

**EGE UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF PAEDIATRIC SURGERY
DIVISION OF PAEDIATRIC UROLOGY**

**FELLOW TRAINING PROGRAM
AND
LOGBOOK**

**Ege University Faculty of Medicine
Department of Paediatric Surgery
Bornova 35100
İZMİR**

LOGBOOK FOR:

Dr.

DATE (Initiation of training in Paediatric Urology):

CONTENT

FOREWORD:

PEDATRIC SURGERY FELLOW TRAINING PROGRAM:

- 1. GENERAL PROPERTIES** :
- 2. INSTITUTIONAL PROPERTIES** :
- 3. TRAINERS** :
- 4. CONTENT OF THE PROGRAM** :
- 5. PATIENT LOAD** :
- 6. ASSESSMENT** :

LOGBOOK :

- 1. FIRST YEAR** :
- ROTATION FORMS** :
- ROTATION AND CONTROL** :
- FIRST YEAR LOGBOOK** :

2. SECOND YEAR :

ROTATION FORMS :

ROTATION AND CONTROL :

SECOND YEAR LOGBOOK :

3. THIRD YEAR :

ROTATION FORMS :

ROTATION AND CONTROL :

THIRD YEAR LOGBOOK :

FOREWORD

This program has been prepared in order to train surgeons with high quality paediatric urological expertise and advanced level of scientific and ethical knowledge and skills. This program is given to those who are qualified as a paediatric surgeon or urologist and are eligible by Paediatric Urology Examination to specialize in Paediatric Urology in order to provide comprehensive overview of the training program. The “fellow” is to comply with the rules and regulations during the training period of 3 years mentioned in details in the following sections.

Paediatric Surgery Fellow Training Program

1. General Properties and Principles
2. Institutional Properties
3. Trainers Properties
4. Program Content
5. Patient Load
6. Assessment

1 General Properties and Principles

- 1.1 Paediatric urological training lasts 3 years limited by the rules and regulations. Fellows are expected to acquire knowledge and skills about the urological diseases and conditions of neonates, infants and children. The purpose of the Program is to train high quality “paediatric urology practitioners”. Therefore, a comprehensive fellow training is required. In this context, clinical activities shall not interfere with the training and special effort is required to carry on both clinical and training performances.
- 1.2 Paediatric Urology is a specific yet broad-range specialty, and necessitates close relationships with other disciplines. Sometimes, it is not possible to establish clear-cut boundaries with other disciplines. Therefore, paediatric urological training must be given in “University Hospitals” or “Children’s Hospitals”. The institution in which paediatric urological training is given must incorporate departments of radiology, pathology, paediatrics and its subspecialties as well as

many other disciplines which train fellows as well. Rotations and consultations with other disciplines are the requisites of fellow training.

2 Institutional Properties

2.1 The institution:

Ege University Faculty of Medicine Department of Paediatric Surgery is the oldest Paediatric Surgery Department in Turkey as well as the first institution to start a training program. The department is sited on a three-level building incorporating its own operating theatres, neonatal and paediatric intensive care units, burns unit, surgical ward, outpatient clinic, administrative floor and laboratories. Paediatric Urology is a separate unit in the department since 1973. It was officially recognized by YÖK (Turkish Council of Higher Education) in 24.06.1993.

2.1.1 A certain patient-load is required in order to provide appropriate and comprehensive training in Paediatric Surgery. Ege University Faculty of Medicine, Department of Paediatric Surgery admits approximately 9500 cases each year, about half of these admissions are for paediatric urology. The number of operations carried out each year is around 2500 which is 900 for paediatric urology.

2.1.2 Training program is established in order to provide thorough workload in each level of patient care. Paediatric urology fellow is assigned to work in outpatient clinic as well as intensive care units, surgical ward and operating theatres. The aim is to establish the most appropriate treatment program for the patients under supervision of the academic staff and proper hierarchical order. Daily, weekly, monthly and longer term working schedules is organized by the department. This plan includes where and how long the fellow is designated to work in a specified service as well as rotations to other disciplines. The fellow is notified about the

seminars, journal clubs, meeting and etc. in details. Their performances are evaluated by the academic staff.

- 2.1.3 All fellows are to perform their “on call” duties within legal and predetermined intervals. Calls are the *sine qua non* of paediatric urological training. It is of utmost importance to gain the ability to “be able to decide” for the patient and take the correct measures in the management of clinical conditions and emergencies.
- 2.1.4 Ege University Faculty of Medicine integrates a paediatric emergency care unit working on 24/7 basis. All paediatric urological emergencies including paediatric traumas are evaluated according to “consultation rules and regulations” as most urgently as possible when the “page” is received.
- 2.1.5 In order to acquire adequate skills and knowledge in paediatric urology, the fellow works in / with other disciplines within or outside the institution in concurrence with “rotation rules and regulations”. However, close relationship is required with disciplines including paediatrics, nuclear medicine, and radiology which officially are not included in the rotation program. This relationship is established by meetings, case-by-case discussions, consultations and lectures.
- 2.1.6 “Urology” and “General Paediatric Surgery” rotations are of special consideration in paediatric urological training. The knowledge and skills of these disciplines must be acquired by the fellow.
- 2.1.7 The fellow should spend a considerable time in reading textbooks as well as current literature about paediatric surgery, urology, general surgery, anesthesiology, plastic surgery as well as other disciplines including radiology, pathology and basic science. The library in the meeting room of the department and Medical Faculty Library is available at all times.

