

# AUPO FCC Ophthalmic Pathology 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
- 01-160 -- Administrator / Coordinator Name
- 01-170 -- Administrator / Coordinator Phone
- 01-180 -- Administrator / Coordinator Email
- 01-190 -- Administrator / Coordinator 2 Name
- 01-200 -- Administrator / Coordinator 2 Phone
- 01-210 -- 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 -- Will the program's approved positions be offered through the San Francisco Ophthalmology Fellowship Match?
- 02-030 -- Is the fellowship affiliated with an ophthalmology residency program accredited by either the ACGME or the American Osteopathic Association (AOA) or Canadian equivalent?
- 02-040 -- Ophthalmology residency affiliation:
- 02-050 -- Will the fellowship program receive a letter of support from the Chair and/or Residency Program Director of the parent Department of Ophthalmology?
- 02-060 -- Will the Department Chair, Fellowship Program Director and Residency Program Director work together and periodically meet to assure that the presence of the fellowship does not unduly draw cases, learning opportunities or funding from the residency program?

## Department Chair / Contact Information

- 02-080 -- Chair Name
- 02-090 -- Street Address (line 1)
- 02-100 -- Address (line 2)
- 02-110 -- City
- 02-120 -- State
- 02-130 -- Zip / Postal Code
- 02-140 -- Country
- 02-150 -- Office Phone
- 02-160 -- Cell Phone
- 02-170 -- Fax
- 02-180 -- Email

## Questions about the Program's Facilities and Resources

- 03-020 -- Will each Fellow receive full malpractice insurance coverage?
- 03-022 -- Will the Fellowship Director notify each fellow of his/her malpractice insurance coverage, the carrier and if the coverage is claims made that tail coverage will be included in their 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 database 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 -- there be regular evaluation of the Fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?
- 04-050 -- 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?
- 04-060 -- the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each Fellow who completes the program?
- 04-070 -- 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?
- 04-080 -- 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?
- 05-050 -- have at least 5 years of clinical experience in ophthalmic pathology following his/her fellowship training?
- 05-060 -- be engaged in ongoing research and/or scholarship as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings?
- 05-070 -- be an active member in a recognized national or international organization providing continuing education in ophthalmology?
- 05-090 -- have a clinical practice consisting of at least 50% of diagnostic ophthalmic pathology?
- 05-100 -- be licensed to practice medicine in the state 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 grievances?
- 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?

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

- 05-230 -- A change in the number of Fellow positions in the training program?
- 05-240 -- A change in the duration of the training period?
- 05-250 -- An extension of individual period of training greater than 3 months?

### Will the Fellowship 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?

## 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 - Which Board?
- 06-108 -- Faculty Member - If not Board Certified, explain equivalent qualifications:
- 06-109 -- Faculty Member - Active licensure (please provide which state):
- 06-110 -- Faculty Member - Start 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 Guidelines for Use of Research Animals?

## Other Faculty:

### Do all faculty:

- 06-200 -- 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?
- 06-210 -- have regularly scheduled, documented meetings to review the program's goals and objectives, and the program's effectiveness in achieving them?

### Will all Faculty:

- 06-230 -- be certified by the American Board of Ophthalmology?
- 06-240 -- be certified by the American Board of Pathology or be in the process of obtaining such certification, or possess appropriate alternative educational qualifications?
- 06-250 -- be a member of the faculty of the sponsoring institution?
- 06-270 -- have fellowship training or at least one year experience in the practice of ophthalmic pathology?

06-280 -- emphasize in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment?

### **Other Program Personnel:**

06-300 -- 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 (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 training in obtaining an adequate history, gross and microscopic examination of ophthalmic specimens?

### **Meet the minimum number of patients seen/procedures performed as follows:**

07-110 -- Examine a minimum of 500 cases of ophthalmic pathology specimens?

07-130 -- Examination of corneal buttons including primary transplants and re grafts; conjunctival biopsies including conjunctival neoplasms and their precursors; eyelid biopsies; orbital and soft tissue biopsies, including lacrimal gland and optic nerve; enucleation specimens for malignancy (melanoma and retinoblastoma) and for traumatized and/or blind painful eyes; vitrectomy specimens; fine needle aspiration biopsies of intraocular or orbital neoplasms; temporal artery biopsies; slides referred to the ophthalmic pathologist by a general pathologist or ophthalmic pathologist for diagnostic opinion; exenteration specimens of malignancies and infections?

### **Didactic Components. Will:**

07-200 -- the Fellows have documentation for participation in a minimum of 12 didactic lectures, journal clubs and clinical conferences in ophthalmic pathology, which include case presentations?

07-220 -- an attending physician be available to the Fellow at all times?

07-230 -- the Fellow be protected from being required regularly to perform excessively difficult or prolonged duties?

07-240 -- the Fellow participate in the evaluation of research findings?

07-250 -- the Fellow be exposed to opportunities to develop new knowledge and research skills?

07-260 -- 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