

# AUPO FCC Cornea (External Disease only) Fellowship Exit Survey Question List

AUPO FCC  
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## Fellow Information (current, post-fellowship contact information please)

01-020 -- Fellow Name  
01-030 -- Street address (line 1)  
01-040 -- Street address (line 2)  
01-050 -- City  
01-060 -- State  
01-070 -- Zip/Postal Code  
01-080 -- Country  
01-090 -- Day phone  
01-100 -- Evening phone  
01-110 -- Cell / mobile phone  
01-120 -- E-Mail  
01-130 -- Fellowship Start Month  
01-140 -- Fellowship Start Year  
01-150 -- Fellowship End Month  
01-160 -- Fellowship End Year

## Program Information

02-020 -- Program ID  
02-030 -- Parent Institution Name  
02-040 -- Affiliated Medical School or Government Training Institution  
02-050 -- Fellowship Program Director  
02-060 -- Ophthalmology residency affiliation:

## Program Requirements Acknowledgement

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

## Faculty Assessment:

### Did the Fellowship Program Director:

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

## 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 submit your fellowship application through the SF Fellowship Match?  
04-041 -- If you did not obtain your fellowship position through the SF Fellowship Match, please explain (<span style="color:red;">required if you answered no to Question 04-040 above</span>).  
04-050 -- Did any program contact you prior to the Match date to offer any fellowship positions?  
04-060 -- IF YES PLEASE LIST PROGRAMS  
04-070 -- How many other fellows trained with you?  
04-080 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?  
04-090 -- Other faculty (full-time or voluntary) who played a role in your training:  
Please list one per line.

## Fellow. Did you:

05-050 -- Have your medical & surgical cases supervised?  
05-060 -- Attend at least 25 hours of lectures, conferences, educational seminars?  
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 -- Have adequate and appropriate clinical material? (ie patients for examination/treatment/discussion)  
05-105 -- How many Journal Clubs did you participate in?  
05-110 -- Participate as surgeon or first assistant for at least 70 Corneal Transplants performed with faculty? (e.g. Penetrating keratoplasty, endothelial keratoplasty, anterior lamellar keratoplasty)  
05-120 -- Perform as primary surgeon on at least 10 Endothelial Replacement Corneal Transplants and 15 penetrating keratoplasties with direct Faculty supervision? (To be classified as primary surgeon you must perform the trephination and cutting of the recipient cornea for a full thickness procedure and insertion and placement of the donor tissue for DSEK, DMEK)  
05-125 -- Participate in the management of postoperative complications of corneal transplants?

## PROGRAM EDUCATIONAL CONTENT

**Was there teaching or exposure (this does not have to be actual surgery) in the following areas (including cases,**

lectures, conferences, or informal sessions)?

**Operative Procedures:**

- 06-040 -- Lamellar Keratoplasty (includes DSEK, DMEK, DALK, etc)
- 06-050 -- Lamellar Keratectomy
- 06-060 -- Pterygium Surgery
- 06-070 -- AMT and/or conjunctival grafting
- 06-080 -- Repair of Corneal Perforation with adhesive
- 06-090 -- Patch grafts
- 06-100 -- Corneal and conjunctival biopsy
- 06-110 -- Limbal Stem Cell Transplantation
- 06-115 -- Ocular surface tumors (ocular surface squamous neoplasia, pigmented conjunctival lesions)
- 06-117 -- Collagen Crosslinking

**Clinical Material:**

- 06-170 -- Inflammations and Infections of the lids & lashes
- 06-180 -- Acute & Chronic conjunctivitis
- 06-190 -- Herpetic disease
- 06-200 -- Corneal ulcers
- 06-210 -- Non-infectious keratitis
- 06-220 -- Corneal dystrophies
- 06-230 -- Ectatic disorders
- 06-240 -- Allergic and Auto-immune diseases
- 06-250 -- Corneal & Conjunctival tumors
- 06-260 -- Specular or Confocal Microscopy
- 06-270 -- Corneal Topography/Tomography and anterior segment OCT
- 06-280 -- Contact Lenses and their related Disorders
- 06-285 -- IOL Complications

**Other Areas of Didactic Teaching:**

- 06-320 -- Seminars, lectures and/or basic science courses
- 06-340 -- Individual research activities
- 06-350 -- Adequate clinical, surgical and research supervision

**Fellow Supporting Documentation**

- 07-020 -- Provide a list of Journal Clubs and Conferences / Lectures.
- 07-030 -- Detailed Surgical Log  
(Must span your entire fellowship year)
- 07-040 -- Publications

A list of your papers (submitted, published or in preparation) and presentations of research material at national/international meetings, for each entry please list:

- author(s)
- title of paper or presentation
- name of meeting or publication
- location of meeting
- date of meeting

07-050 -- Fellow Schedule - A representative weekly schedule of fellow 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.

07-060 -- Comments: Please submit a brief summary (less than 200 words) of your overall impression of your training and particularly comment on the degree of and adequacy of your medical and surgical supervision..

07-070 -- 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

07-080 -- Date of submission