- 2.2 Associate institutions: The fellow may be sent for rotations to other institutions outside Ege University Faculty of Medicine. The institution is determined by the Department, and must incorporate the minimum requisites concerning the institutional and physical fundamentals to fulfill the essentials for training in paediatric surgery.

3 Trainers

- 3.1 Academic staff and their assistants are responsible for fellow training at various levels.
- 3.1.1 The common properties of the trainers are:
- 3.1.1.1 All are integrated in surgical training.
- 3.1.1.2 They are members or fellows to at least one or more of regional, national or international associations.
- 3.1.1.3 They participate or mentor scientific work/research and present them in national and/or international meetings and publish their work in prestigious journals.
- 3.2 The trainers of Ege University Department of Paediatric Surgery are affiliated as follows:
- 3.2.1 Head of Department of Paediatric Surgery: Is responsible for the academic and administrative activities of the Department as well as moderation, modulation, regulation and assessment of fellow training.
- 3.2.2 Head of Division of Paediatric Urology: Is the academic director of the Division.
- 3.2.3 "Trainer-in-charge" for fellow training: Is assigned for each fellow and responsible to evaluate fellow's training program and his/her performance.

- 3.2.4 Paediatric Oncologic Surgery Coordinator: Provides the coordination between subspecialties including paediatric urology, paediatric thoracic surgery and general paediatric surgery and interdisciplinary coordination including paediatric oncology, radiation therapy, radiology and pathology for the prompt and correct diagnosis and management of paediatric tumors.

4 PROGRAM CONTENT

- 4.1 Paediatric Urology Fellow Training Program of Ege University Faculty of Medicine Department of Paediatric Surgery Division of Urology has been established in order to provide the future paediatric urologists the best possible prospects to envision and achieve adequate skills and knowledge in the area of paediatric surgery. The visionary aspect of the training aims to improve learning and teaching skills as well as assessment, decision making, and creativity in research. The objective of the technical aspect of the program is to endeavor all psychomotor and surgical expertise to manage a surgical clinic.
- 4.2 The program incorporates basic and subspecialty knowledge for paediatric age group in order to achieve comprehensive training in paediatric urology.
- 4.2.1 The fellow takes responsibility in the diagnosis and management of the patients. All procedures and measures are monitored and supervised by the trainers.
- 4.2.2 The fellow is also responsible for the management of traumatic urogenital injuries. The fellow is exposed to high level of training for multiple organ injuries. Their responsibility includes management starting from the evaluation of the patients in the emergency department and coordination of interdisciplinary approach if required.
- 4.2.3 The fellow is expected to acquire ample experience in endoscopic diagnosis and management of the paediatric patient. In this context conventional and current newer endoscopic techniques should be learned.
- 4.2.4 The fellow is expected to acquire comprehensive knowledge and skills for the management of stone disease, congenital abnormalities of the genitourinary tract, bladder dysfunction. In this context fellow shall also gain knowledge on urodynamics and imaging studies.

- 4.2.5** Our institution has a separate division for paediatric radiology also training paediatric radiologists. The fellow has a 1 month of paediatric radiology rotation for gaining experience in paediatric urologic imaging and interpretation in all modalities including ultrasonography, conventional X-rays, CT, MRI and nuclear medicine.
- 4.2.6** The fellow has a 9 months of rotation in the main branch (Urology for the paediatric surgeon and general paediatric surgery for the urologist). During urology rotation the fellow is expected to acquire knowledge and experience on adult urology. In paediatric surgery rotation the fellow is expected to acquire knowledge and experience on non-urologic surgical diseases of childhood.
- 4.2.7** In our institution, ESWL for paediatric cases are being performed every Thursday (4 or 5 cases under general anesthesia) in the Department of Urology. The fellow attends these sessions with the responsible academic staff and the technician.
- 4.2.8** The fellow has to acquire basic knowledge on Paediatric Nephrology. The fellows have 1 month rotation in Paediatric Nephrology where they work along with the fellow of paediatric nephrology.
- 4.2.9** The fellow has to acquire basic knowledge on kidney transplantation. Transplantation Unit is a specific unit within General Surgery in our institution. Fellows have 3 months of transplantation rotation. During these rotations they attend the ward visits, operations and meetings with the transplantation staff. They gain experience on both adult and pediatric transplantation with all its aspects including donor nephrectomy, CAPD, venous cannula insertion, AV fistulas, etc..
- 4.2.10** The fellow is also expected to acquire basic knowledge on other disciplines interrelated with paediatric urology. This is achieved by frequent meetings and consultations as well as rotations. The fellow should also be acquainted with disciplines including gynecology, neurosurgery, orthopedics, and anesthesiology.
- 4.3** The fellow shall keep the records in his/her logbook both for the scholarly activities and operative aspects. The logbook is in concordance with the logbook of JCPU.

4.4 ACTIVITIES HELD FOR TRAINING ARE

4.4.1 Patient visits

4.4.2 Seminars

4.4.3 Fellow classes

4.4.4 Conferences

4.4.5 Meetings and councils with participation of various other disciplines.

4.4.6 Mortality and morbidity meetings

4.4.7 Case presentations

4.4.8 Journal clubs

4.5 LABORATORIES

4.5.1 Urodynamics

4.5.2 Urine and Stone Analysis

4.6 FELLOWS' DAILY WORKING SCHEDULE :

4.6.1 **07.00-07.30** Patient Visits (Intensive cares + surgical ward: Patients under fellow's responsibility)

4.6.2 **07.30-08.00** General Rounds (with responsible academic staff and medical students)

4.6.3 **08.00-08.30** Evaluation of the patients scheduled for day-surgery

4.6.4 **08.30-16.00** Operating theater or outpatient clinic as scheduled

4.6.5 **16.00-16.30** Evaluation of the patients in the ward

4.6.6 **16.30-17.00** General Rounds (All utilities with responsible academic staff)

4.7 FELLOWS WEEKLY WORKING SCHEDULE:

Fellows in training attend educational meetings scheduled during the weekdays as given in details below. According their schedule between 8:30-16:30 they work in the operating theaters, outpatient clinic or paediatric surgery ward under the supervision of the academic staff and senior fellow.

