

AUPO FCC Glaucoma Fellowship Exit Survey Question List

AUPO FCC
655 Beach Street
San Francisco, CA 94109
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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
- 01-140 -- Fellowship Start
- 01-150 -- Fellowship End
- 01-160 -- Fellowship End

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:

Faculty Assessment:

Did the Fellowship Program Director:

- 03-030 -- Have a practice with at least 50% devoted to the above listed sub-specialty?
- 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?
- 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?
- 03-110 -- Evaluate your performance at least semi-annually?

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 "San Francisco 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 -- Did any program(s) contact you prior to the Match date to offer any fellowship positions?
- 04-060 -- IF YES PLEASE LIST PROGRAMS
- 04-070 -- Including yourself, how many fellows trained during your fellowship year?
- 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:

- 05-020 -- Receive any financial support (salary/stipend)?
- 05-030 -- If yes, was the support as described/expected?
- 05-040 -- Receive medical liability coverage?
- 05-050 -- Have your medical & surgical cases supervised?
- 05-060 -- Prepare and present teaching conferences?
- 05-080 -- Participate in ongoing research activities?
- 05-090 -- Have adequate and appropriate clinical material? (ie patients for examination/treatment/discussion)
- 05-100 -- Receive training in the indications for and limitations of pharmacological, laser, and surgical therapies that may be recommended for patients with glaucoma and related conditions?
- 05-110 -- Receive training specific to glaucoma and related ocular and systemic conditions?
- 05-120 -- Receive training in performing evaluations, consultations, history and examinations?
- 05-130 -- Receive training in the use of specialized diagnostic testing appropriate to the subspecialty of glaucoma.
- 05-140 -- see 1000 subspecialty examinations(new and follow-ups) over 12 months?
- 05-150 -- see 150 Subspecialty new patient examinations over 12 months?
- 05-160 -- Were your call and other duties beneficial to your educational experience?
- 05-170 -- If no, please explain.
- 05-180 -- 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 during the course of your research?

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:

06-050 -- complex cataract including, small pupil, posterior synechiae, pseudoexfoliation, loose zonules and other appropriate cases or combined procedures

06-060 -- cataract procedures

06-070 -- aqueous shunts and cycloablative procedures

06-090 -- pediatric examinations under anesthesia

06-100 -- laser trabeculoplasty

06-110 -- laser iridotomy

Clinical Material:

06-130 -- tests of visual function such as color vision, confrontation, visual fields, frequency doubled perimetry

06-140 -- computerized visual field examinations

06-160 -- assessment of intraocular pressure and pachymetry

06-170 -- optic nerve photography

06-180 -- optic nerve and retinal nerve fiber layer laser-assisted digital imaging

06-190 -- gonioscopy

06-200 -- slit lamp examination

06-210 -- optic nerve examination with binocular and monocular instruments

Other Areas of Didactic Teaching:**Were there opportunities and/or support for the following activities?**

06-240 -- Did you participate in clinical conferences and lectures in glaucoma that were separate from patient care activities, including presenting cases, case discussions, grand rounds and lectures?

06-250 -- Were you involved in at least one regional or national meeting with sub-specialty emphasis?

06-260 -- Were you involved in at least one individual research activity?

06-270 -- Adequate clinical, surgical and research supervision

06-280 -- How many journal clubs specifically focused on glaucoma-related publications did you participate in?

06-290 -- Did you participate as a peer-review referee for glaucoma manuscripts submitted for publication?

06-300 -- Did you receive guidance and technical support (e.g. research design, statistical analysis) in the course of your research?

Fellow Supporting Documentation

07-020 -- Surgical Log

07-030 -- Fellow Schedule - Please list 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).

07-040 -- Comments Please submit a brief summary (less than 200 words) of your overall impression of your training.

07-050 -- E-Mail Please enter your email as your signature.

07-060 -- Date of submission