

# AUPO FCC Oncology Fellowship Exit Survey Question List

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

01-020 -- Fellow Name  
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  
02-060 -- Ophthalmology residency affiliation:

## Program Requirements Acknowledgement

02-071 -- I have received and reviewed the AUPO FCC Oncology and Pathology Program Requirements.

## Faculty Assessment:

### Did the Fellowship Program Director:

03-030 -- Have a practice with at least 50% devoted to the above listed sub-specialty?  
03-040 -- Maintain an active affiliation with the parent institution, University or residency (if applicable)?  
03-050 -- Periodically assess your experience?  
03-070 -- Provide you at the beginning of your Fellowship with a copy of the AUPO-FCC Fellowship Guidelines 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 the Fellow?  
03-110 -- Have knowledge of and communicate with other Fellowship faculty members?  
03-120 -- Provide you with an evaluation assessment 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 -- How many other fellows trained with you?  
04-050 -- Did the other faculty members (exclusive of the Fellowship Director) contribute significantly to your overall training experience?  
04-060 -- Other faculty (full-time or voluntary) who played a role in your training: Please list one per 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 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 supervised?  
05-060 -- Attend at least 120 hours of lectures, conferences, educational seminars, CPC's and hands on learning?  
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 -- Have adequate and appropriate clinical material? (ie patients for examination/treatment/discussion)  
05-110 -- Receive an educational experience designed and supervised by the fellowship program director?  
05-120 -- Receive training in examination of patients with conjunctival and intraocular tumors?  
05-130 -- maintain a log of attended conferences, seminars, meetings, CPCs, lectures, and hands-on learning (minimum 120 hours)?  
05-140 -- Participate in research, including research involving CPCs, case reports, and/or basic science research?  
05-160 -- Were your call and other duties benefiting to your educational experience?  
05-170 -- IF no, please explain.

## PROGRAM EDUCATIONAL CONTENT

### Were you exposed to the following Clinical Material: did you?

06-030 -- Examine a minimum of 100 ocular oncology patients per year?

### Did these patients include:

06-050 -- uveal melanoma patients?  
06-060 -- retinoblastoma patients?  
06-070 -- intraocular lymphoma patients?  
06-080 -- metastatic ocular tumor patients?  
06-090 -- conjunctival dysplasia patients?  
06-100 -- conjunctival squamous cell carcinoma patients?  
06-110 -- conjunctival primary acquired melanosis patients?  
06-120 -- conjunctival melanoma patients?  
06-130 -- apply radioactive plaques for brachytherapy of ocular melanomas (minimum 10)?  
06-140 -- examine patients under anesthesia for retinoblastoma (minimum 10)?  
06-150 -- treat retinoblastoma with laser therapy, cryotherapy or brachytherapy (minimum 5)?  
06-160 -- biopsy and/or excise conjunctival tumors (minimum 5)?

**Other Areas of Didactic Teaching:**

06-250 -- prepare CPCs (minimum 2 per year) and participate in ophthalmic oncology lectures (minimum 6 per year)?

06-270 -- Were you involved in at least one regional or national meeting with subspecialty emphasis?

06-280 -- Were you involved in at least one individual research activity?

**Fellow Supporting Documentation**

07-019 -- Detailed Case Log

07-020 -- Detailed Journal Club

07-030 -- Publications and Presentations A list of your papers (submitted, published or in preparation) and presentations of research material at national/international meetings, for each entry please list: - author(s) - title of paper or presentation - name of mee

07-040 -- Fellow Schedule - Please include 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

07-050 -- Comments Please submit a brief summary (less than 200 words) of your overall impression of your training.

07-060 -- E-Mail Please enter your email as your signature.

07-070 -- Date of submission