On call duties are scheduled by the senior fellow, and are between 17:30 and 07:30. Academic staff-on-call have ward rounds on the weekends between 9:30 and 10:30. Paediatric urology fellows have 2/3 on-call a week. They are also informed about interesting cases concerning paediatric urology even if they are not on-call.

Educational Program and Joint Department Meetings Weekly Overview:

4.7.1 -Monday:

7.00-7.30 Patient visits

7.30-8.00 General Rounds

8.00-8.30 Evaluation of the patients scheduled for day-surgery

8.30-16.00 Fellow attends the procedures with the responsible surgeon

16.00-16.30 Evaluation of the patients in the ward

16.30-17.00 General Rounds

4.7.2 -Tuesday:

7.00-7.30 Patient visits

7.30-8.00 General Rounds

8.00-8.30 Evaluation of the patients scheduled for day-surgery

8.30-16.00 Fellow attends the procedures with the responsible surgeon

16.00-16.30 Evaluation of the patients in the ward

16.30-17.00 General Rounds

4.7.3 -Wednesday:

7.00-7.30 Patient visits

7.30-8.00 General Rounds

8.00-8.30 Evaluation of the patients scheduled for day-surgery

8.30-15.30 Fellow attends the procedures with the responsible surgeon

15.30-16.30 Paediatric Oncology Meeting

With the participation of Departments of Paediatric Surgery, Paediatric Oncology, Radiology, Pathology, Radiation Therapy. Paediatric Oncologists from Dr. Behçet Uz Children's Hospital and Tepecik Children's Hospital also attend these meetings and discuss their cases.

17.00-18.00 Fellow training classes

Fellows are joined to discuss on index topics of paediatric urology. These discussions are supervised by preassigned academic staff. Current literature related to the specific topic is also reviewed.

4.7.4 -Thursday:

7.00-7.30 Patient visits

7.30-8.00 General Rounds

8.15-09.00 Paediatric Urology, Nephrology& Imaging Joint Meeting

With the participation of Paediatric Urologists from the Department of Paediatric Surgery and Paediatric Nephrology. This meeting is also attended by the Departments of Nuclear Medicine, Radiology (and Pathology as required).

09.00-16.00 Outpatient clinic

16.00-16.30 Evaluation of the patients in the ward

16.30-17.00 General Rounds

4.7.5 -Friday:

7.00-7.30 Patient visits

7.30-8.00 General Rounds

8.00-9.00 Grand Round for the Academic Staff, Fellows and the Students

9.00-10.00 "Seminars in Paediatric Surgery"

This meeting is attended by all academic staff, fellows, students and nursing staff (as feasible by their schedules). Lectures on topics related to paediatric surgical issues are given by the academic staff from the Department as well as invited guest speakers from various other departments of the Ege University and abroad. The program is advertised at the beginning of each academic year.

10:00-11:00 Morbidity and Mortality Meeting (M&M) and Case Discussions

Morbidity issues related to cases admitted and treated at the department is discussed. Case discussions include those cases that are very interesting or rare in paediatric surgical practice as well as new and/or interdisciplinary approaches carried on during the treatment of those cases.

Mortalities (if any) are discussed in the "*Last Friday*" of each month.

11.00-12.30 Enuresis & Incontinence

Patients with incontinence at their first admission are evaluated every Friday. Six patients are scheduled each day. Fellow evaluates the patients with urotherapist and the responsible surgeon. Urodynamic studies performed by the urotherapists that week are also evaluated.

13.30-14.30 Anatomy & Embryology Club

A specific topic regarding paediatric urology is discussed each week. Topic is chosen by the chief fellow and one responsible fellow or senior resident leads the meeting.

14.30-15.30 Journal Club

Papers regarding a specific topic are discussed each week. Topic is chosen by the chief fellow and one responsible fellow or senior resident leads the meeting.

15.30-16.30 Research Meeting

Each fellow and the resident in paediatric urology rotation report the progress on the project he/she has been working on. Presentations are criticized by the consultants, other fellows and the residents.

16.30-17.30 Appraisal of the Weekly Schedule

Operations that will be held and the topics that will be discussed the following week are evaluated, the responsible fellow for each topic are arranged and necessary assessments are planned.

17:30-18.00 Evaluation of the patients in the ward

4.7.6 “Disorders of Sex Development” Meeting

This meeting is held on each *Last Friday of the Month* between **12:00 and 13:00** by the contribution of Paediatric Urology, Paediatric Endocrinology, Paediatric and Adolescent Psychiatry and Forensic Medicine.

4.7.7 Spina Bifida Clinic

Spina Bifida patients are evaluated in the first Wednesday of each month. Patients are evaluated by paediatric urology, neurosurgery, orthopedics, physiotherapy in the same out-patient clinic these days. There is also one urotherapist, one dietitian, one psychologist and a nurse to deal with constipation to deal with the patients. Fellow with the responsible consultant evaluate approximately 20 patients each month.

