

# 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 10/01/2008 And 12/31/2008

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Pediatric</b>						
Bladder Augmentation	0	0	0	0	0	0
Cystoscopy	54	0	0	0	0	54
ESWL	0	0	0	0	0	0
Female Incontinence, All Categories	1	0	0	0	0	1
Hydrocelectomy, Herniorrhaphy	14	0	0	0	0	14
Hypospadias	27	0	0	0	0	27
Lymphadenectomy, Pelvic	2	0	0	0	0	2
Lymphadenectomy, Retroperitoneal	0	0	0	0	0	0
Orchiopexy, All Categories	20	0	0	0	0	20
Penile Surgery (excluding circumcision)	1	0	0	0	0	1
Percutaneous Renal Surgery	1	0	0	0	0	1
Prostatectomy, Radical, All Categories	0	0	0	0	0	0
Pyeloplasty	1	0	0	0	0	1
Radical Cystectomy	0	0	0	0	0	0
Renal Surgery, Partial or Total Nephrectomy	5	0	0	0	0	5
Scrotal Surgery	6	0	0	0	0	6
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	11	0	0	0	0	11
Ureteroscopy	6	0	0	0	0	6
Urethroplasty/Urethral Surgery	12	0	0	0	0	12
Urinary Diversion, All Types	6	0	0	0	0	6
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>
<b>Miscellaneous</b>						
Miscellaneous	71	0	0	0	0	71
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>
<b>Procedure Totals</b>	<b>238</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>238</b>
<b>Techniques</b>						
Laparoscopy	11	0	0	0	0	11
<b>Total</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>

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Year 1	Year 2	Year 3	Year 4	Year 5	Total
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Signature of Resident:

Signature of Program Director:

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\_\_\_\_\_

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.