Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Urology (Urology)

Initial approval:
I. Introduction

I.A. Definition and Scope of Specialty

Fellowship education in pediatric urology is structured to develop competence in the diagnosis, management, and treatment of fetal, perinatal, childhood, pre-adolescent, and adolescent genitourinary and adrenal abnormalities and diseases, and the promotion of health with prevention of disease. This education includes experience with fetal and genetic evaluation; pediatric endocrinology; issues of renal disease, such as chronic renal insufficiency and transplantation; congenital and acquired neurological diseases affecting the urinary tract, such as spina bifida and neurogenic bladder; treatment and management of congenital genitourinary abnormalities and reconstructive urology across all ages.

I.B. Duration of Education

I.B.1. The educational program in pediatric urology must be 12 or 24 months in length.

II. Institutions

II.A. Sponsoring Institution

II.A.1. A fellowship in pediatric urology must and function as an integral part of ACGME-I-accredited residency in urology.

II.A.2. The program must be based at a children's hospital or a medical center with pediatric medical, surgical, and imaging capabilities.

II.B. Participating Sites

II.B.1. Assignments at participating sites must be for a minimum of one month to ensure a quality educational experience and must provide sufficient opportunity for continuity of care.

III. Program Personnel and Resources

III.A. Program Director

III.A.1. The program director must be meaningfully involved in the associated urology residency program.

III.A.2. The program director must review all fellows’ ACGME-I Case Logs quarterly.

III.A.2.a) The review should be conducted to ensure that each graduating fellow performs the minimum number of essential operative cases and case categories as established by the Review Committee-International.
III.A.2.b) All operative procedures in which the pediatric urology fellow acts as a surgeon, assistant, or teaching assistant should be separately documented.

III.B. Faculty

III.B.1. In addition to the program director, there must be a minimum of one core pediatric urology faculty member for each pediatric urology fellow enrolled in the program.

III.C. Other Program Personnel

III.C.1. See International Subspecialty Foundational Requirements, Section III.C.

III.D. Resources

III.D.1. The program should have technologically current and pediatric-specific diagnostic and treatment facilities suitable for the care of pediatric patients, including:

III.D.1.a) anesthesia and pain management;

III.D.1.b) body-imaging and urodynamics equipment; and,

III.D.1.c) interventional radiology.

III.D.2. The program must ensure adequate space and equipment for the educational program, including meeting rooms and classrooms, educational aides, and sufficient office space for fellows and staff members.

III.D.3. The program must see a broad spectrum of urologic disease, and a sufficient volume and variety of pediatric urology surgical procedures.

III.D.3.a) There must be a minimum of 500 pediatric urological procedures performed each year.

III.D.3.b) There must be a minimum of 2,000 pediatric urologic outpatient visits per year, including urology subspecialty clinics.

III.D.4. The Sponsoring Institution must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the fellows’ education without compromising the quality of resident education in the core urology program.

IV. Fellow Appointments

IV.A. Eligibility Criteria

IV.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in urology or possess qualifications acceptable to the Sponsoring Institution’s Graduate Medical
IV.B. Number of Fellows

See International Subspecialty Foundational Requirements, Section III.B.

V. Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

V.A.1. Didactic conferences must reflect patient evaluation and include:

V.A.1.a) morbidity and mortality;

V.A.1.b) multidisciplinary urological imaging review; and,

V.A.1.c) journal review.

V.A.2. A faculty member must supervise each conference.

V.A.3. A list of conferences must be maintained and must include the date, conference topic, the name of the presenter(s), and the names of the faculty members and fellows present at each.

V.B. Clinical Experience

V.B.1. Clinical education must consist of 12 or 24 consecutive months of pediatric urology.

V.B.2. Fellows must work in multidisciplinary teams to learn a wide range of clinical pediatric urology.

V.B.3. Fellows should attend a minimum of four clinic sessions per month.

V.C. Fellows’ Scholarly Activities

V.C.1. Dedicated research time must not occur during the accredited clinical program.

V.C.2. Fellows should participate in other forms of scholarly activity, such as manuscript preparation, lectures, teaching activities, abstracts, quality improvement projects, and research project preparation or project completion.

V.D. The Learning and Working Environment

See International Subspecialty Foundational Requirements, Section VI.

VI. ACGME-I Competencies
VI.A.  Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

VI.A.1. Fellows must demonstrate competence in:

VI.A.1.a) multidisciplinary management of myelomeningocele and other neuropathic bladder entities;

VI.A.1.b) multidisciplinary management of patients with problems relating to sexual development and medical aspects of disorders of sex development (DSD) states;

VI.A.1.c) multidisciplinary management of patients with urologic tumors;

VI.A.1.d) multidisciplinary management of nephrological and endocrinologic (adrenal) disease;

VI.A.1.e) multidisciplinary management of patients with urologic trauma;

VI.A.1.f) management of genitourinary infections; and,

VI.A.1.g) performance of prenatal and postnatal genetic counseling for genitourinary tract anomalies.

VI.A.2. Fellows must demonstrate competence in all surgical aspects of pediatric urology, logging cases in the ACGME-I Case Log System, including:

VI.A.2.a) conducting inpatient and outpatient consultations requiring management of pediatric urologic disease, with graded responsibility for patient care;

VI.A.2.b) using imaging modalities specific to the care of pediatric patients, including ultrasonography, fluoroscopy, computed tomography, magnetic resonance imaging, and nuclear scintigraphy;

VI.A.2.c) performing and evaluating urodynamic studies; and,

VI.A.2.d) managing pre- and post-operative treatment of severely ill neonates, children, pre-adolescents, and adolescents with
genitourinary problems who require intensive medical care
(i.e., neonatal or pediatric intensive care unit management).

VI.B. Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

VI.B.1. Fellows must demonstrate the ability to integrate knowledge of the following into care of the pediatric urology patient:

VI.B.1.a) pediatric diseases and diagnoses, including:

VI.B.1.a).(1) acute and chronic renal diseases;

VI.B.1.a).(2) endocrinology; and,

VI.B.1.a).(3) nephrology.

VI.B.1.b) quality and patient safety measures;

VI.B.1.c) imaging of the pediatric genitourinary tract with a focus on radiation and imaging safety risks; and,

VI.B.1.d) pharmacology and the safe use of commonly used agents.

VI.C. Practice-based Learning and Improvement

VI.C.1. Fellows must 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.

VI.D. Interpersonal and Communication Skills

VI.D.1. Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

VI.E. Professionalism

VI.E.1. Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

VI.F. Systems-based Practice

VI.F.1. Fellows must 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.