4.8 FELLOW YEARLY WORKING SCHEDULE

Junior fellow (12 months): Is the first level fellow in the hierarchical order to acquire more advanced knowledge and surgical skills. Junior fellow is able and allowed to make decisions with adequate supervision of the seniors and

academic staff, supervise the first level fellows and guide them through their adaptation to clinical setting and procedures.

Senior fellow (12 months): Is the second level fellow in the hierarchical order with advanced level of surgical knowledge and skills. Senior fellow supervises the first and second level fellows, takes part in more advanced level of patient care and decision making, and performs more complex operations under supervision.

Chief fellow (12 months): Is the last year fellow who is responsible from all of the fellows lower than his/her hierarchical status, and a bridge between the academic staff and the fellows. Chief fellow is supervises the fellows, plans for weekly, monthly and yearly rotation schedules of others. He/she takes part in decision making, patient care of more sophisticated conditions and performs complex operations under adequate supervision. He/she is also responsible for planning the weekly academic program with the consultant and designating the responsible fellow for each task. Chief fellow is believed to achieve all required knowledge and skills in paediatric surgery; however is to gain more experience.

The duration of rotations to Units, Divisions and other Departments are as follows:

4.8.1.1 Nephrology	1 month	
4.8.1.2 Paediatric Radiology	1 month	
4.8.1.3 Adult Urology/General Paediatric Surgery		9 months

Patient Load

The patient load required for training of the fellow during the training period is reviewed (and revised if necessary) each year.

Assessment

- 6.1 The fellow is required to fulfill a certain **Credit Score (CS)** for each year. Activities including seminars, meetings, case presentations, surgery etc. are defined as CS.
- 6.2 Each fellow has to fill the logbook attached which is in concordance with the logbook of JCPU. Fellow has to present his/her logbook every year.
- 6.2 Each fellow takes a **Paediatric Urology Specialist Exam** at the end of 3 years to be able to qualify as a Paediatric Urologist. Besides the exam credit score is also evaluated. The fellow is expected to complete a minimum of 200 CS's at the end of the training period.

CREDIT SCORE (CS) CALCULATION TABLE *

1. Clinic-outpatient-rotations evaluation form period		:meanXworking
2. TE score of 70-84%		: 10
3. TE score of 85-100%		: 20
4. Score of 76-85% from the logbook each year		: 10
5. Score of 86-100% from the logbook each year		: 20
6. Membership to professional associations		: 5
7. Scoring \geq 70% in KPDS (TOEFL equivalent for Turks)		: 5
8. Category A activities (International activities) **		
Original articles:	Group A	: 30

	Group B	: 25	
	Group C	: 20	
	Group D	: 10	
Case report, brief comm., letter	Group A	: 15	
	Group B	: 12	
	Group C	: 10	
	Group D	: 5	
Meetings and symposiums	Oral presentation	: 10	
	Poster	: 5	
	Participation	: 3	
Courses or workshops			: 0-20
Visit to accredited international clinics (months x 5 p)			: 0-30

Category B activities (National activities)		
Original article (indexed journals ^{***})		: 12
Case report, letter, etc. (indexed journals)		: 7
Original article (non-indexed)		: 5
Case report, letter, etc. (non-indexed journals)		: 3
Meetings and symposiums	Oral presentation	: 5
	Poster	: 3
	Participation	: 2

9. Clinical activities

Seminars	(0.4 x assessment grade x n)	: 9-16
Journal club	(0.2 x assessment grade x n)	: 4-8
Fellow classes	(0.1 x assessment grade x n)	: 3-5

**Prepared by: Commission for Fellow Training Quality. These guidelines have been offered to be applicable to all Units in Ege University Faculty of Medicine and may be modified according to the requisites of the Department(s).*

***Based on the booklet of The Scientific and Technological Council of Turkey(TUBİTAK) and Program for Promotion of International Scientific Publications (UBYT).*

****Indexed by Excerpta Medica, Biological abstracts, chemical abstracts or Turkish Medical Index For each item, please give number (N°) performed as surgeon under supervision (SS), as surgeon unsupervised (S: surgeon), acting as assisting surgeon*

(AS), only observation (OO)

Calculate total for each category, and grand total in the consolidated report sheet (p9).

	N° OPERATIONS			
ORGAN PROCEDURE	All paediatric urology cases in children < 18 years			
	SS Supervised Surgery	S Surgeon	AS Assisting Surgery	OO Observation Only

Please use the following classification; when selecting "other", please specify. Most procedures can be grouped under one heading; if your practice is different, please use page n°10.

A. SURGERY	OPEN	1. kidney ² 2. ureter ² 3. bladder ² 4. urethra 5. external genitalia 6. retroperitoneal surgery 7 other
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B. RENAL TRANSPLANTATIO N¹	1. transplantation 2. donor nephrectomy 3. dialysis surgery 4. other
C. ENDOSCOPIC SURGERY	1. percutaneous upper tract (kidney/ureter) 2. retrograde upper tract (kidney/ureter) 3. bladder 4. urethra 5. laparoscopic 6. other
D. DIAGNOSTIC & MINOR PROCEDURES	1. endoscopy 2. ultrasound 3. interventional urodiol. procedures 4. ESWL 5. urodynamics 6. other
¹ Renal transplantation and related procedures are under separate heading; do not include in renal or vascular surgery counts	
² Several combined procedures count for two surgeries: ie. Creation of continent stomain augmentation	

LOGBOOK- YEAR ONE (DATES:.....-.....)

