



**Pediatric Ophthalmology & Strabismus Fellowship
Triennial Review**

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We are on page: of 7.

- Fields marked with a red asterisk (*) are required.
- Where available, the form has been prepopulated with existing information. Please review and correct where necessary.

Note: Most fields are required so you must complete the current page in its entirety for it to be saved. Please be sure that you are prepared to complete this page before you start it.

Otherwise please [logout](#) and continue your triennial review at a later time, using the Continue your triennial review link provided in the email you received.

Depending on the number of Fellows and Faculty you entered, some pages may be lengthy. Please review the page before starting to complete it.

IMPORTANT NOTICE: This form is not intended to function as a Word processor in which to key in large amounts of data. Please have all your data assembled in digital format, ready to be copied and pasted into the form. For security reasons there is a 1 hour time-out on this page. You must submit the completed form within an hour of starting or your data will be lost.

Fellowship Program Information:

Program ID: 01108
01-02

* Name of Program
01-03

* Institution of the parent Ophthalmology Department
01-04

* Fellowship Director (name and degrees)
01-05

* Address (line 1)
01-06

Address (line 2) 01-07	<input type="text"/>
* City 01-08	<input type="text"/>
* State 01-09	<input type="text"/>
* Zip/Postal Code 01-10	<input type="text"/>
* Country 01-11	<input type="text"/>
* Office phone 01-12	<input type="text"/>
Cell phone 01-13	<input type="text"/>
Fax 01-14	<input type="text"/>
* Fellowship Coordinator Name 01-16	<input type="text"/>
* Office Phone 01-17	<input type="text"/>
* E-mail 01-18	<input type="text"/>

The Fellowship

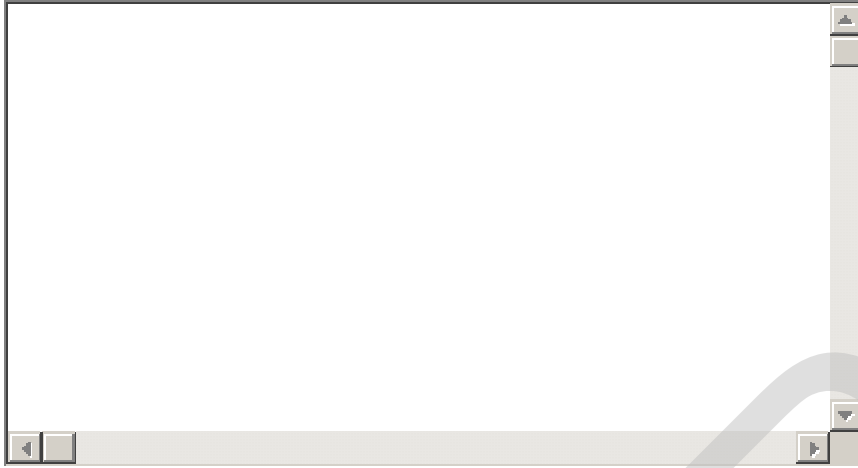
* Number of compliant fellowship positions offered during Triennial period:

01-20

Select Number:

* Duration of each position:

01-21



Additional Comments:

01-22



Questions about the Institutional Organization.

* Were all of the program's compliant positions offered through the San Francisco Ophthalmology Fellowship match?

02-02

Yes No

* Is the program affiliated with an ophthalmology residency program accredited by either the ACGME, American Osteopathic Association or Canadian equivalent?

02-03

Yes No

* Does the fellowship program have a letter of support from the Chair and Residency Program Director of the

