

AUPO FCC Uveitis Fellowship Exit Survey Question List

AUPO FCC
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Fellow Information

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:

Program Requirements Acknowledgement

02-071 -- I have received and reviewed the AUPO FCC Uveitis Program Requirements.

Faculty Assessment

Did the Fellowship Program Director:

03-030 -- Have a practice with at least 50% devoted to Uveitis?
03-040 -- Maintain an active affiliation with the parent institution, University or residency (if applicable)?
03-050 -- Periodically assess your experience?
03-060 -- Provide you at the beginning of your Fellowship with a copy of the AUPO FCC Fellowship Program Requirements for your sub-specialty?
03-070 -- Inform you, prior to the start of your training, the salary, benefits, malpractice coverage and whether or not there were any restrictive covenants?
03-080 -- Provide an environment (office space, library, exam rooms, equipment, etc) supportive of the Fellow?
03-090 -- Have knowledge of and communicate with other Fellowship faculty members?
03-100 -- Inform you, prior to the start of your training, whether you were in a Fellowship in compliance with AUPO FCC guidelines?

Program Assessment

04-020 -- Was the program at least 12 months in duration?
04-030 -- Did you spend at least six months at the parent institution?
04-040 -- Did any program(s) contact you prior to the Match date to offer any fellowship positions?
04-050 -- IF YES PLEASE LIST PROGRAMS
04-060 -- Did you obtain your fellowship position through the San Francisco Fellowship Match?
04-070 -- If you did not obtain your fellowship position through the SF Fellowship Match, please explain (required if you answered no to Question 04-060 above).
04-080 -- How many other uveitis fellows trained with you?
04-090 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?
04-100 -- Other faculty (full-time or voluntary) who played a role in your training:
Please list one per line.
04-110 -- Did you receive a regular evaluation of your knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?
04-120 -- Did the Fellowship Director, with the participation of members of the faculty meet with you and provide you with evaluation (or feedback regarding evaluation) on a semi-annual basis?
04-130 -- Did the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program?
04-140 -- Was there a formal mechanism by which you were able to provide input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance?

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 cases supervised?
05-060 -- Prepare and present teaching conferences?
05-070 -- Participate in teaching residents and/or medical students?
05-080 -- Participate in ongoing research activities?
05-090 -- Have adequate and appropriate clinical material? (ie patients for examination/treatment/discussion)
05-100 -- Were you asked to perform excessive call or other duties not benefiting your educational experience?
05-120 -- Have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?
05-130 -- Prior to entry in the program, notified of the required length of the program, policies for vacation, duties, stipends and other forms of support?
05-140 -- Receive training in the history-taking and examination techniques of ophthalmology as it relates to the discipline of uveitis?
05-150 -- Receive training which included evaluating results of a broad variety of diagnostic techniques in ophthalmology as it relates to the practice of uveitis including the following: fluorescein angiography, ultrasonography, optical coherence tomography (OCT), perimetry, electro-diagnostic studies, and radiologic studies?
05-160 -- Receive training in the indications for, use of, and limitations of pharmacological, radiological, and surgical therapies that may be recommended for patients with uveitis related disorders? These therapies include the use of topical and regional corticosteroids (e.g. periocular and intraocular injections), oral corticosteroids, immunosuppressive drugs, and oral nonsteroidal anti-inflammatory drugs, and learn the indications for and the perioperative (i.e. pre- and post-operative) management of patients with ocular inflammation who undergo cataract surgery, glaucoma surgery, and diagnostic and therapeutic vitreoretinal procedures, even if they do not perform the surgical procedures themselves.

PROGRAM EDUCATIONAL CONTENT

Was there adequate teaching or exposure in the following areas (including cases, lectures, conferences, or informal sessions)?

Patients seen / Procedures. Did you:

06-040 -- Examine 100 new patients with uveitis and related disorders?

06-050 -- Examine 500 patients with uveitis and related disorders (new or follow-up)

06-060 -- Examine 150 Follow-up visits/examinations of patients on systemic immunosuppression, (excluding patients on prednisone only)?

06-070 -- Were you exposed to opportunities to develop new knowledge and research skills?

07-020 -- Procedure Log

07-030 -- Academic Activities Log

Provide a list of Academic Activities.

Possible Types are:

- Lecture
- Non-lecture presentation
- Attendance at a subspecialty meeting or work-shop (w/out presentation)
- Journal Club
- other

07-040 -- Research Activities Log:

Please identify the research or other academic projects on which you worked, and for each entry, please list your role in the project. Also identify any presentations or publications that resulted from each project. List only those presentations that you personally gave (or posters on which you were an author) and publications on which you were an author.

For publications, provide a complete citation, as would appear in PubMed (authors, title, Journal (if published or in press) and status for those papers not yet published (in press, in revision, submitted, or in preparation).

For presentations of research material at national/international meetings, please identify the author(s), title of presentation, name, location, and date of the meeting or publication, and sponsoring organization of the meeting.

07-050 -- Your Schedule (A representative weekly schedule of fellow activities that indicates faculty staffing and / or method(s) of supervision.)

07-051 -- Comments: Please submit a brief summary (less than 200 words) of your overall impression of your training.

07-060 -- E-Mail Please enter your email as your signature.