

AUPO FCC Neuro-Ophthalmology Fellowship Application Question List

AUPO FCC
655 Beach Street
San Francisco, CA 94109
Phone: (415) 561-8548
Fax: (415) 561-8531

Program Information

Program ID

- 01-030 -- Parent Institution 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 -- Office phone
- 01-130 -- Cell / mobile phone
- 01-140 -- Fax
- 01-150 -- E-Mail
- 01-180 -- Administrator / Coordinator Name
- 01-190 -- Administrator / Coordinator Phone
- 01-200 -- Administrator / Coordinator Email
- 01-210 -- Administrator / Coordinator 2 Name
- 01-220 -- Administrator / Coordinator 2 Phone
- 01-230 -- Administrator / Coordinator 2 Email

Questions About The Institutional Organization

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

- 02-020 -- Does your institution sponsor ACGME-accredited residency programs in Ophthalmology?
- 02-030 -- Does your institution sponsor ACGME-accredited residency programs in Neurology?
- 02-040 -- Does your institution sponsor ACGME-accredited residency programs in Neurosurgery?
- 02-050 -- Does your fellowship program coordinate with and enhance the residency program?
- 02-060 -- Does your institution have an adequate clinical volume, number of faculty, and other resources to support the fellowship?
- 02-070 -- If your program accepts observational fellows (e.g. ineligible for state license), will their presence negatively affect the regular fellowship experience?
- 02-080 -- Ophthalmology residency affiliation:
- 02-090 -- Will the fellowship program receive a letter of support from the Chairman and/or Residency Program Director of the parent Department of Ophthalmology or Neurology?
- 02-100 -- Will the Department Chair, Fellowship Program Director and Residency Program Director work together and periodically meet to assure that the presence of the Neuro-Ophthalmology fellowship does not unduly draw cases, learning opportunities or funding from the residency program?

Department Chair / Contact Information

- 02-120 -- Chair Name
- 02-130 -- Street Address (line 1)
- 02-140 -- Address (line 2)
- 02-150 -- City
- 02-160 -- State
- 02-170 -- Zip / Postal Code
- 02-180 -- Country
- 02-190 -- Office Phone
- 02-200 -- Cell Phone
- 02-210 -- Fax
- 02-220 -- 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 frequent neuro-imaging consultation and conferences as they apply to neuro-ophthalmology included in your program?
- 03-070 -- 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 -- the program evaluation include documentation of the extent to which educational goals of the program have been met?
- 04-050 -- the evaluation of faculty include documentation of teaching ability and commitment as well as clinical knowledge?
- 04-060 -- there be regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?
- 04-070 -- 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?
- 04-080 -- the Fellowship Director monitor the Fellow's development of knowledge, skills and professionalism and advance his/her clinical responsibilities appropriately?

- 04-090 -- the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program?
 04-100 -- 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?
 04-110 -- 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?

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 an academic appointment on the faculty of the affiliated ophthalmology or neurology residency program or affiliated institution
 05-050 -- have completed at least one year of fellowship training or the equivalent in Neuro-ophthalmology?
 05-060 -- have at least 2 years of clinical experience in neuro-ophthalmology following his/her fellowship training?
 05-070 -- be engaged in ongoing research and/or scholarship in the area of neuro-ophthalmology, as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings?
 05-080 -- be an active member in a recognized national or international organization providing continuing education in ophthalmology and/or neurology and neuro-ophthalmologic diseases?
 05-090 -- have a clinical practice consisting of at least 50% of patients who have neuro-ophthalmological disorders?
 05-100 -- be licensed to practice medicine in the state (or province) where the institution that sponsors the program is located?
 05-110 -- 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?
 05-120 -- have a well-defined written curriculum?
 05-130 -- select fellows in accordance with institutional and departmental policies and procedures?
 05-140 -- designate and oversee participation by the faculty?
 05-150 -- implement fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance?
 05-160 -- monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction?
 05-170 -- ensure that accurate statistical and narrative descriptions of the program are developed and maintained?

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

- 05-190 -- Institutional or inter-institutional agreements?
 05-200 -- Fellow selection process?
 05-210 -- Patient care statistics?
 05-220 -- Evaluations of faculty and the program?
 05-230 -- Assessment of the fellow's performance?

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

- 05-250 -- A change in the number of fellow positions in the training program?
 05-260 -- A change in the duration of the training period?
 05-270 -- An extension of individual period of training greater than 3 months?

