# Case Log Information for Pediatric Urology Programs

**Background**
The ACGME-I Case Log System is a data depository to support programs in complying with Advanced Specialty Requirements and to enable program directors to monitor each fellow's clinical experience by capturing and categorizing fellow cases.

The Review Committee-International examines cases completed by graduating fellows to determine a program's compliance with clinical experience requirements, judge if educational resources are sufficient for the program's accredited complement of fellows, and evaluate the breadth and depth of fellow experiences. The committee understands that achievement of the minimum number for each listed procedure does not signify achievement of competence in any procedure, nor do the cases that must be logged represent the totality of clinical competence needed in any given specialty or subspecialty. Most importantly, meeting the minimum requirements for procedures does not replace or negate the requirement that, upon a fellow's completion of the program, the program director must verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

Fellows are responsible for entering cases accurately and in a timely manner. It is recommended that fellows log cases daily or at least weekly. Fellows must continue to log cases throughout the duration of their program, even if the minimum requirements have been met.

Program directors are responsible for regularly reviewing and analyzing each fellow's completed cases. It is recommended that program directors review the Case Minimums Report at least quarterly to ensure each fellow is making appropriate progress toward meeting the required minimum numbers.

The "Case Log" tab in the Accreditation Data System (ADS) includes general information for entering and retrieving information. Each specialty's page on the ACGME-I website has additional Case Log resources, including a Quick Guide for fellows, with definitions and case entry requirements particular to the specialty/subspecialty, and a Quick Guide for faculty and staff members to assist program directors and faculty members in choosing and evaluate Case Log reports. Fellows are encouraged to review these resources prior to their first case entry and to continue to refer to them as needed. Program directors can use information from the reports in ADS to review fellow progress toward meeting clinical experience requirements, to set and evaluate curriculum, and to inform clinical faculty members about fellows' clinical experience needs.

# FREQUENTLY ASKED QUESTIONS

1. **Why are minimum numbers used?**
   The Review Committee-International determined that minimum numbers for key procedures would provide information on clinical resources without detracting from the latitude that the program director must have to manage the clinical curriculum.

2. **How were case and procedure categories and minimum numbers identified?**
   The ACGME-I uses the same case and procedure categories and minimum numbers that are used for fellowship programs in the US. In the US, some specialties determined minimum case numbers after the specialty Review Committee analyzes national data for graduating fellows, while other specialties work with their respective board to determine case and procedural categories and minimum numbers.

   The Review Committee-International felt that adhering to the same numbers as in the US provided a baseline to begin monitoring ACGME-I-accredited programs. Minimum numbers have been in place in the US for several years. In addition to the information obtained from block diagrams and ACGME-I Resident and Faculty Survey results, Case Logs for graduating fellows are recognized as an important data point for judging fellows' clinical experience. The Review Committee-International will continue to monitor Case Log reports for graduating fellows to determine if the use of US minimum numbers will need modification for ACGME-I-accredited programs.

3. **Are fellows required to enter cases according to Current Procedural Terminology (CPT) codes?**
   No. Codes are not required when fellows are logging cases. The ACGME-I Case Log System uses descriptors to identify and log cases. The Review Committee-International will evaluate graduate fellow cases based on descriptions of the procedures, not the codes. If over time, fellows become familiar with the codes for frequently performed procedures, they can enter them; however, it is not necessary for accurate tracking.

4. **If the institution uses an electronic system to track cases, duty hours, fellow evaluations, etc., can the Case Log data from this system be uploaded into ADS?** No. At present there is no mechanism to electronically transfer cases from another system into ADS. The program director is ultimately responsible for ensuring that all data reported in ADS are accurate and complete and should encourage fellows to enter their case data into the Case Log System in ADS daily.

   Note that if your institution's electronic system has the capability, it may be possible to import ADS Case Log data into that system. Email ads@acgme.org for technical assistance.

5. **Will fellows have access to their Case Logs after graduation?**
   Yes. Fellows can access their Case Log reports after completion of the program to use for hospital credentialing, etc. Fellows are not able to add cases after completing the program.

6. **How can a fellow use information from their Case Logs?**
   During their time in the program, Case Logs are useful to help fellows determine the breadth and depth of their procedural experience. Case Logs can be used to inform revision of rotations to allow for more experience in a procedure or prevent too much experience with one type of patient or procedure at the expense of broader educational goals. After they complete their fellowship, Case Logs provide a record of experiences when applying for hospital credentialing.

7. **How can a program director use information from fellow Case Logs?**
   Program directors can apply filters for several of the reports available from the "Case Log" tab in ADS to determine how individual rotations, participating sites, or supervising faculty members are contributing to the fellows' experiences. Program directors can also review when and how fellows are recording their cases. For example, if a program requires fellows to enter cases each week, the Resident Activity Report can be run weekly, and it can be quickly identified if a fellow has not logged any cases.

8. **How does the Review Committee use Case Log data?**
   The Review Committee-International will review minimum case reports for those fellows that have graduated from the program to determine how many fellows met required minimums and which procedures were deficient. The committee will also review the data to determine if fellows are completing large numbers of certain procedures while not meeting minimums in all procedures. These analyses will allow the committee to determine the breadth and depth of experiences provided by a program and to judge the fellows' service obligations. Citations will result if minimums are not consistently met, if the committee judges that fellows are performing certain procedures as excessive service over education, and if fellow reporting is inconsistent or lacking.

9. **What are the minimum case numbers for pediatric urology procedures?**
   The following tables summarize minimum number requirements for graduating fellows in pediatric urology:

| Procedure | Minimum Number |
|---|---|
| **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 |

| Procedure | Minimum Number |
|---|---|
| Corporal grafting | 0 |
| Chordee/Correct angulation | 0 |
| Scrotoplasty-simple/complex | 0 |
| Urethroplasty bulbar/posterior | 0 |
| **Upper Urinary Tract** | **25** |
| Nephrectomy with or without ureterectomy | 2 |
| Pyleoplasty | 15 |
| Heminephrectomy with or without ureterectomy | 0 |
| **Lower Urinary Tract** | **25** |
| Ureteral reimplant single/duplex/tapered | 10 |
| 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 Surgery** | **20** |
| **Total Index Cases** | **350** |