A. OPEN SURGERY

1. KIDNEY and upper urinary tract	00	AS	SS	S
1. Nephrectomy: <ul style="list-style-type: none"> • non-tumour • tumour <ul style="list-style-type: none"> o Wilms o Neuroblastoma • Other Nephroureterectomy				
2. Partial nephrectomy Heminephrectomy				
3. Pyelolithotomy Nephrolithotomy				
4. Open nephrostomy Open biopsy Nephropexy				
5. Pyeloplasty <ul style="list-style-type: none"> - Neonatal - Other ages Ureterocalycostomy				

6. Other reconstructive surgery in a congenitally anomalous kidney or injured kidney				
7. Other				
TOTAL OPEN KIDNEY				

2. URETER	OO	AS	SS	S
1. Ureterotomy-ureterolithotomy Uretero-ureterostomy Transuretero-ureterostomy Ureterectomy				
2. Uretero-neocystostomy (N° ureters) - Extravesical - Intravesical - Psoas Hitch Remodelling of megaureter (N° ureters)				
3. Surgery for ureteral duplication Excision of a ureterocoele				
4. External urinary diversion (all) Internal urinary diversion (all) Revision urinary diversion				
5. Other				
TOTAL OPEN URETER				

3. BLADDER	OO	AS	SS	S
1. Augmentation cystoplasty <ul style="list-style-type: none"> • Intestinal • Gastric • Ureteral • Autoaugmentation • Others Mitrofanoff Procedure Radical cystectomy Bladder substitution (replacement) Urinary undiversion				
2. Diverticulectomy Excision urachal cyst/tumour Cystotomy/Cystostomy				
3. Exstrophy repair Cloacal malformation Fistula (all types) Traumatic lesions				
4. Incontinence surgery <ul style="list-style-type: none"> • Bladder neck plasty • Sling • Artificial urinary sphincter • Closure of bladder neck • Urethral lengthening techniques 				

5. Other				
TOTAL OPEN BLADDER				

4 . URETHRA	OO	AS	SS	S
1. Urethroplasty (all, except hypospadias)				
2. Hypospadias <ul style="list-style-type: none"> • Distal • Penile • Penoscrotal • - • Chordee repair alone • Fistula repair 				
3. Epispadias <ul style="list-style-type: none"> • Glandular • Penile • Penopubic 				
4. Other				
TOTAL OPEN URETHRA				

5. MALE EXTERNAL GENITALIA	OO	AS	SS	S
1. Penis <ul style="list-style-type: none"> • circumcision • preputial plasty • buried penis • penoscrotal web • penoscrotal transposition • priapism • congenital penile curvature • other 				

2. Testis <ul style="list-style-type: none"> • radical orchiectomy (cancer) • • inguinal orchiopexy • two stage orchiopexy • Reduction of torsion • other 				
3. Epididymis, spermatic cord, scrotum <ul style="list-style-type: none"> • varicocele <ul style="list-style-type: none"> • varicocelectomy • microsurgery • sclerotherapy scrotum excision (total/partial) other				
4. OTHER				
TOTAL MALE EXTERNAL GENITALIA				

6. RETROPERITONEUM / NODES / VASCULAR PROC.	OO	AS	SS	S
1. Retroperitoneum <ul style="list-style-type: none"> • adrenal surgery • retroperitoneal tumour 				
2. Nodes <ul style="list-style-type: none"> • paraaortic • retroperitoneal node dissection • pelvic node dissection • inguinal node dissection • other 				
3. Vascular procedures <ul style="list-style-type: none"> • cavotomy for tumour thrombus • microvascular orchidopexy • other 				
TOTAL RP / NODES / VASCULAR				

7. OTHER	OO	AS	SS	S
1. Laparotomy (exploratory) Herniorrhaphy				
2. Vaginoplasty Clitoroplasty				
3. Other				

TOTAL OTHER OPEN PROCEDURES				
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B. RENAL INSUFFICIENCY

1. Renal transplantation	OO	AS	SS	S
1. transplantation				
2. donor nephrectomy transplant nephrectomy revision				
3. dialysis surgery CAPD • catheter placement • revision vascular access for dialysis				
4. other				
TOTAL TRANSPLANT				

C. ENDOSCOPIC SURGERY

1. PERCUTANEOUS UPPER TRACT : KIDNEY/URETER	OO	AS	SS	S
stone				
stricture / UPJ obstruction				
other				
2. RETROGRADE UPPER TRACT : KIDNEY/URETER				
stone				
stricture (dilation, incision)				
internal stents				
other				
3. BLADDER				
TUR tumour/ biopsy				
Stone / foreign body				
Injection therapy for reflux				
Bladder neck injection				
other				
4. URETHRA				
internal urethrotomy				
TUR posterior urethral valves				
other				

5. LAPAROSCOPY AND RETROPERITONEOSCOPY				
Testis				
varicocele				
Kidney and upper urinary tract				
bladder / other				
6. OTHER				
TOTAL ENDOSCOPIC PROCEDURES				

D. DIAGNOSTIC and MINOR PROCEDURES

	OO	AS	SS	S
1. DIAGNOSTIC ENDOSCOPY urethro/cystoscopy ureteral catheterization urethral dilation other				
2. ULTRASOUND STUDIES all sites,				
3. INTERVENTIONAL URO-RADIOL. PROCEDURES percutaneous nephrostomy percutaneous renal biopsy percutaneous cystostomy				
4. Extracorporeal shock wave lithotripsy ESWL kidney ureter bladder				
5. URODYNAMICS urodynamic studies (except flow) radio-urodynamic studies				

biofeedback therapy				
6. OTHER peritoneal catheter placement central line placement				
TOTAL DIAGNOSTIC & MINOR PROCEDURES				

CONSOLIDATED EXPERIENCE : TOTALS

TYPE EXPERIENCE	ORGAN	Total N° of operations			
		OO	AS	SS	S
A. OPEN SURGERY	1. kidney				
	2. ureter				
	3. bladder				
	4. urethra				
	5. external genitalia				
	6. r-p, nodes, vascular				
	7. other				
	TOTAL OPEN				
B. TRANSPLANTATION	1. transplantation				
	2. donor nephrectomy				
	3. dialysis surgery				
	4. other				
	TOTAL TRANSPLANTATION				
C. ENDOSCOPIC	1.				

