

AUPO FCC Medical Retina Exit Survey Question List

AUPO FCC
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Fellow Information (current, post-fellowship contact information please)

01-020 -- Fellow Name
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 Medical Retina Program Requirements.

Faculty Assessment:

Did the Fellowship Program Director:

03-030 -- Have a practice with at least 50% devoted to Medical 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 procedures
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 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 San Francisco Fellowship Match?
04-041 -- If you did not obtain your fellowship position through the SF Fellowship Match, please explain (required if you answered no to Question 04-040 above).
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?

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?
05-040 -- Receive full malpractice insurance coverage?
05-041 -- Get notified by the Fellowship Director of your malpractice insurance coverage, the carrier and if the coverage is claims made that tail coverage will be included in your coverage?
05-050 -- Have your medical 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?

Operative Procedures:

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

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: 50?

07-080 -- Optical Coherence Tomograms? 200

07-100 -- Posterior segment Laser: 50?

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 -- Provide a log of operative procedures performed.

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

09-070 -- E-Mail

09-080 -- Date of submission

09-090 -- Please submit a brief summary (less than 200 words) of your overall impression of your training.

09-100 -- 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