**New Application:** **Pediatric Urology (Urology)**

401 North Michigan Avenue • Chicago, Illinois 60611 • United States • +1.312.755.7042 • [www.acgme-i.org](http://www.acgme-i.org)

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Urology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| --- |
| Program Name: Click here to enter text. |

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When the forms are completed forms, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in urology? [ ] YES [ ] NO

Explain if ‘NO.’ For information on independent subspecialty status, email acgme-i@acgme-i.org (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will the fellowship program be based at a children’s hospital or a medical center with pediatric medical, surgical, and imaging capabilities? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Participating Sites**

1. How will the program ensure assignments at participating sites are at least one month in length and provide opportunity for continuity of care? (Limit 250 words)

|  |
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| Click here to enter text. |

**Program Personnel and Resources**

**Program Director**

1. How will the program director be meaningfully involved with the affiliated core residency program in urology? (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will the program director review all fellows’ ACGME-I Case Logs quarterly? [ ] YES [ ] NO

If ‘YES’:

1. will the review be conducted to ensure that each graduating fellow performs the minimum number of cases as established by the Review Committee-International? [ ] YES [ ] NO
2. will fellows document cases performed as Surgeon, Assistant, and Teaching Assistant? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Faculty**

1. In addition to the program director, will there be at least one core faculty member for each fellow enrolled in the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Resources**

1. Check the appropriate column if equipment to perform the following procedures is available at each participating site that will be used by the program. Participating site numbers must correspond to the numbers as indicated in ADS. The primary clinical site must be Site #1. If additional sites are not planned, columns can be left blank.

| **Type of Equipment** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Cystoscopy |[ ] [ ] [ ]
| Fluoroscopy  |[ ] [ ] [ ]
| Laparoscopy  |[ ] [ ] [ ]
| Laser therapy  |[ ] [ ] [ ]
| Percutaneous endoscopy  |[ ] [ ] [ ]
| Shock wave lithotripsy  |[ ] [ ] [ ]
| Ultrasonography  |[ ] [ ] [ ]
| Urethroscopy  |[ ] [ ] [ ]
| Urodynamic evaluation equipment |[ ] [ ] [ ]

1. Check the appropriate column if the following pediatric-specific diagnostic and treatment facilities will be available. Use site numbers as indicated in ADS and above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnostic/Treatment Facilities** | **Site #1** | **Site #2** | **Site #3** |
| Body imaging and urodynamics equipment  |[ ] [ ] [ ]
| Interventional radiology  |[ ] [ ] [ ]
| Pediatric anesthesia care  |[ ] [ ] [ ]
| Pediatric pain management  |[ ] [ ] [ ]
| Video imaging  |[ ] [ ] [ ]

Explain if any of the above are not available at any planned participating site. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Provide the following information for the most recent 12-month period. **The same timeframe and site numbers (as assigned in ADS) should be used throughout the application**.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total number of pediatric urology procedures performed | # | # | # |
| Number of pediatric urologic outpatient visits, including urology subspecialty clinics | # | # | # |

1. Will the program have the following space and equipment available for the education of fellows?
2. Classrooms [ ] YES [ ] NO
3. Educational aids [ ] YES [ ] NO
4. Meeting rooms [ ] YES [ ] NO
5. Office space for faculty members [ ] YES [ ] NO
6. Office space for fellows [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will the program ensure a sufficient volume and variety of pediatric urology experiences to meet the needs of the fellows’ education without compromising the quality of resident education in the affiliated core urology residency program? (Limit 300 words)

|  |
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| Click here to enter text. |

**Fellow Appointment**

**Eligibility Criteria**

1. How will the program ensure all fellows have completed an ACGME-I-accredited urology residency or another urology residency program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate competence in multidisciplinary management of the following?
2. Myelomeningocele and other neuropathic bladder entities
3. Nephrological and endocrinological (adrenal) disease
4. Problems related to sexual development and medical aspects of disorders of sex development
5. Urologic trauma
6. Urologic tumors

Provide examples of how competence will be assessed in three of the five areas listed. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate competence in the following?
2. Management of genitourinary infections
3. Performance of prenatal and postnatal genetic counseling for genitourinary tract anomalies

Describe how each of the above will be evaluated. (Limit 250 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in conducting inpatient and outpatient consultations requiring management of pediatric urologic disease? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate competence in using imaging modalities specific to the care of pediatric patients, including the following?
2. Computed tomography
3. Fluoroscopy
4. Magnetic resonance imaging
5. Nuclear scintigraphy
6. Ultrasonography

Describe how all of the above will be evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate competence in performing and evaluating urodynamic studies?

(Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows be assessed in their ability to manage pre- and post-operative treatment of severely ill neonates, children, pre-adolescents, and adolescents with genitourinary problems who require intensive care? (Limit 400 words)

|  |
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| Click here to enter text. |

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how this will be evaluated. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How will graduating fellows demonstrate the ability to integrate knowledge of the following into the care of pediatric urology patient?
	1. Acute and chronic renal disease
	2. Endocrinology
	3. Imaging of the genitourinary tract with a focus on radiation and imaging safety risks
	4. Nephrology
	5. Pharmacology and the safe use of commonly used drugs
	6. Quality and patient safety measures

Provide examples of how knowledge will be assessed in three of the six areas listed. (Limit 300 words)

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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
3. Journal review [ ] YES [ ] NO
4. Morbidity and mortality review [ ] YES [ ] NO
5. Multidisciplinary urologic imaging review [ ] YES [ ] NO
6. Patient evaluation [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How will the program ensure that a faculty member supervises each conference?

(Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How will the program maintain a list of conferences, including the date, conference topic, name of the presenter, and the names of faculty members and fellows present? (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Clinical Experiences**

1. Complete Appendix B., Patient Population Data, and attach to submission.
2. How will fellows work in multidisciplinary teams to gain experience in a wide range of clinical pediatric pathology? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How many clinic sessions per month will fellows attend? (Insert number of sessions per month)

Explain if there will be fewer than four clinic sessions per month. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Fellows’ Scholarly Activities**

1. Describe the types of scholarly activity in which the fellows will engage, such as manuscript preparation, lectures, teaching activities, abstracts, quality improvement projects, and research project preparation. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to pediatric urologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric urology, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which fellows will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in the ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Endourology/Stone Disease |
| Posterior valve ablation  |  |  |  |  |
|  Shock wave lithotripsy/Ureteroscopy/Percutaneous nephrolithotripsy  |  |  |  |  |
|  Ureterocele incision  |  |  |  |  |
|  Other (endourology/stone disease) |  |  |  |  |
| Scrotal/Inguinal Surgery |
|  Hernia repair/orchiopexy |  |  |  |  |
| Varicocelectomy |  |  |  |  |
| Other (scrotal/inguinal surgery) |  |  |  |  |
| Penile Surgery |
| Distal hypospadias |  |  |  |  |
| Epispadias  |  |  |  |  |
| Hypospadias complication repair |  |  |  |  |
| Proximal hypospadias  |  |  |  |  |
| Other (penile surgery) |  |  |  |  |
| Bladder/Ureteral Surgery |
| Cysto with subureteric injection  |  |  |  |  |
| Ureteroneocystostomy  |  |  |  |  |
| Other (bladder/ureteral surgery) |  |  |  |  |
| Major Abdominal/Reconstruction Procedures |
| Appedicovesicostomy  |  |  |  |  |
| Disorders of sex development (DSD) surgery  |  |  |  |  |
| Enterocystoplasty  |  |  |  |  |
| Exstrophy closure  |  |  |  |  |
| Neprectomy  |  |  |  |  |
| Pyeloplasty  |  |  |  |  |
| Other (major abdominal/reconstructive) |  |  |  |  |
| Urodynamic Studies |  |  |  |  |

Required minimum procedure numbers for graduating fellows are listed in the table below.

|  |  |
| --- | --- |
| **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 |
| **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 Surgery** | **20** |
| **Total Index Cases** | **350** |