

AUPO FCC Pediatric Ophthalmology & Strabismus Fellowship Exit Survey Question List

AUPO FCC
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San Francisco, CA 94109
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Fellow Information (current, post-fellowship contact information please)

01-020 -- Fellow Name
01-090 -- Day phone
01-100 -- Evening phone
01-110 -- Cell / mobile phone
01-120 -- E-Mail
01-130 -- Fellowship Start Date (Month-Year)
01-140 --
01-150 -- Fellowship End Date (Month-Year)
01-160 --
02-060 -- Ophthalmology residency affiliation:
02-070 -- Affiliated General Pediatric Program:

Program Requirements Acknowledgement

02-076 -- I have received and reviewed the AUPO FCC Pediatric Ophthalmology & Strabismus Program Requirements.

Faculty Assessment:

Did the Fellowship Program Director:

03-030 -- limit at least 75% of his/her practice to pediatric ophthalmology/strabismus?
03-040 -- maintain an active clinical practice in pediatric ophthalmology and/or strabismus at the parent institution?
03-050 -- periodically assess your experience?
03-060 -- certify satisfactory completion of training?
03-070 -- provide you, at the time of your application, an information sheet concerning approval status of fellowships and positions?
03-080 -- inform you, prior to the start of your training, whether you were in a Fellowship in compliance with AUPO-FCC requirements?
03-090 -- evaluate your performance during your fellowship?

Program Assessment:

04-020 -- Was the program at least twelve months in duration?
04-030 -- Did you spend at least six months at the parent institution?
04-040 -- Did you obtain your fellowship position through the SF Fellowship Match?
04-041 -- If you did not obtain your fellowship position through the SF Fellowship Match, please explain (required if you answered no to Question 04-040 above).
04-050 -- How many other fellows trained with you?
04-060 -- List other faculty (full-time or voluntary) who played a role in your training (list each on a new line):

Fellow. Did you:

05-020 -- receive any financial support (salary/stipend)?
05-030 -- If yes, was the support as described/expected?
05-040 -- Receive full malpractice insurance coverage?
05-041 -- Get notified by the Fellowship Director of your malpractice insurance coverage, the carrier and if the coverage is claims made that tail coverage will be included in your coverage?
05-050 -- have your medical & surgical cases supervised?
05-060 -- participate in at least six journal clubs per year which were specific to pediatric ophthalmology/strabismus?
05-070 -- prepare and present teaching conferences?
05-080 -- participate in teaching residents and/or medical students?
05-090 -- participate in ongoing research activities?
05-100 -- perform or assist in at least 75 major cases?
05-110 -- perform at least 50 strabismus cases done with AAPOS faculty supervision?
05-120 -- have adequate and appropriate clinical material? (i.e. patients for examination/treatment/discussion)
05-130 -- spend at least 20% of your time with the other AAPOS member faculty?

PROGRAM EDUCATIONAL CONTENT

Was there at least some teaching for each of the following areas (including lectures, conferences, and informal sessions all together)?

Related to Strabismus:

06-040 -- Anatomy, physiology, neuro-anatomy
06-050 -- Sensory adaptation and testing
06-060 -- Amblyopia diagnosis and treatment
06-070 -- Refraction management
06-080 -- Esodeviations and Exodeviations
06-090 -- Vertical and incomitant strabismus
06-100 -- Ophthalmoplegic syndromes
06-110 -- Surgery; primary and complex
06-120 -- Oculinum
06-130 -- Nystagmus evaluation and management including eye movement recordings (EMR)

Related to Pediatric Ophthalmology:

06-150 -- Vision development in infancy and childhood
06-160 -- Embryological basis of conditions relative to pediatric ophthalmology

06-170 -- Neonatal ophthalmology (including retinopathy of prematurity)
06-180 -- Genetics, inborn errors of metabolism, and syndromes with ocular findings
06-190 -- Electrodiagnostic testing
06-200 -- Ocular manifestations of systemic disease in children
06-210 -- Vision and learning; dyslexia
06-220 -- Vision screening
06-230 -- Treating the visually handicapped child; low vision management
06-240 -- Pediatric ocular trauma
06-250 -- Pediatric ocular tumors
06-260 -- Ultrasound, CT and MRI in pediatric ophthalmology

Related to Pediatric Ophthalmology and Vision Development:

06-280 -- External ocular disease
06-290 -- Lacrimal disorders
06-300 -- Lid disorders
06-310 -- Corneal disorders
06-320 -- Uveal disorders
06-330 -- Lens disorders
06-340 -- Pediatric glaucoma; primary and secondary
06-350 -- Retina and vitreous
06-360 -- Neuro-ophthalmology

Fellow Supporting Documentation

07-030 -- Detailed Surgical Log (Must span your entire fellowship year)
07-040 -- Provide a list of conferences/lectures you gave which indicates the precise date, title, and audience. (LIMIT - 1,500 WORDS)
07-060 -- Provide a representative weekly schedule of your activities that indicates faculty staffing and/or method(s) of supervision (if your weekly schedule underwent material change during your training, please submit multiple schedules and label them as to their period in effect).
07-070 -- Comments: Please submit a brief summary (less than 200 words) of your overall impression of your training.
07-080 -- Date of submission
07-090 -- E-Mail Please enter your email a second time (in addition to above) as your signature. It must match the email you entered in Question #01-12