

# AUPO FCC Cornea External Disease Only Fellowship Application Question List

AUPO FCC  
655 Beach Street  
San Francisco, CA 94109  
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## Program Information

### Program ID

- 01-030 -- Fellowship Program Name
- 01-040 -- Affiliated Medical School or Government Training Institution
- 01-050 -- Fellowship Program Director Name
- 01-060 -- Street address (line 1)
- 01-070 -- Street address (line 2)
- 01-080 -- City
- 01-090 -- State
- 01-100 -- Zip/Postal Code
- 01-110 -- Country
- 01-120 -- Fellowship Directors Office Phone
- 01-130 -- Fellowship Directors Cell / Mobile Phone
- 01-140 -- Fellowship Directors Fax
- 01-150 -- Fellowship Directors E-Mail
- 01-160 -- Is the fellowship director a member of the Cornea Society?
- 01-170 -- Administrator / Coordinator Name
- 01-180 -- Administrator / Coordinator Email
- 01-190 -- Administrator / Coordinator Phone
- 01-200 -- Administrator / Coordinator 2 Name
- 01-210 -- Administrator / Coordinator 2 Email
- 01-220 -- Administrator / Coordinator 2 Phone

## Questions About The Institutional Organization

### Please select yes or no for ALL the items below: You must answer EACH question.

- 02-020 -- Will all clinical positions be offered through the Ophthalmology Fellowship Match (Ophthalmology)?
- 02-030 -- Is the fellowship affiliated with an ophthalmology residency program accredited by either the ACGME or the American Osteopathic Association (AOA) or Canadian equivalent?
- 02-040 -- Ophthalmology residency affiliation:
- 02-050 -- Will the fellowship program receive a letter of support from the Chairman and/or Residency Program Director of the parent Department of Ophthalmology?
- 02-060 -- Will the Department Chair, Fellowship Program Director and Residency Program Director work together and periodically meet to assure that the presence of the Cornea fellowship does not unduly draw cases, learning opportunities or funding from the residency program?

## Department Chair / Contact Information

- 02-080 -- Chair Name
- 02-090 -- Street Address (line 1)
- 02-100 -- Address (line 2)
- 02-110 -- City
- 02-120 -- State
- 02-130 -- Zip / Postal Code
- 02-140 -- Country
- 02-150 -- Office Phone
- 02-160 -- Cell Phone
- 02-170 -- Fax
- 02-180 -- Email

## Questions about the Program's Facilities and Resources

- 03-020 -- Will each Fellow receive medical liability coverage?
- 03-030 -- Does the outpatient area have at least one fully equipped examination lane for each fellow in the clinic (in addition to lanes for faculty)?
- 03-040 -- Is there access to current diagnostic equipment?
- 03-050 -- Do inpatient facilities allow access to sufficient space and beds for good patient care?
- 03-060 -- Are library, research and electronic retrieval of information from medical databases facilities available to the Fellow?

## Program Assessment / Evaluation

### Will:

- 04-030 -- the educational effectiveness of the program be evaluated in a systematic manner to ensure that the educational goals of the program have been met?
- 04-040 -- there be regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?
- 04-050 -- the Fellowship Director, with the participation of members of the faculty meet with the fellow and provide him/her with evaluation (or feedback regarding evaluation) on a semi-annual basis?
- 04-060 -- the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program?
- 04-070 -- there be a formal mechanism by which the fellow has input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance?
- 04-080 -- each fellow spend at least six months at the parent institution?
- 04-090 -- the Fellowship Director document and maintain a permanent record of evaluations for each fellow, and have it accessible to the fellow and other authorized personnel?

- 04-100 -- post-fellowship opportunities be governed by a restrictive covenant?
- 04-110 -- the fellow participate in resident and / or medical school teaching?

