

# AUPO FCC Cornea (External Disease only) Fellowship Triennial Review Question List

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

### Program ID

01-030 -- Name of Program  
01-040 -- Institution of the Parent Ophthalmology Department  
01-050 -- Fellowship Director (name and degrees)  
01-060 -- Address (line 1)  
01-070 -- Address (line 2)  
01-080 -- City  
01-090 -- State  
01-100 -- Zip/Postal Code  
01-110 -- Country  
01-120 -- Office phone  
01-130 -- Cell phone  
01-140 -- Fax  
01-160 -- Administrator / Coordinator / Other Name  
01-170 -- Administrator / Coordinator / Other Office Phone  
01-180 -- Administrator / Coordinator / Other E-mail  
01-181 -- Administrator / Coordinator / Other #2 Name  
01-182 -- Administrator / Coordinator / Other #2 Office Phone  
01-183 -- Administrator / Coordinator / Other #2 E-mail

### The Fellowship

01-200 -- Number of FCC compliant fellowship positions offered during Triennial period:  
01-201 -- Total Number of fellowship positions filled during Triennial period:  
01-210 -- Duration of each position:  
01-220 -- Additional Comments:

### Questions about the Institutional Organization

02-020 -- Were all of the program's compliant positions offered through the San Francisco Ophthalmology Fellowship match?  
02-040 -- Is the program affiliated with an ophthalmology residency program accredited by either the ACGME, American Osteopathic Association or Canadian equivalent?  
02-050 -- If applicable, does the fellowship program have a letter of support from the Chair and Residency Program Director of the parent Department of Ophthalmology? (PDF of the letter is required if there is an affiliation with an ophthalmology residency program)  
02-060 -- If applicable, did the Department Chair, Fellowship Director and Residency Program Director work together and periodically meet to assure that the fellowship adheres to the AUPO FCC Cornea, External Diseases fellowship program requirements?  
02-070 -- Ophthalmology residency affiliation:  
(Enter N/A if not applicable)  
02-080 -- Cornea, External Diseases residency affiliation:  
(Enter N/A if not applicable)

### Department Chair / Contact Information

02-100 -- Chair Name  
02-110 -- Street Address (line 1)  
02-120 -- Address (line 2)  
02-130 -- City  
02-140 -- State  
02-150 -- Zip / Postal Code  
02-160 -- Country  
02-170 -- Office Phone  
02-180 -- Cell Phone  
02-190 -- Fax  
02-200 -- Email

### Program's Facilities and Resources

03-020 -- Did 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?

### Questions about Program Assessment and Evaluation

04-020 -- Was the educational effectiveness of the program evaluated in a systematic manner to ensure that the educational goals of the program were met?  
04-030 -- Was there regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?  
04-040 -- Did 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?  
04-050 -- Did the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program, and have it accessible to the fellow and other authorized personnel?  
04-060 -- Was there a formal mechanism by which the fellow had input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance?

## Program Assessment

### Questions Concerning the Fellowship Program Director

#### Does the Fellowship Program Director:

- 05-040 -- maintain certification by the American Board of Ophthalmology or possess appropriate equivalent educational qualifications?
- 05-050 -- have a current license to practice medicine in the state where the institution that sponsors the program is located?
- 05-060 -- maintain an active clinical practice in Cornea, External Diseases at the parent institution?
- 05-070 -- have at least five (5) years of post-fellowship experience?
- 05-080 -- engage in ongoing research and/or scholarship in the area of Cornea, External Diseases (and Refractive Surgery, where applicable), as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings?
- 05-090 -- have a prepared 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?
- 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 -- provide the fellow, at time of application information concerning AUPO FCC compliance of fellowships and positions?
- 05-170 -- inform the fellow prior to the start of training whether they are in a "compliant" or "non-compliant" training position?

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

- 05-190 -- Institutional or inter-institutional agreements?
- 05-200 -- Fellow selection process?
- 05-210 -- Patient care statistics?

### The AUPO FCC requires notification from the Fellowship Program Director when there are changes that impact the fellow's training program. Please answer the following related to this Triennial Review Period.

- 05-230 -- Was there a change in the number of fellow positions in the training program?
- 05-240 -- Was there a change in the duration of the training period?
- 05-250 -- Did you grant any extensions of individual periods of training greater than three months?

#### Did the Fellowship Program Director:

- 05-270 -- periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program?
- 05-280 -- periodically evaluate the program's financial and administrative support?
- 05-290 -- periodically evaluate the volume and variety of patients available for educational purposes?
- 05-300 -- periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows?
- 05-310 -- ensure that attending physicians, who supervise fellows, have sufficient experience for the severity and complexity of the patient's condition?
- 05-320 -- certify satisfactory completion of the fellow's training?

