

Resident Operative Experience Report

Program ID: 4853812022 Program Name: Nationwide Children's Hospital/Ohio State University
 For All Attendings at All Institutes
 Douglas . Storm
 For Procedures in All Years For All Resident Roles
 For All CPTs in All Areas and All Types including All Techniques
 Done Between 7/1/2008 And 9/30/2008

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Pediatric						
Bladder Augmentation	3	0	0	0	0	3
Cystoscopy	99	0	0	0	0	99
ESWL	0	0	0	0	0	0
Female Incontinence, All Categories	0	0	0	0	0	0
Hydrocelectomy, Herniorrhaphy	21	0	0	0	0	21
Hypospadias	54	0	0	0	0	54
Lymphadenectomy, Pelvic	0	0	0	0	0	0
Lymphadenectomy, Retroperitoneal	0	0	0	0	0	0
Orchiopexy, All Categories	47	0	0	0	0	47
Penile Surgery (excluding circumcision)	0	0	0	0	0	0
Percutaneous Renal Surgery	1	0	0	0	0	1
Prostatectomy, Radical, All Categories	0	0	0	0	0	0
Pyeloplasty	3	0	0	0	0	3
Radical Cystectomy	0	0	0	0	0	0
Renal Surgery, Partial or Total Nephrectomy	10	0	0	0	0	10
Scrotal Surgery	30	0	0	0	0	30
Transrectal Ultrasound/Prostate Biopsy	0	0	0	0	0	0
Transurethral Prostate Surgery	0	0	0	0	0	0
Transurethral Resection Bladder Tumor	0	0	0	0	0	0
Ureteroneocystostomy	14	0	0	0	0	14
Ureteroscopy	6	0	0	0	0	6
Urethroplasty/Urethral Surgery	12	0	0	0	0	12
Urinary Diversion, All Types	4	0	0	0	0	4
Total	304	0	0	0	0	304
Miscellaneous						
Miscellaneous	169	0	0	0	0	169
Total	169	0	0	0	0	169
Procedure Totals	473	0	0	0	0	473
Techniques						
Laparoscopy	16	0	0	0	0	16
Total	16	0	0	0	0	16

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Signature of Resident:

Signature of Program Director:

Date: _____

Date: _____

NOTE: The Program Director is responsible for validating the accuracy of the data in this record.
Records signed by both the resident and Program Director must be kept on file in the Program Office.
Records sent to the Residency Review Committee Office MUST be signed by the Program Director.