## Questions Concerning The Fellowship Program Director

### Will the Fellowship Program Director...

- 05-030 -- be certified by the American Board of Ophthalmology or possess appropriate equivalent educational qualifications?
- 05-040 -- have at least 5 years of post-fellowship training?
- 05-050 -- be engaged in ongoing research and/or scholarship in the area of Cornea Refractive Surgery and External Disease (or Cornea External Disease only), as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings?
- 05-060 -- be an active member in a recognized national or international organization providing continuing education in ophthalmology?
- 05-070 -- have a clinical practice to which at least 50% is dedicated to this subspecialty?
- 05-080 -- be licensed to practice medicine in the state where the institution that sponsors the program is located?
- 05-090 -- have prepared a written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes, and educational goals for each major rotation or other program assignments and respond to inquiries by the AUPO-FCC in a timely fashion?
- 05-100 -- have a well-defined written curriculum?
- 05-110 -- select fellows in accordance with institutional and departmental policies and procedures?
- 05-120 -- designate and oversee participation by the faculty?
- 05-130 -- implement fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance?
- 05-140 -- monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction?
- 05-150 -- ensure that accurate statistical and narrative descriptions of the program are developed and maintained?
- 05-160 -- Represent that certain CORE training requirements be met by other FULL TIME faculty?
- 05-170 -- Have a practice that confirms to Section III A. (1) of the Program Requirements?
- 05-180 -- Provide each fellowship applicant a statement of current standing with the AUPO-FCC (i.e., whether the program is in compliance)?
- 05-190 -- Participate and abide by all the rules established by the Ophthalmology Fellowship Match?
- 05-200 -- Certify satisfactory completion of training?
- 05-210 -- Personally supervise the implementation of the program requirements?

### Will the Fellowship Program Director have developed and maintained documentation of the following:

- 05-230 -- Institutional or inter-institutional agreements?
- 05-240 -- Fellow selection process?
- 05-250 -- Patient care statistics?

### Will the Fellowship Program Director seek prior approval from the AUPO FCC for the following:

- 05-270 -- A change in the number of fellow positions in the training program?
- 05-280 -- A change in the duration of the training period?
- 05-290 -- An extension of individual period of training greater than 3 months?

### Will the Fellowship Program Director

- 05-310 -- periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program?
- 05-320 -- periodically evaluate the program's financial and administrative support?
- 05-330 -- periodically evaluate the volume and variety of patients available for educational purposes?
- 05-340 -- periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows?
- 05-350 -- ensure that attending physicians, who supervise fellows, have sufficient experience for the severity and complexity of the patient's condition?

## Faculty Questions

- 06-020 -- Is there at least one faculty member, who may be the Fellowship Program Director, for each approved fellowship position?

**For EACH of the faculty, please enter their name including academic rank or title, status, role. Please demonstrate that faculty are currently active through Publications and Research Presentations in the respective form fields below. Selecting appropriate content from each faculty member's CV is acceptable - but do NOT send the entire CV.**

**Submit only the information requested. Please limit the information to the last 5 years.**

- 06-040 -- Faculty Member - Names and Academic Titles
- 06-050 -- Faculty Member - Email
- 06-060 -- Faculty Member - Status (Please select ALL that apply. MUST select at least one)
- 06-070 -- Faculty Member - Role (Please select all educational roles filled by this faculty member. MUST select at least one)
- 06-080 -- Faculty Member - Location. (Please select the locations where this faculty member fulfills their role. MUST select at least one)
- 06-090 -- Faculty Member - Publications in major national/international peer-reviewed journals.  
(Please list up to 10 maximum over the last 5 years.)
- 06-100 -- Faculty Member - Research Presentations at major national / international meetings.  
(Please list up to 10 maximum over the last 5 years.)
- 06-101 -- Faculty Member - Medical School(s) - List institution, degrees, and dates attended.
- 06-102 -- Faculty Member - Residency(s): List institution(s) and dates.
- 06-103 -- Faculty Member - Fellowship(s): List institution(s) and dates.
- 06-104 -- Faculty Member - Academic Appointments -List the past ten years beginning with your current position, start/end dates and description of position
- 06-105 -- Faculty Member - Current professional activities/committees (limit of 10)
- 06-106 -- Faculty Member - Board Certified?
- 06-107 -- Faculty Member - If not Board Certified, explain equivalent qualifications:
- 06-108 -- Faculty Member - Active licensure (please provide which state):
- 06-109 -- Start Date (yyyy-mm-dd)

### WILL THE FACULTY:

- 06-120 -- actively participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship?
- 06-130 -- participate in journal clubs and research conferences?
- 06-140 -- actively participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?
- 06-150 -- participate in research, particularly for projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings?
- 06-160 -- provide guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research?
- 06-170 -- adhere to the Declaration of Helsinki on Rights of Research Human Subjects and to the Association for Research in Vision and Ophthalmology's Guidelines for Use of Research Animals?

### Do all faculty:

- 06-190 -- possess appropriate clinical, research and teaching skills, demonstrate a strong interest in the education of fellows, and demonstrate commitment

to their own continuing medical education and participation in scholarly activities?

06-200 -- Is there at least one other sub-specialty member certified by the ABO (or international equivalent)?

06-210 -- Will CORE training be supplied by faculty outside of the fellowship's directors own practice (e.g. refractive surgery)?

06-220 -- If "YES" above, enter on separate lines in the box below the specific essential training areas that require your program to go outside of your FULL TIME faculty.