SURGERY	percutaneous upper tract				
	2. retrograde upper tract				
	3. bladder				
	4. urethra				
	5. laparoscopic				
	6. other				
	TOTAL ENDOSCOPIC				
D. DIAGNOSTIC & MINOR PROCEDURES	1. endoscopy				
	2. ultrasounds				
	3. interventional uro-radiol. procedures				
	4. ESWL				
	5. urodynamic studies				
	6. other				
	TOTAL DIAGNOSTIC				

Operative Log

Date	Hosp #	Diagnosis	Operation	Code	Status	Comments
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Record of educational scientific meetings attended.

DATES	NAME OF MEETING	PARTICIPATION	ORGANIZATION CERTIFICATE

LIST OF SCIENTIFIC PRESENTATIONS, PUBLICATIONS, PROJECTS

Presentations: Title , authors , scientific meeting presented.

Publications

Title , authors , source

Unpublished Work
Title , authors

Projects and thesis
Title , abstract, date of completion

Please write comments and suggestions:	concerns page n°

Credit Score (year one):	
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LOGBOOK- YEAR TWO (DATES:.....-.....)

A. OPEN SURGERY

1. KIDNEY and upper urinary tract	00	AS	SS	S
1. Nephrectomy: <ul style="list-style-type: none"> • non-tumour • tumour <ul style="list-style-type: none"> o Wilms o Neuroblastoma • Other Nephroureterectomy				
2. Partial nephrectomy Heminephrectomy				
3. Pyelolithotomy Nephrolithotomy				
4. Open nephrostomy Open biopsy Nephropexy				

5. Pyeloplasty - Neonatal - Other ages Ureterocalycostomy				
6. Other reconstructive surgery in a congenitally anomalous kidney or injured kidney				
7. Other				
TOTAL OPEN KIDNEY				

2. URETER	OO	AS	SS	S
1. Ureterotomy-ureterolithotomy Uretero-ureterostomy Transuretero-ureterostomy Ureterectomy				
2. Uretero-neocystostomy (N° ureters) - Extravesical - Intravesical - Psoas Hitch Remodelling of megaureter (N° ureters)				
3. Surgery for ureteral duplication Excision of a ureterocoele				
4. External urinary diversion (all) Internal urinary diversion (all) Revision urinary diversion				
5. Other				
TOTAL OPEN URETER				

3. BLADDER	OO	AS	SS	S
1. Augmentation cystoplasty <ul style="list-style-type: none"> • Intestinal • Gastric • Ureteral • Autoaugmentation • Others Mitrofanoff Procedure Radical cystectomy Bladder substitution (replacement) Urinary undiversion				
2. Diverticulectomy Excision urachal cyst/tumour Cystotomy/Cystostomy				
3. Exstrophy repair Cloacal malformation Fistula (all types) Traumatic lesions				

4. Incontinence surgery <ul style="list-style-type: none"> • Bladder neck plasty • Sling • Artificial urinary sphincter • Closure of bladder neck • Urethral lengthening techniques 				
5. Other				
TOTAL OPEN BLADDER				

4 . URETHRA	OO	AS	SS	S
1. Urethroplasty (all, except hypospadias)				
2. Hypospadias <ul style="list-style-type: none"> • Distal • Penile • Penoscrotal • - • Chordee repair alone • Fistula repair 				
4. Epispadias <ul style="list-style-type: none"> • Glandular • Penile • Penopubic 				
4. Other				
TOTAL OPEN URETHRA				

5. MALE EXTERNAL GENITALIA	OO	AS	SS	S
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<p>1. Penis</p> <ul style="list-style-type: none"> • circumcision • preputial plasty • buried penis • penoscrotal web • penoscrotal transposition • priapism • congenital penile curvature • other 				
<p>2. Testis</p> <ul style="list-style-type: none"> • radical orchiectomy (cancer) • • inguinal orchiopexy • two stage orchiopexy • Reduction of torsion • other 				
<p>3. Epididymis, spermatic cord, scrotum</p> <ul style="list-style-type: none"> • <p>varicocele</p> <ul style="list-style-type: none"> • varicocelectomy • microsurgery 				

<ul style="list-style-type: none"> • sclerotherapy scrotum excision (total/partial) other				
4. OTHER				
TOTAL	MALE	EXTERNAL		
GENITALIA				

6. RETROPERITONEUM / NODES / VASCULAR PROC.	OO	AS	SS	S
1. Retroperitoneum <ul style="list-style-type: none"> • adrenal surgery • retroperitoneal tumour 				
2. Nodes <ul style="list-style-type: none"> • paraaortic • retroperitoneal node dissection • pelvic node dissection • inguinal node dissection • other 				
3. Vascular procedures <ul style="list-style-type: none"> • cavotomy for tumour thrombus • microvascular orchidopexy • other 				
TOTAL RP / NODES / VASCULAR				