### Program Faculty. In the fields below, please demonstrate that the each faculty member is currently active in publications and research presentations. You may use excerpts from the faculty's CV within the past 5 years but please do not submit an entire CV. List the Fellowship Director FIRST

- 06-050 -- Faculty Member - Names and Academic Titles
- 06-051 -- Faculty Member - Email
- 06-062 -- 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 - List all publications in major national / international peer-reviewed journals after Jan. 1, [year] with a maximum of 10 entries.
- 06-100 -- Faculty Member - List all research presentations at major national / international meetings after Jan. 1, [year] with a maximum of 10 entries.
- 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 - Board Certified?
- 06-105 -- Faculty Member - Which Board?
- 06-106 -- Faculty Member - If not Board Certified, explain equivalent qualifications:
- 06-107 -- Faculty Member - Academic Appointments -List the past ten years beginning with your current position, start/end dates and description of position
- 06-108 -- Faculty Member - Current professional activities/committees (limit of 10)
- 06-110 -- Faculty Member - Active licensure (please provide which state):
- 06-120 -- Faculty Member - Start Date (yyyy-mm-dd)
- 06-130 -- Faculty Member - End Date (yyyy-mm-dd)

### Faculty Questions

- 07-002 -- Is there at least one faculty member, who may be the Fellowship Director, for each approved Fellowship position?
- 07-003 -- Is there at least one other faculty member with >1 year post-fellowship clinical experience?

#### Did the faculty:

- 07-020 -- actively participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship?
- 07-030 -- participate in journal clubs and research conferences?
- 07-040 -- actively participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?
- 07-050 -- 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?
- 07-060 -- provide guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research?
- 07-070 -- 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?

#### Did all faculty:

- 07-090 -- 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?
- 07-100 -- have regularly scheduled, documented meetings to review the program's goals and objectives, and the program's effectiveness in achieving them?

#### Are all faculty:

- 07-120 -- certified by the American Board of Ophthalmology, or in the process of obtaining such certification, or possess appropriate alternative educational qualifications? (only applies to faculty members participating in the fellowship's clinical care)

07-130 -- members of the faculty of the sponsoring institution?

07-140 -- emphasizing in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment?

### **Other Program Personnel:**

07-160 -- Were there adequate technical and clerical personnel to allow the Fellow an appropriate educational experience?

## **Questions About the Educational Program**

### **Did each Fellow:**

08-030 -- satisfactorily complete a residency in ophthalmology that is accredited by either the ACGME or the American Osteopathic Association (or Canadian equivalent) or were they certified in ophthalmology by the ABMS (or Canadian equivalent)? OR graduate from a non-ACGME-accredited residency program outside of the United States or Canada?

08-040 -- have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?

08-050 -- spend at least six (6) months at the parent institution?

08-060 -- prior to entry in the program, receive notification of the required length of the program, policies for vacation, duties, stipends and other forms of support?

08-070 -- attend at least six (6) journal clubs per year which included Cornea, External Disease Only or External Disease and Refractive Surgery themes?

08-080 -- attend at least 25 hours of lectures, conferences, educational seminars?

08-090 -- participate in ongoing research?

08-100 -- have their medical and surgical cases supervised?

### **Did each Fellow meet the minimum number of patients seen/procedures performed as follows:**

08-140 -- Have sufficient exposure to other Corneal procedures (e.g. pterygium, lamellar keratoplasty, conjunctiva and stem cell surgery)?

## **PROGRAM EDUCATIONAL CONTENT**

**Was there adequate teaching or exposure (this does not have to be actual surgery) in the following areas (including cases, lectures, conferences, or informal sessions)?**

### **Operative Procedures:**

08-210 -- Lamellar Keratectomy

08-220 -- Pterygium Surgery

08-230 -- AMT and/or conjunctival grafting

08-240 -- Repair of Corneal Perforation with adhesive

08-250 -- Patch grafts

### **Corneal biopsy**

08-270 -- Stem / Limbal Cell Transplantation

### **Clinical Material:**

08-310 -- Inflammations and Infections of the lids & lashes

08-320 -- Acute & Chronic conjunctivitis

08-330 -- Herpetic disease

08-340 -- Corneal ulcers

08-350 -- Non-infectious keratitis

08-360 -- Corneal dystrophies

08-370 -- Ectatic disorders

08-380 -- Allergic and Auto-immune diseases

### **Corneal & Conjunctival tumors**

08-400 -- Specular or Confocal Microscopy

08-410 -- Corneal Topography

08-420 -- Contact Lenses and their related Disorders

### **Other Areas of Didactic Teaching:**

### **Were there opportunities and/or support for the following activities?**

08-460 -- Seminars, lectures and/or basic science courses at the parent institution

08-470 -- Regional or national meetings with sub-specialty emphasis

08-480 -- Individual research activities

08-490 -- Clinical, surgical and research supervision

## **Preparer Information**

### **This application has been prepared by:**

10-020 -- Name

10-030 -- Office phone

10-040 -- Fax

10-050 -- E-Mail

10-060 -- Date of submission

10-061 -- Is there anything in your submission that needs further explanation? Enter your brief comments here.

**By entering the Fellowship Director's name and email a second time, the Fellowship Director acknowledges having reviewed and approved the information submitted on this form.<br><Br>NOTE: Your account access uses the Fellowship Director's Email on record. Entering an email that is different will require that you use that new email address when logging on in the future.**

10-080 -- Fellowship Director (name & degrees)

10-090 -- Fellowship Director's E-Mail

10-100 -- Fellowship Director's E-Mail (again, as your signature.)