THE AMERICAN BOARD OF UROLOGY, INC.
2018 CERTIFICATION EXAMINATION PROCESS
MANDATORY FORMAT FOR PREPARING PRACTICE CASE LOGS

All logs are due July 1. Courier service is recommended for guaranteed delivery. Logs received after July 1st must include a $750 late fee. No logs will be accepted after July 15. Retain a copy for your records: The Board office disposes of logs after successful completion of certification. Your practice log must be six (6) consecutive months in length between April 1, 2016 and June 30, 2017. DO NOT SEND hospital computer printouts or include diagnosis/procedure codes in Lists 2, 3, and 4. **If you have been previously deferred due to submission of an inadequate log you must re-submit your prior log along with your current submission and include all case numbers in your summary.

FOUR SEPARATE lists on 8 1/2 x 11" paper are required. All lists except List 1 must be typed using a font size no smaller than 10-point. A Practice Log Verification/Notarization Statement for all four lists is attached: It must be signed and your signature must be notarized.

LIST 1: PROCEDURES SUMMARY. One master summary list of procedures performed, including every setting and facility, for which you were the primary urologist. Complete the attached form. Procedures summarized on this form must reflect all procedures from Lists 2 and 3. Note: Procedures performed by auxiliary personnel under your supervision must be included. Total the number of cases on the last page.

LIST 2: ADULT LOGS of hospital, ambulatory care facility and office procedures for which you were the primary urologist, listed separately for each setting and facility, in chronological order.

LIST 3: PEDIATRIC LOGS of hospital, ambulatory care facility and office procedures for which you were the primary urologist, listed separately for each setting and facility, in chronological order.

Please use the following MANDATORY format for Lists 2 and 3:

At the top of each page: Name of Institution, Your Name, List Number & Name (i.e., Mercy Hospital, John Smith, M.D., List No. 3—Adult Log)

<table>
<thead>
<tr>
<th>^Case Number</th>
<th>Patient Age</th>
<th>Patient Sex</th>
<th>Date (Chron. Order)</th>
<th>Diagnosis (no codes)</th>
<th>Urologic Procedure (no codes)</th>
<th>Op/Post-op Morbidity Complication/Death</th>
</tr>
</thead>
</table>

Printing the log horizontally will provide more space. If you practice adult or pediatric urology exclusively, only the pertinent list is required.

Case # refers to the numerical record used by a facility to identify a particular patient (i.e. medical record #, patient #, admission #, hospital #, etc.) Names or numbers must insure patient anonymity: Social Security Numbers and full names will not be accepted.
COMPLICATIONS NARRATIVES AND ANALYSIS INSTRUCTIONS

The Board is interested in how you approach and manage surgical complications.

1. Report all pre- and post-operative mortalities that you have experienced within 30 days of procedure since beginning practice.
2. Report all complications of Clavien Grade III or higher (see below) from your practice log.
3. Please provide a detailed narrative description of the complication and your management using the MANDATORY template indicated below. The vast majority of candidates do experience some complications and provide narratives; however, if it is your intention to claim no complications considered Grade III or higher on the table below during your practice log period, you are required to submit a signed notarized, statement to that effect.
4. In your complication narrative, indicate if you obtained any consultations during the care episode to assist with management of the complication and help with understanding why the complication occurred?
5. Describe to the board how complications are tracked and/or reported at the hospitals in which you practice. Do you regularly participate in a morbidity and mortality conference?
6. Does your hospital perform root cause analysis of major adverse events?

At the top of each page: Your name, diplomate number and institution: i.e., John Smith, M.D., #15361, Mercy Hospital

Patient's case #:
Age:
Gender:
Date of procedure:
Diagnosis:
Procedure(s) performed:

Brief description of complication:

Narrative: Detailed narrative description of one or more paragraphs that includes the following elements.

Complication analysis: 1) Definition of problem 2) Causal relationships 3) Solution(s) to prevent future events (example below)

Definition of the problem: Sepsis after transrectal prostate biopsy

Causal relationships: 1) antibiotic choice 2) antibiotic timing 3) patient education 4) risk factors (e.g. diabetes)

Statement of solutions/intervention to prevent future event: 1) improved understanding of bacterial resistance patterns 2) methods for broader coverage and/or targeted prophylaxis with rectal swabs 3) process for patient education prior to prostate biopsy 4) consideration of risk factors (e.g., age, diabetes) that increase the likelihood of sepsis
CLASSIFICATION OF SURGICAL COMPLICATIONS

Definition

Grade I Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions. Allowed therapeutic regimens are: drugs such as antiemetics, antipyretics, analgesics, diuretics, electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.

Grade II Requiring pharmacological treatment with drugs other than such allowed for Grade I complications. Blood transfusions and total parenteral nutrition are also included.

Grade III Requiring surgical, endoscopic or radiological intervention.
   Grade IIIa Intervention not under general anesthesia.
   Grade IIIb Intervention under general anesthesia.

Grade IV Life-threatening complication (including CNS complications)* requiring IC/ICU management.
   Grade IVa Single organ dysfunction (including dialysis).
   Grade IVb Multiorgan dysfunction.

Grade V Death of a patient.

*Brain hemorrhage, ischemic stroke, subarachnoidal bleeding, but excluding transient ischemic attacks, CNS, central nervous system; IC, intermediate care; ICU, intensive care unit.

Dindo et al Annals of Surgery- Volume 240, Number 2, August 2004

Send all complications narratives with your notarized Log Verification/Notarization Statement and completed Practice Breakdown no later than the practice log deadline (courier recommended for guaranteed delivery) to:

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911