Yes No

parent Department of Ophthalmology? (a pdf of letter will be required) 02-04	
* Did the Department Chair, Fellowship Director and Residency Program Director work together and periodically meet to assure that the fellowship adheres to the AAIPOS and AUPO FCC Pediatric Ophthalmology fellowship guidelines? 02-05	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Ophthalmology residency affiliation: 02-06	<input type="text"/>
* Pediatric residency affiliation: 02-07	<input type="text"/>
Program's Facilities and Resources:	
* Did each Fellow receive medical liability coverage? 03-02	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Does the outpatient area have at least one fully equipped examination lane for each fellow in the clinic (in addition to lanes for faculty)? 03-03	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Is there access to current diagnostic equipment? 03-04	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Do inpatient facilities allow access to sufficient space and beds for good patient care? 03-05	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Are library, research and electronic retrieval of information from medical databases facilities available to the Fellow? 03-06	Yes <input type="checkbox"/> No <input type="checkbox"/>
Questions about Program Assessment and Evaluation.	
* Was the educational effectiveness of the program evaluated in a systematic manner to ensure that the educational goals of the program were met? 04-02	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Was there regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician? 04-03	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>* Did 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? 04-04</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Did the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program? 04-05</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Was there a formal mechanism by which the fellow had input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance? 04-06</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Did 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? 04-07</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Program Assessment:</p>	
<p>Questions Concerning the Fellowship Program Director</p>	
<p>Does the Fellowship Program Director:</p>	
<p>* maintain voting membership with the American Association for Pediatric Ophthalmology and Strabismus (AAPOS)? 05-05</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* have a practice that conforms to section 1.03 of the AAPOS bylaws with respect to proportion limited to pediatric ophthalmology and/or strabismus? 05-06</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* have at least five (5) years of post fellowship experience? 05-07</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* engage in ongoing research and/or scholarship in the area of Pediatric Ophthalmology and Strabismus, as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings? 05-08</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* maintain an active clinical practice in Pediatric Ophthalmology and/or Strabismus at the parent institution? 05-09</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>* have a current license to practice medicine in the state where the institution that sponsors the program is located? 05-10</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* have a prepared written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes, and educational goals? 05-11</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* have a well-defined written curriculum? 05-12</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* select fellows in accordance with institutional and departmental policies and procedures? 05-13</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* designate and oversee participation by the faculty? 05-14</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* implement fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance? 05-15</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction? 05-16</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* ensure that accurate statistical and narrative descriptions of the program are developed and maintained? 05-17</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* provide the fellow, at time of application information concerning AUPO FCC compliance of fellowships and positions? 05-18</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* inform the fellow prior to the start of training whether they are in a "compliant" or "non-compliant" training position? 05-19</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Has the Fellowship Program Director developed and maintained documentation of the following:</p>	
<p>* Institutional or inter-institutional agreements? 05-21</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Fellow selection process? 05-22</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>* Patient care statistics? 05-23</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>The AUPO FCC requires notification from the Fellowship Program Director when there are changes that impact the fellow's training program. Please answer the following related to this Triennial Review Period.</p>	
<p>* Was there a change in the number of fellow positions in the training program? 05-25</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Was there a change in the duration of the training period? 05-26</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Did you grant any extensions of individual periods of training greater than three months? 05-27</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Did the Fellowship Program Director:</p>	
<p>* periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program? 05-29</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* periodically evaluate the program's financial and administrative support? 05-30</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* periodically evaluate the volume and variety of patients available for educational purposes? 05-31</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows? 05-32</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* ensure that attending physicians, who supervise fellows, have sufficient experience for the severity and complexity of the patient's condition? 05-33</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* certify satisfactory completion of the fellow's training? 05-34</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Faculty Roster Information</p>	
<p>* Is there at least one faculty member, who may be the Fellowship Director, for each approved Fellowship position? 06-02</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* Is there at least one other faculty member with >1 year post-fellowship clinical experience? 06-03</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Program Faculty. 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. Please list the Fellowship Director FIRST.

*Faculty Member- 1 -Names and Academic Titles
06-05-A

*Faculty Member- 1 -Status (Please select ALL that apply; must select at least one)
06-06-A

- Fellowship Program Director
- Full Time
- Part Time-Compensated
- Part Time-Voluntary

*Faculty Member- 1 -Role (Please select all educational roles filled by this faculty member. MUST select at least one)
06-07-A

- Surgery supervision
- Didactic presentations
- Research supervision
- Supervise Fellow in clinic