06-230 -- have regularly scheduled, documented meetings to review the program's goals and objectives, and the program's effectiveness in achieving them?

### **Will all Faculty:**

06-250 -- be certified by the American Board of Ophthalmology, be in the process of obtaining such certification, or possess appropriate alternative educational qualifications?

06-260 -- be a member of the faculty of the sponsoring institution?

06-270 -- have fellowship training or at least one year experience or research in the practice of Cornea External Disease?

06-280 -- emphasize in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment?

### **Other Program Personnel:**

06-300 -- Are there adequate technical and clerical personnel to allow the Fellow an appropriate educational experience?

## **Questions About The Educational Program**

### **Will each Fellow:**

07-030 -- Receive a copy of the "Program Requirements for Fellowship Approval in Cornea, External Disease & Refractive Surgery'?"

07-040 -- Be exposed to a broad range of medical & surgical conditions as typified in Section V: Subheadings A - F of the Program Requirements for Fellowship Education in Cornea, External Diseases & Refractive Surgery?

07-050 -- satisfactorily complete a residency in ophthalmology that is accredited by either the ACGME or the American Osteopathic Association-accredited (or Canadian equivalent) or already be certified in ophthalmology by the ABMS (or Canadian equivalent)? OR be a graduate of a non-ACGME-accredited residency program outside of the United States or Canada?

07-060 -- Be involved in at least one research project?

07-080 -- have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?

07-090 -- prior to entry in the program, be notified of the required length of the program, policies for vacation, duties, stipends and other forms of support?

07-100 -- receive training in the history-taking and examination techniques of ophthalmology as it relates to the discipline of Cornea External Disease and Refractive Surgery (if applicable)?

07-110 -- Receive a broad exposure to other corneal procedures as outlined in Section V, Subheading C, paragraph 2 (and paragraph 4 for Refractive Surgery) of the Program Requirements for Fellowship Education in Cornea, External Diseases & Refractive Surgery?

07-120 -- Obtain the depth of training and be exposed to the variety of pathology as outlined in the Fellowship Program Requirements in an environment conducive to education and learning?

07-130 -- receive training which includes understanding the role of diagnostic techniques including biomicroscopy, specular microscopy, corneal topography/tomography, vital stains of the ocular surface, corneal biopsy techniques and interpretation, and corneal pachymetry, also, special ophthalmic examination techniques (e.g. ultrasound, specular microscopy, and corneal topography/tomography)?

### **Meet the minimum number of patients seen/procedures performed as follows:**

07-150 -- Be involved in minimally 2,000 sub-specialty patient encounters under direct supervision?

07-160 -- Participate as primary or assistant surgeon in at least fifty (50) corneal transplants

07-170 -- Be the primary surgeon in at least twelve (12) corneal transplants?

### **Didactic Components. Will:**

07-210 -- the fellows have documentation for participation in a minimum of 50 didactic lectures, journal clubs and clinical conferences in Cornea Refractive Surgery and External Disease (or Cornea External Disease only), which include case presentations?

07-220 -- Attend at least 50 hours of didactic instruction?

07-230 -- an attending physician be available to the Fellow at all times?

07-240 -- the fellow be protected from being required regularly to perform excessively difficult or prolonged duties?

07-250 -- the fellow participate in the evaluation of research findings?

07-260 -- the fellow be exposed to opportunities to develop new knowledge and research skills?

07-270 -- Fellow Schedule (A representative weekly schedule of fellow activities that indicates faculty staffing and / or method(s) of supervision.)

### **Will there be at least some teaching in the following areas?**

07-290 -- Penetrating keratoplasty

07-300 -- Lamellar keratoplasty

07-310 -- Other transplant procedures (e.g. DLEK, ALTK, etc.)

07-320 -- Keratoprosthesis

07-330 -- Pterygium surgery

07-340 -- Stem cell, conjunctival grafting, AMT transplants

07-350 -- Repair of corneal perforations

## **Preparer's Information**

### **This application has been completed and submitted by:**

08-120 -- Preparer's Name

08-130 -- Office phone

08-140 -- Fax

08-150 -- E-Mail

08-160 -- Date of submission

08-170 -- Is there anything in your submission that needs further explanation? Enter your brief comments here:

## **Electronic Signature**

**As Fellowship Program Director, I certify to the best of my ability, that the foregoing information is an accurate reflection of this proposed program and that all of the listed participating faculty have reviewed the application for verity and agree to participate. (enter your name)**

08-191 -- Fellowship Director Name

08-200 -- E-mail address

08-210 -- E-mail address (again as your signature)

08-220 -- Institution's Name