Will the Fellowship Director

- 05-290 -- periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program?
 05-300 -- periodically evaluate the program's financial and administrative support?
 05-310 -- periodically evaluate the volume and variety of patients available for educational purposes?
 05-320 -- periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows?
 05-330 -- 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 - Academic Appointments - List the past ten years beginning with your current position, start/end dates and description of position
 06-103 -- Faculty Member - Residency(s): List institution(s), degree(s), and dates attended.
 06-104 -- Faculty Member - Fellowship(s): List institution(s) and dates.
 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 -- Faculty Member - Start Date (yyyy-mm-dd)
 06-110 -- Faculty Member - End 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

Other Faculty:

Do all faculty:

06-200 -- possess appropriate clinical, research and teaching skills?

06-210 -- demonstrate a strong interest in the education of fellows

06-220 -- demonstrate commitment to their own continuing medical education and participation in scholarly activities

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 at least one year of experience in the practice of neuro-ophthalmology or in research in neuro-ophthalmology?

06-280 -- have research faculty and scientists involved with the clinical fellowship program who are encouraged to interact with the fellows?

06-290 -- emphasize in both didactic and clinical aspects of the fellowship training, the principles of ethical and humane treatment of the American Academy of Ophthalmology and/or the American Academy of Neurology?

Other Program Personnel:

06-310 -- 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 -- 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?

07-040 -- have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?

07-050 -- 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?

07-060 -- receive an educational experience designed and supervised by the fellowship program director?

07-070 -- receive training in the history-taking and examination techniques of ophthalmology as it relates to the discipline of neuro-ophthalmology?

Will each Fellow receive training which includes evaluating results of diagnostic technology in neurology and ophthalmology including the following:

07-090 -- tests of visual function such as manual and automated perimetry, contrast sensitivity, and color vision?

07-100 -- MRI, CT, and X-ray imaging?

07-110 -- ocular electrophysiology including visual evoked potentials, electroretinography, electro-oculography, and recordings of ocular movements?

07-120 -- A-scan, B-scan, and duplex Doppler ultrasonography examinations as they may apply to neuro-ophthalmology?

Will each Fellow:

07-140 -- receive training in the indications for, uses of, and limitations of pharmacological, radiological, and surgical therapies that may be recommended for patients with neuro-ophthalmologic disorders?

07-150 -- be exposed to a broad variety of neuro-ophthalmologic disorders?

Will each Fellow meet the minimum number of patients seen/procedures performed as follows:

07-170 -- Examine a minimum of 500 Neuro-ophthalmology cases over 12 months? (inclusive of items enumerated below)?

07-180 -- 250 Complete neuro-ophthalmic examinations?

07-190 -- 1 Visual field: Manual or automated?

07-200 -- 100 Afferent visual pathway disorders (including NA-AION, A-AION, optic neuritis, optic atrophy, papilledema, compressive optic neuropathy, congenital disc anomalies, pseudotumor cerebri, optic chiasm lesions)?

07-210 -- 50 Efferent pathway disorders (including disorders of the pupil, lid, ocular motility, nystagmus)?

07-220 -- 40 Systemic disorders with neuro-ophthalmic implications (including multiple sclerosis, CPEO, thyroid, myasthenia gravis, cerebrovascular disease headache)?

Will each Fellow receive surgical experience sufficient to establish expertise and competency substantially

equivalent to fellowships in the following specific surgical subspecialties:

07-260 -- Other surgical experiences in ophthalmology pertinent to neuro-ophthalmology (specify)?

07-270 -- Explain

Didactic Components. Will:

07-290 -- the fellows have documentation for participation in lectures, journal clubs and clinical conferences in neuro-ophthalmology, which include case presentations?

07-300 -- an attending physician be available to the Fellow at all times?

07-310 -- the fellow be protected from being required regularly to perform excessively difficult or prolonged duties?

07-320 -- the fellow participate in the evaluation of research findings?

07-330 -- the fellow be exposed to opportunities to develop new knowledge and research skills?

07-340 -- Fellow Schedule (A representative weekly schedule of fellow activities that indicates faculty staffing and / or method(s) of supervision.)

Preparer's Information

08-020 -- Preparer's Name

08-030 -- Office phone

08-040 -- Fax

08-050 -- E-Mail

08-060 -- Date of submission

08-070 -- 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)

08-100 -- Fellowship Director Name

08-110 -- E-mail address

08-120 -- E-mail address (again as your signature)
08-130 -- Institution's Name