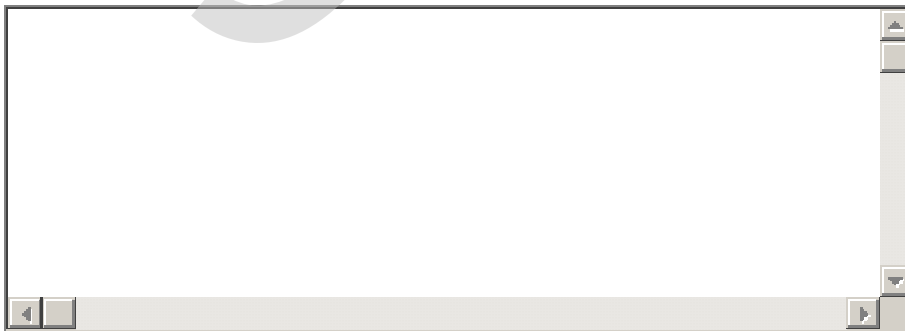
*Faculty Member- 1 -Location. (Please select the locations where this faculty member fulfills their role. MUST select at least one)
06-08-A

- At home institution
- At affiliated institution

*Faculty Member- 1 -Publications in major national/international peer-reviewed journals. (Please list up to 10 maximum over the last 5 years.)
06-09-A



*Faculty Member- 1 -Research Presentations at major national / international meetings. (Please list up to 10 maximum over the last 5 years.)
06-10-A



<p>*Faculty Member- 2 -Names and Academic Titles 06-05-B</p>	<input type="text"/>
<p>*Faculty Member- 2 -Status (Please select ALL that apply; must select at least one) 06-06-B</p>	<input type="checkbox"/> Fellowship Program Director <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time-Compensated <input type="checkbox"/> Part Time-Voluntary
<p>*Faculty Member- 2 -Role (Please select all educational roles filled by this faculty member. MUST select at least one) 06-07-B</p>	<input type="checkbox"/> Surgery supervision <input type="checkbox"/> Didactic presentations <input type="checkbox"/> Research supervision <input type="checkbox"/> Supervise Fellow in clinic
<p>*Faculty Member- 2 -Location. (Please select the locations where this faculty member fulfills their role. MUST select at least one) 06-08-B</p>	<input type="checkbox"/> At home institution <input type="checkbox"/> At affiliated institution
<p>*Faculty Member- 2 -Publications in major national/international peer-reviewed journals. (Please list up to 10 maximum over the last 5 years.) 06-09-B</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>*Faculty Member- 2 -Research Presentations at major national / international meetings. (Please list up to 10 maximum over the last 5 years.) 06-10-B</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>Did the faculty:</p>	
<p>* actively participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship? 07-02</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>* participate in journal clubs and research conferences? 07-03</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* actively participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals? 07-04</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* 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? 07-05</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* provide guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research? 07-06</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* 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? 07-07</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Did all faculty:</p>	
<p>* 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? 07-09</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* have regularly scheduled, documented meetings to review the program's goals and objectives, and the program's effectiveness in achieving them? 07-10</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are all faculty:</p>	
<p>* certified by the American Board of Ophthalmology, or in the process of obtaining such certification, or possess appropriate alternative educational qualifications? 07-12</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* members of the faculty of the sponsoring institution? 07-13</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>* emphasizing in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment? 07-14</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Other Program Personnel:

* Were there adequate technical and clerical personnel to allow the Fellow an appropriate educational experience?
07-16

Yes No

Questions About the Educational Program**Did each Fellow:**

* satisfactorily complete a residency in ophthalmology that is accredited by either the ACGME or the American Osteopathic Association (or Canadian equivalent) or were they certified in ophthalmology by the ABMS (or Canadian equivalent)? OR graduate from a non-ACGME-accredited residency program outside of the United States or Canada?
08-03

Yes No

* have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?
08-04

Yes No

* spend at least six (6) months at the parent institution?
08-05

Yes No

* prior to entry in the program, receive notification of the required length of the program, policies for vacation, duties, stipends and other forms of support?
08-06

Yes No

* attend at least six (6) journal clubs per year which included pediatric ophthalmology and strabismus?
08-07

Yes No

* maintain a log of attended conferences, seminars, meetings, lectures, and hands-on learning (minimum 120 hours)?
08-08

Yes No

* participate in ongoing research?
08-09

Yes No

* have their medical and surgical cases supervised?
08-10

Yes No

Did each Fellow meet the minimum number of patients seen/procedures performed as follows:

* perform or assist in at least 75 major cases?
08-12

Yes No

* at least 50 of the 75 major cases performed with faculty supervision (AAPOS member)?
08-13

Yes No