7. OTHER	OO	AS	SS	S

1. Laparotomy (exploratory) Herniorrhaphy				
2. Vaginoplasty Clitoroplasty				
3. Other				
TOTAL OTHER OPEN PROCEDURES				

B. RENAL INSUFFICIENCY

1. Renal transplantation	OO	AS	SS	S
1. transplantation				
2. donor nephrectomy transplant nephrectomy revision				
3. dialysis surgery CAPD • catheter placement • revision vascular access for dialysis				
4. other				
TOTAL TRANSPLANT				

C. ENDOSCOPIC SURGERY

1. PERCUTANEOUS UPPER TRACT : KIDNEY/URETER	OO	AS	SS	S
stone				
stricture / UPJ obstruction				
other				
2. RETROGRADE UPPER TRACT : KIDNEY/URETER				
stone				
stricture (dilation, incision)				
internal stents				
other				
3. BLADDER				
TUR tumour/ biopsy				
Stone / foreign body				
Injection therapy for reflux				
Bladder neck injection				
other				
4. URETHRA				
internal urethrotomy				
TUR posterior urethral valves				
other				

5. LAPAROSCOPY AND RETROPERITONEOSCOPY				
Testis				
varicocele				
Kidney and upper urinary tract				
bladder / other				
6. OTHER				
TOTAL ENDOSCOPIC PROCEDURES				

D. DIAGNOSTIC and MINOR PROCEDURES

	OO	AS	SS	S
1. DIAGNOSTIC ENDOSCOPY urethro/cystoscopy ureteral catheterization urethral dilation other				
2. ULTRASOUND STUDIES all sites,				
3. INTERVENTIONAL URO-RADIOL. PROCEDURES percutaneous nephrostomy percutaneous renal biopsy percutaneous cystostomy				
4. Extracorporeal shock wave lithotripsy ESWL kidney ureter bladder				
5. URODYNAMICS urodynamic studies (except flow) radio-urodynamic studies biofeedback therapy				

6. OTHER peritoneal catheter placement central line placement				
TOTAL DIAGNOSTIC & MINOR PROCEDURES				

CONSOLIDATED EXPERIENCE : TOTALS

TYPE EXPERIENCE	ORGAN	Total N° of operations			
		OO	AS	SS	S
A. OPEN SURGERY	1. kidney				
	2. ureter				
	3. bladder				
	4. urethra				
	5. external genitalia				
	6. r-p, nodes, vascular				
	7. other				
	TOTAL OPEN				
B. TRANSPLANTATION	1. transplantation				
	2. donor nephrectomy				
	3. dialysis surgery				
	4. other				
	TOTAL TRANSPLANTATION				
C. ENDOSCOPIC	1. percutaneous				

SURGERY	upper tract				
	2. retrograde upper tract				
	3. bladder				
	4. urethra				
	5. laparoscopic				
	6. other				
	TOTAL ENDOSCOPIC				
D. DIAGNOSTIC & MINOR PROCEDURES	1. endoscopy				
	2. ultrasounds				
	3. interventional uro-radiol. procedures				
	4. ESWL				
	5. urodynamic studies				
	6. other				
	TOTAL DIAGNOSTIC				

Operative Log

Date	Hosp #	Diagnosis	Operation	Code	Status	Comments
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Record of educational scientific meetings attended.

DATES	NAME OF MEETING	PARTICIPATION	ORGANIZATION CERTIFICATE

List of scientific presentations, publications, projects

Presentations: Title , authors , scientific meeting presented.

Publications

Title , authors , source

Unpublished Work
Title , authors

Projects and thesis
Title , abstract, date of completion

Please write comments and suggestions:	concerns page n°

Credit Score (year two):	
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LOGBOOK- YEAR THREE (DATES:.....-.....)

A. OPEN SURGERY

1. KIDNEY and upper urinary tract	00	AS	SS	S
1. Nephrectomy: <ul style="list-style-type: none">• non-tumour• tumour<ul style="list-style-type: none">o Wilmso Neuroblastoma• Other Nephroureterectomy				
2. Partial nephrectomy Heminephrectomy				
3. Pyelolithotomy Nephrolithotomy				
4. Open nephrostomy Open biopsy Nephropexy				

5. Pyeloplasty - Neonatal - Other ages Ureterocalycostomy				
6. Other reconstructive surgery in a congenitally anomalous kidney or injured kidney				
7. Other				
TOTAL OPEN KIDNEY				

2. URETER	OO	AS	SS	S
1. Ureterotomy-ureterolithotomy Uretero-ureterostomy Transuretero-ureterostomy Ureterectomy				
2. Uretero-neocystostomy (N° ureters) - Extravesical - Intravesical - Psoas Hitch Remodelling of megaureter (N° ureters)				
3. Surgery for ureteral duplication Excision of a ureterocoele				
4. External urinary diversion (all) Internal urinary diversion (all) Revision urinary diversion				
5. Other				
TOTAL OPEN URETER				

3. BLADDER	OO	AS	SS	S
1. Augmentation cystoplasty <ul style="list-style-type: none"> • Intestinal • Gastric • Ureteral • Autoaugmentation • Others Mitrofanoff Procedure Radical cystectomy Bladder substitution (replacement) Urinary undiversion				
2. Diverticulectomy Excision urachal cyst/tumour Cystotomy/Cystostomy				
3. Exstrophy repair Cloacal malformation Fistula (all types) Traumatic lesions				

4. Incontinence surgery <ul style="list-style-type: none"> • Bladder neck plasty • Sling • Artificial urinary sphincter • Closure of bladder neck • Urethral lengthening techniques 				
5. Other				
TOTAL OPEN BLADDER				

