

# AUPO FCC Surgical Retina & Vitreous 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 Surgical Retina & Vitreous Program Requirements Program Requirements.

## Faculty Assessment:

### Did the Fellowship Program Director:

03-030 -- Have a practice with at least 50% devoted to surgical retina?  
03-040 -- Maintain an active affiliation with the parent institution, University or residency (if applicable)?  
03-050 -- Periodically assess your experience?  
03-060 -- Monitor and assist your surgical cases?  
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 you as the Fellow?  
03-110 -- Evaluate your performance during your fellowship?

## Program Assessment:

04-020 -- Was the program at least twenty four 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 San Francisco 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 -- Did any program(s) contact you prior to the Match date to offer any fellowship positions?  
04-060 -- If yes, please list the program  
04-070 -- How many other fellows trained with you?  
04-080 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?  
04-090 -- Other faculty (full-time or voluntary) who played a role in your training:  
Please list one per line.  
04-100 -- Was there regular evaluation of your knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?  
04-110 -- Was there a formal mechanism by which you had input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance on at least an annual basis?  
04-120 -- Did the outpatient examination area have a minimum of one fully equipped lane for each fellow in the clinic?  
04-130 -- Was there access to current diagnostic equipment such as fluorescein angiography, OCT, ultrasonography, electrophysiologic studies as well as standard of care examination equipment (e.g., ophthalmoscopes, slit lamps, etc.)?  
04-140 -- Was there ready access to a major medical library as well as ready on-site access (including during nights and weekends) to a collection of ophthalmologic, retina and vitreous texts, journals and other media at all institutions participating in the fellowships?  
04-150 -- Did the fellowship director with participation of the the faculty meet with you and provide you with an evaluation (or feedback regarding evaluation) on a semi-annual basis?  
04-160 -- Did the fellowship director provide a written, final evaluation that is maintained as a permanent record for you as you completed the program?  
04-170 -- Did the operating facility include at least one operating room that is fully equipped for vitreoretinal surgery including one operating microscope with a functioning assistant scope?

## 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 appropriately supervised?  
05-060 -- Prepare and present teaching conferences?

- 05-070 -- Participate in teaching residents and/or medical students?
- 05-080 -- Participate in ongoing research activities?
- 05-090 -- Have adequate and appropriate clinical material? (i.e. patients for examination/treatment/discussion)
- 05-100 -- Were you asked to perform excessive call or other duties not benefiting your educational experience?
- 05-110 -- IF YES, Please describe

## **PROGRAM EDUCATIONAL CONTENT**

- 06-020 -- Did you receive training in the history-taking and examination techniques of ophthalmology as it relates to retinal and vitreous diseases?
- 06-030 -- Did you receive training in the indications for, use of, risks of, and limitations of pharmacologic and surgical therapies that may be recommended for patients with retina and vitreous disorders?
- 06-040 -- Did you have the opportunity to evaluate patients pre-operatively and post-operatively to establish appropriate continuity of care?

### **Operative Procedures:**

#### **Did you meet the minimum number of patients seen/procedures performed as follows:**

- 07-030 -- examine a minimum of 1000 cases of retina and vitreous related disorders over 24 months (inclusive of items enumerated below)?
- 07-040 -- examine a minimum of 100 new patients with retina and vitreous disorders?
- 07-050 -- perform diagnostic studies of the posterior segment (fluorescein angiograms, optical coherence tomograms, and ultrasounds), including minimums for each as listed?
- 07-060 -- Fluorescein angiograms and optical coherence tomograms: 100?

#### **Retina and vitreous surgical procedures:**

- 07-080 -- Scleral buckles: 20?
- 07-090 -- Vitrectomy: 100?
- 07-100 -- Posterior segment Laser: 75?
- 07-110 -- maintain a surgical log including Class 1 (primary surgeon) and Class 3 (assisting and or observing surgeon) cases?

### **Didactic Components:**

- 08-020 -- Did you participate in a minimum of 20 didactic lectures, journal clubs and clinical conferences in retina and vitreous diseases, which included case presentations?
- 08-050 -- Did you participate in the evaluation of research findings?
- 08-060 -- Were you exposed to opportunities to develop new knowledge and research skills?
- 08-070 -- Did you have a mandatory requirement to attend weekly rounds, research conferences and other program-specific didactic sessions?
- 08-080 -- Did you prepare at least 2 lectures for conferences and/or resident teaching sessions per year and 1 case presentation for retina and vitreous visiting professor conferences per year?
- 08-090 -- Did you participate in a journal club on at least a quarterly basis?
- 08-100 -- Did you attend local and regional conferences relevant to retina and vitreous diseases?

## **Fellow Supporting Documentation**

- 09-020 -- Detailed Surgical Log (Must span your entire fellowship year)
- 09-030 -- Provide a list of conferences/lectures you gave which indicates the precise date, title, and audience.
- 09-040 -- Provide a list of your papers (submitted or published) and presentations of research material at national/international meetings (for each entry please list author(s), title, and name, location and date of meeting).
- 09-050 -- Fellow Schedule - 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).
- 09-060 -- Comments  
Please submit a brief summary (less than 200 words) of your overall impression of your training.
- 09-070 -- 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
- 09-080 -- Date of submission