

# AUPO FCC Pediatric Ophthalmology & Strabismus Fellowship Exit Survey Question List

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

## 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 Date (Month-Year)  
01-140 --  
01-150 -- Fellowship End Date (Month-Year)  
01-160 --

## 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:  
02-070 -- Affiliated General Pediatric Program:

## Program Requirements Acknowledgement

02-076 -- I have received and reviewed the AUPO FCC Pediatric Ophthalmology & Strabismus Program Requirements.

## Faculty Assessment:

### Did the Fellowship Program Director:

03-030 -- limit at least 75% of his/her practice to pediatric ophthalmology/strabismus?  
03-040 -- maintain an active clinical practice in pediatric ophthalmology and/or strabismus at the parent institution?  
03-050 -- periodically assess your experience?  
03-060 -- certify satisfactory completion of training?  
03-070 -- provide you, at the time of your application, an information sheet concerning approval status of fellowships and positions?  
03-080 -- inform you, prior to the start of your training, whether you were in a Fellowship in compliance with AUPO-FCC requirements?  
03-090 -- evaluate your performance 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 -- Did you obtain your fellowship position through the SF Fellowship Match?  
04-041 -- If you did not obtain your fellowship position through the SF Fellowship Match, please explain (<span style="color:red;">required if you answered no to Question 04-040 above</span>).  
04-050 -- How many other fellows trained with you?  
04-060 -- List other faculty (full-time or voluntary) who played a role in your training (list each on a new 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 -- participate in at least six journal clubs per year which were specific to pediatric ophthalmology/strabismus?  
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 -- perform or assist in at least 75 major cases?  
05-110 -- perform at least 50 strabismus cases done with AAPOS faculty supervision?  
05-120 -- have adequate and appropriate clinical material? (i.e. patients for examination/treatment/discussion)  
05-130 -- spend at least 20% of your time with the other AAPOS member faculty?

## PROGRAM EDUCATIONAL CONTENT

**Was there at least some teaching for each of the following areas (including lectures, conferences, and informal sessions all together)?**

### Related to Strabismus:

06-040 -- Anatomy, physiology, neuro-anatomy  
06-050 -- Sensory adaptation and testing  
06-060 -- Amblyopia diagnosis and treatment

- 06-070 -- Refraction management
- 06-080 -- Esodeviations and Exodeviations
- 06-090 -- Vertical and incomitant strabismus
- 06-100 -- Ophthalmoplegic syndromes
- 06-110 -- Surgery; primary and complex
- 06-120 -- Oculinum
- 06-130 -- Nystagmus evaluation and management including eye movement recordings (EMR)

**Related to Pediatric Ophthalmology:**

- 06-150 -- Vision development in infancy and childhood
- 06-160 -- Embryological basis of conditions relative to pediatric ophthalmology
- 06-170 -- Neonatal ophthalmology (including retinopathy of prematurity)
- 06-180 -- Genetics, inborn errors of metabolism, and syndromes with ocular findings
- 06-190 -- Electrodiagnostic testing
- 06-200 -- Ocular manifestations of systemic disease in children
- 06-210 -- Vision and learning; dyslexia
- 06-220 -- Vision screening
- 06-230 -- Treating the visually handicapped child; low vision management
- 06-240 -- Pediatric ocular trauma
- 06-250 -- Pediatric ocular tumors
- 06-260 -- Ultrasound, CT and MRI in pediatric ophthalmology

**Related to Pediatric Ophthalmology and Vision Development:**

- 06-280 -- External ocular disease
- 06-290 -- Lacrimal disorders
- 06-300 -- Lid disorders
- 06-310 -- Corneal disorders
- 06-320 -- Uveal disorders
- 06-330 -- Lens disorders
- 06-340 -- Pediatric glaucoma; primary and secondary
- 06-350 -- Retina and vitreous
- 06-360 -- Neuro-ophthalmology

**Fellow Supporting Documentation**

- 07-030 -- Detailed Surgical Log (Must span your entire fellowship year)
- 07-040 -- Provide a list of conferences/lectures you gave which indicates the precise date, title, and audience. (LIMIT - 1,500 WORDS)
- 07-060 -- Provide 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).
- 07-070 -- Comments: Please submit a brief summary (less than 200 words) of your overall impression of your training.
- 07-080 -- Date of submission
- 07-090 -- E-Mail Please enter your email a second time (in addition to above) as your signature. It must match the email you entered in Question #01-12