

# AUPO FCC Oncology and Pathology 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 Month
- 01-140 -- Fellowship Start Year
- 01-150 -- Fellowship End Month
- 01-160 -- Fellowship End Year

## 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 Oncology and Pathology 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 Guidelines 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?
- 04-050 -- 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:

- 05-020 -- 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 cases supervised?
- 05-060 -- Attend at least 120 hours of lectures, conferences, educational seminars, CPC's and hands on learning?
- 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 examination of patients with conjunctival and intraocular tumors?
- 05-130 -- maintain a log of attended conferences, seminars, meetings, CPCs, lectures, and hands-on learning (minimum 120 hours)?
- 05-140 -- Participate in research, including research involving CPCs, case reports, and/or basic science research?
- 05-150 -- participate in research, including research involving CPCs, case reports, electron microscopy, immunohistochemistry, confocal microscopy, molecular pathology and/or animal models?
- 05-160 -- Were your call and other duties benefiting to your educational experience?
- 05-170 -- IF no, please explain.

## PROGRAM EDUCATIONAL CONTENT

### Were you exposed to the following Clinical Material: did you?

- 06-030 -- Examine a minimum of 100 ocular oncology patients per year?

### Did these patients include:

- 06-050 -- uveal melanoma patients?
- 06-060 -- retinoblastoma patients?
- 06-070 -- intraocular lymphoma patients?
- 06-080 -- metastatic ocular tumor patients?
- 06-090 -- conjunctival dysplasia patients?
- 06-100 -- conjunctival squamous cell carcinoma patients?
- 06-110 -- conjunctival primary acquired melanosis patients?
- 06-120 -- conjunctival melanoma patients?
- 06-130 -- apply radioactive plaques for brachytherapy of ocular melanomas (minimum 10)?
- 06-140 -- examine patients under anesthesia for retinoblastoma (minimum 10)?
- 06-150 -- treat retinoblastoma with laser therapy, cryotherapy or brachytherapy (minimum 5)?
- 06-160 -- biopsy and/or excise conjunctival tumors (minimum 5)?
- 06-170 -- Examine a minimum of 500 ophthalmic pathology specimens per year?
- 06-180 -- Examine corneal buttons and conjunctival biopsies?
- 06-190 -- Examine eyelid, orbital, lacrimal gland and optic nerve biopsies?
- 06-200 -- Examine enucleation and exenteration specimens, including those for melanoma and retinoblastoma?
- 06-210 -- Examine vitrectomy and fine needle aspiration biopsy specimens?
- 06-220 -- Examine temporal artery biopsy specimens?
- 06-230 -- Examine slides for consultation?

**Other Areas of Didactic Teaching:**

- 06-250 -- prepare CPCs (minimum 2 per year) and participate in ophthalmic oncology lectures (minimum 6 per year)?
- 06-260 -- prepare CPCs (minimum 2 per year) and participate in ophthalmic pathology lectures (minimum 6 per year)?
- 06-270 -- Were you involved in at least one regional or national meeting with subspecialty emphasis?
- 06-280 -- Were you involved in at least one individual research activity?

**Fellow Supporting Documentation**

- 07-019 -- Detailed Case Log
- 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 mee
- 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
- 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