4 . URETHRA	OO	AS	SS	S
1. Urethroplasty (all, except hypospadias)				
2. Hypospadias <ul style="list-style-type: none"> • Distal • Penile • Penoscrotal • - • Chordee repair alone • Fistula repair 				
5. Epispadias <ul style="list-style-type: none"> • Glandular • Penile • Penopubic 				
4. Other				
TOTAL OPEN URETHRA				

5. MALE EXTERNAL GENITALIA	OO	AS	SS	S
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<p>1. Penis</p> <ul style="list-style-type: none"> • circumcision • preputial plasty • buried penis • penoscrotal web • penoscrotal transposition • priapism • congenital penile curvature • other 				
<p>2. Testis</p> <ul style="list-style-type: none"> • radical orchiectomy (cancer) • • inguinal orchiopexy • two stage orchiopexy • Reduction of torsion • other 				
<p>3. Epididymis, spermatic cord, scrotum</p> <ul style="list-style-type: none"> • <p>varicocele</p> <ul style="list-style-type: none"> • varicocelectomy • microsurgery 				

<ul style="list-style-type: none"> • sclerotherapy scrotum excision (total/partial) other				
4. OTHER				
TOTAL	MALE	EXTERNAL		
GENITALIA				

6. RETROPERITONEUM / NODES / VASCULAR PROC.	OO	AS	SS	S
1. Retroperitoneum <ul style="list-style-type: none"> • adrenal surgery • retroperitoneal tumour 				
2. Nodes <ul style="list-style-type: none"> • paraaortic • retroperitoneal node dissection • pelvic node dissection • inguinal node dissection • other 				
3. Vascular procedures <ul style="list-style-type: none"> • cavotomy for tumour thrombus • microvascular orchidopexy • other 				
TOTAL RP / NODES / VASCULAR				

7. OTHER	OO	AS	SS	S

1. Laparotomy (exploratory) Herniorrhaphy				
2. Vaginoplasty Clitoroplasty				
3. Other				
TOTAL OTHER OPEN PROCEDURES				

B. RENAL INSUFFICIENCY

1. Renal transplantation	OO	AS	SS	S
1. transplantation				
2. donor nephrectomy transplant nephrectomy revision				
3. dialysis surgery CAPD • catheter placement • revision vascular access for dialysis				
4. other				
TOTAL TRANSPLANT				

C. ENDOSCOPIC SURGERY

1. PERCUTANEOUS UPPER TRACT : KIDNEY/URETER	OO	AS	SS	S
stone				
stricture / UPJ obstruction				
other				
2. RETROGRADE UPPER TRACT : KIDNEY/URETER				
stone				
stricture (dilation, incision)				
internal stents				
other				
3. BLADDER				
TUR tumour/ biopsy				
Stone / foreign body				
Injection therapy for reflux				
Bladder neck injection				
other				
4. URETHRA				
internal urethrotomy				
TUR posterior urethral valves				
other				

5. LAPAROSCOPY AND RETROPERITONEOSCOPY				
Testis				
varicocele				
Kidney and upper urinary tract				
bladder / other				
6. OTHER				
TOTAL ENDOSCOPIC PROCEDURES				

D. DIAGNOSTIC and MINOR PROCEDURES

	OO	AS	SS	S
1. DIAGNOSTIC ENDOSCOPY urethro/cystoscopy ureteral catheterization urethral dilation other				
2. ULTRASOUND STUDIES all sites,				
3. INTERVENTIONAL URO-RADIOL. PROCEDURES percutaneous nephrostomy percutaneous renal biopsy percutaneous cystostomy				
4. Extracorporeal shock wave lithotripsy ESWL kidney ureter bladder				
5. URODYNAMICS urodynamic studies (except flow) radio-urodynamic studies biofeedback therapy				

6. OTHER peritoneal catheter placement central line placement				
TOTAL DIAGNOSTIC & MINOR PROCEDURES				

CONSOLIDATED EXPERIENCE : TOTALS

TYPE EXPERIENCE	ORGAN	Total N° of operations			
		OO	AS	SS	S
A. OPEN SURGERY	1. kidney				
	2. ureter				
	3. bladder				
	4. urethra				
	5. external genitalia				
	6. r-p, nodes, vascular				
	7. other				
	TOTAL OPEN				
B. TRANSPLANTATION	1. transplantation				
	2. donor nephrectomy				
	3. dialysis surgery				
	4. other				
	TOTAL TRANSPLANTATION				
C. ENDOSCOPIC	1. percutaneous				

SURGERY	upper tract				
	2. retrograde upper tract				
	3. bladder				
	4. urethra				
	5. laparoscopic				
	6. other				
	TOTAL ENDOSCOPIC				
D. DIAGNOSTIC & MINOR PROCEDURES	1. endoscopy				
	2. ultrasounds				
	3. interventional uro-radiol. procedures				
	4. ESWL				
	5. urodynamic studies				
	6. other				
	TOTAL DIAGNOSTIC				

Operative Log

Date	Hosp #	Diagnosis	Operation	Code	Status	Comments
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Record of educational scientific meetings attended.

DATES	NAME OF MEETING	PARTICIPATION	ORGANIZATION CERTIFICATE

List of scientific presentations, publications, projects

Presentations: Title , authors , scientific meeting presented.

Publications

Title , authors , source

Unpublished Work
Title , authors

Projects and thesis
Title , abstract, date of completion

Please write comments and suggestions:	concerns page n°

Credit Score (year three):	
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