

# 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