases in which they are a second assistant should not be counted.
3. Teaching Assistant: “Teaching assistant” activity is felt to have significant educational value and will now be recognized for index case credit. When a pediatric urology resident acts as a teaching assistant, directing and overseeing major portions of the case while the supervising attending staff functions as an assistant or observer, the pediatric urology resident may then record the case as “surgeon” for credit.
4. Urodynamics: Pediatric urology residents are expected to participate in and interpret at least 10 urodynamic studies, and this activity must be entered into the case logs.
5. Unbundling: In an effort to standardize the case recording process, the Urology RRC seeks to model the data capture for case logs in a manner similar to the method used for billing. If bundling is appropriate for normal CCI edits, then the pediatric urology resident is expected to use the one most appropriate code. If unbundling is allowed then more than one code may be entered.

Statement of Intent:

Achievement of the minimum number of listed procedures does not signify achievement of competence of an individual resident in a particular listed

procedure. A resident may need to perform an additional number of listed procedures before they are deemed competent in each procedure by the program director. Moreover, the listed procedures represent only a fraction of the total operative experience expected of a resident within the designated program length. The intent is to establish a minimum number of listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to determine the entire educational operative experience for each resident, taking into account each resident's particular abilities. This requirement does not supplant the requirement that, upon the resident's completion of the program, the program director should verify that the resident has demonstrated sufficient professional ability to practice competently and without direct supervision.

PEDIATRIC UROLOGY TRAINEE CASE LOGS:

CATEGORIES & MINIMUMS

Category	Required Minimum # of Index Cases
Endourology/Stone Disease	10
SWL/ureteroscopy/PCNL	5
Ureterocele incision	2
Posterior valve ablation	3
Scrotal/Inguinal Surgery	60
Hernia repair/Orchiopexy	
Varicocelectomy	2
Penile Surgery	40
Distal hypospadias	30
Proximal hypospadias	5
Hypospadias complication repair	
Epispadias	2
Bladder/Ureteral Surgery	35
Ureteroneocystostomy	15
Cysto with subureteric injection	10
Major Abd/Reconstructive Procedures	35
Pyeloplasty	10
Nephrectomy	4
DSD Surgery	3
Appendicovesicostomy	5
Enterocystoplasty	3
Exstrophy closure	2
Urodynamic Studies	10
Total Index Cases	250
Total Laparoscopic	
Total Robotic	

Note: All cases should be logged per standard CPT/billing guidelines. ACGME will categorize cases (e.g. All cases logged as either 54322, 54324, 54326 or 54328 will be automatically included in total number of distal hypospadias.)

All cases listed without a minimum number, will be actively monitored by the RRC, hence it is still important that they be recorded.