

# AUPO FCC Neuro-Ophthalmology 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
- 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:

## Program Requirements Acknowledgement

- 02-071 -- I have received and reviewed the AUPO FCC Neuro-Ophthalmology 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?
- 03-070 -- 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 -- Have knowledge of and communicate with other Fellowship faculty members?
- 03-120 -- Provide you with an evaluation assessment during your fellowship?

## 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 -- How many other fellows trained with you?
- 04-041 -- Did your fellowship program have international non-AUPO FCC fellows or observers?
- 04-042 -- If yes, did the presence of these rotating international non-AUPO FCC fellows or observers interfere to a significant degree with your educational experience or activities as an AUPO FCC fellow?
- 04-050 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?
- 04-060 -- Other faculty (full-time or voluntary) who played a role in your training: Please list one per line.

## Fellow. Did you:

- 05-040 -- Receive medical liability coverage?
- 05-051 -- Have your medical cases supervised?
- 05-060 -- Attend at least 50 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)
- 05-110 -- receive an educational experience designed and supervised by the fellowship program director?
- 05-120 -- receive training in the techniques of both neurology and ophthalmology, exposure to indirect ophthalmoscopy, use of the slit lamp and refraction including the history-taking and examination?
- 05-130 -- complete at least 250 neuro-ophthalmic examinations?
- 05-141 -- complete at least one manual or automated visual field and have a minimum of one manual or automated visual field performed on you as the fellow?
- 05-150 -- see at least 100 patients with 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)
- 05-160 -- see at least 50 patients with efferent pathway disorders? (including disorders of the pupil, lid, ocular motility, nystagmus)
- 05-170 -- see at least 40 systemic disorders with neuro-ophthalmic implications? (including multiple sclerosis, CPEO, thyroid, myasthenia gravis, cerebrovascular disease headache)
- 05-180 -- see 500 subspecialty examinations (new and follow-ups) over 12 months?
- 05-190 -- see 150 subspecialty new patient examinations over 12 months?
- 05-200 -- Were your call and other duties benefiting to your educational experience?
- 05-210 -- IF no, please explain.

## **PROGRAM EDUCATIONAL CONTENT**

### **Were you exposed to the following Clinical Material:**

06-030 -- tests of visual function such as manual and automated perimetry, contrast sensitivity, and color vision

06-040 -- MRI, CT, and X-ray imaging

06-050 -- ocular electrophysiology including visual evoked potentials, electroretinography, electro-oculography, and recordings of ocular movements

06-060 -- A-scan, B-scan, and duplex Doppler ultrasonography examinations as they may apply to neuro-ophthalmology

06-070 -- 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

06-080 -- be exposed to a broad variety of neuro-ophthalmologic disorders

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

06-100 -- Did you participate in clinical conferences and lectures in neuro-ophthalmology and ophthalmology, including presenting cases, case discussions, and lectures?

06-110 -- Were you involved in at least one regional or national meeting with subspecialty emphasis?

06-120 -- Were you involved in at least one individual research activity?

### **Fellow Supporting Documentation**

07-020 -- Detailed Journal Club

07-030 -- Publications and Presentations 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

07-040 -- Fellow Schedule - Please include 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).

07-050 -- Comments Please submit a brief summary (less than 200 words) of your overall impression of your training.

07-060 -- E-Mail Please enter your email as your signature.

07-070 -- Date of submission