

AUPO FCC Glaucoma Fellowship Application Question List

AUPO FCC
655 Beach Street
San Francisco, CA 94109
Phone: (415) 561-8548
Fax: (415) 561-8531

Program Information

Program ID

- 01-030 -- Parent Institution Name
- 01-040 -- Affiliated Medical School or Government Training Institution
- 01-050 -- Fellowship Program Director Name
- 01-060 -- Street address (line 1)
- 01-070 -- Street address (line 2)
- 01-080 -- City
- 01-090 -- State
- 01-100 -- Zip/Postal Code
- 01-110 -- Country
- 01-120 -- Office phone
- 01-130 -- Cell / mobile phone
- 01-140 -- Fax
- 01-150 -- E-Mail
- 01-160 -- Administrator / Coordinator Name
- 01-170 -- Administrator / Coordinator Email
- 01-180 -- Administrator / Coordinator Phone
- 01-190 -- Administrator / Coordinator 2 Name
- 01-200 -- Administrator / Coordinator 2 Email
- 01-210 -- Administrator / Coordinator 2 Phone

Questions About The Institutional Organization. Please select yes or no for ALL the items below: You

must answer EACH question.

- 02-020 -- Will the program's approved positions be offered through the San Francisco Ophthalmology Fellowship Match?
- 02-030 -- Is the fellowship affiliated with an ophthalmology residency program accredited by either the ACGME or the American Osteopathic Association (AOA) or Canadian equivalent?
- 02-040 -- Ophthalmology residency affiliation:
- 02-050 -- Will the fellowship program receive a letter of support from the Chairman and/or Residency Program Director of the parent Department of Ophthalmology?
- 02-060 -- Will the Department Chair, Fellowship Program Director and Residency Program Director work together and periodically meet to assure that the presence of the glaucoma fellowship does not unduly draw cases, learning opportunities or funding from the residency program?

Department Chair / Contact Information

- 02-080 -- Chair Name
- 02-090 -- Street Address (line 1)
- 02-100 -- Address (line 2)
- 02-110 -- City
- 02-120 -- State
- 02-130 -- Zip / Postal Code
- 02-140 -- Country
- 02-150 -- Office Phone
- 02-160 -- Cell Phone
- 02-170 -- Fax
- 02-180 -- Email

Questions about the Program's Facilities and Resources

- 03-020 -- Will each Fellow receive full malpractice insurance coverage?
- 03-022 -- Will the Fellowship Director notify each fellow of his/her malpractice insurance coverage, the carrier and if the coverage is claims made that tail coverage will be included in their coverage?
- 03-030 -- Does the outpatient area have at least one fully equipped examination lane for each fellow in the clinic (in addition to lanes for faculty)?
- 03-040 -- Is there access to current diagnostic equipment?

Program Assessment / Evaluation

Will:

- 04-030 -- the educational effectiveness of the program be evaluated in a systematic manner to ensure that the educational goals of the program have been met?
- 04-040 -- there be regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?
- 04-050 -- 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?
- 04-060 -- the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program?
- 04-070 -- there be a formal mechanism by which the fellow has input into the evaluation of each faculty member's knowledge, teaching skills and commitment, and of program performance?
- 04-080 -- 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?
- 04-090 -- the Fellowship Director evaluate each fellow's surgical log on a quarterly basis to ensure progress toward an appropriate surgical portfolio over the course of the fellowship?

Questions Concerning The Fellowship Program Director

Will the Fellowship Program Director...

- 05-030 -- be certified by the American Board of Ophthalmology or possess appropriate equivalent educational qualifications?
- 05-040 -- have at least three years of clinical experience in glaucoma following his/her fellowship training?
- 05-050 -- be engaged in ongoing basic and/or clinical science research in the area of glaucoma, as demonstrated by at least 1 publication in a refereed journal and at least 1 presentation of research material at a national ACCME-accredited meeting in the last 5 years.
- 05-060 -- be an active member in a recognized national or international organization providing continuing education in ophthalmology?
- 05-070 -- have a clinical practice consisting of at least 50% of patients who have glaucoma and related disorders?
- 05-080 -- be licensed to practice medicine in the state where the institution that sponsors the program is located?
- 05-090 -- have prepared a written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes, and educational goals for each major rotation or other program assignments?
- 05-100 -- have a well-defined written curriculum?
- 05-110 -- select fellows in accordance with institutional and departmental policies and procedures?
- 05-120 -- designate and oversee participation by the faculty?
- 05-130 -- implement fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance?
- 05-140 -- monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction?
- 05-150 -- ensure that accurate statistical and narrative descriptions of the program are developed and maintained?
- 05-160 -- personally supervise the implementation of the Fellowship Program Requirements?
- 05-170 -- certify satisfactory completion of training (if so attained)?
- 05-180 -- prepare an accurate description of the program and respond to inquiries by the AUPO FCC in an accurate and timely fashion?
- 05-190 -- be an Active or Associate member of the American Glaucoma Society?
- 05-200 -- have developed and maintained documentation of institutional or inter-institutional agreements for the fellow selection process, patient care statistics, evaluations of faculty and the program, and assessment of the fellow's performance?

Will the Fellowship Director seek prior approval from the AUPO FCC for the following:

- 05-220 -- a required rotation of three months or more to any institution other than the parent?
- 05-230 -- a change in the number of fellow positions in the training program?
- 05-240 -- a change in the duration of the training period?
- 05-250 -- an extension of individual period of training greater than 3 months?

Will the Fellowship Director

- 05-270 -- periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program?
- 05-280 -- periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows?
- 05-290 -- ensure that attending physicians, who supervise fellows, have sufficient experience for the severity and complexity of the patient's condition?
- 05-300 -- communicate a change in the Fellowship Director to the AUPO FCC in writing within 90 days?
- 05-310 -- review the 'AUPO Program Requirements for Fellowship Education in Glaucoma' with each fellow?
- 05-320 -- monitor surgical caseloads and clinical performance?
- 05-330 -- ensure that faculty appropriately supervise the fellow?

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 appropria

- 06-040 -- Faculty Member - Names and Academic Titles
- 06-050 -- Faculty Member - Email
- 06-060 -- Faculty Member - Status (Please select ALL that apply)
- 06-070 -- Faculty Member - Role (Please select all educational roles filled by this faculty member. MUST select at least one)
- 06-080 -- Faculty Member - Location. (Please select the locations where this faculty member fulfills their role. MUST select at least one)
- 06-090 -- Faculty Member - Publications in major national/international peer-reviewed journals. (Please list up to 10 maximum over the last 5 years.)
- 06-100 -- Faculty Member - Research Presentations at major national / international meetings. (Please list up to 10 maximum over the last 5 years.)
- 06-101 -- Faculty Member - Medical School(s) - List institution, degrees, and dates attended.
- 06-102 -- Faculty Member - Academic Appointments - List the past ten years beginning with your current position, start/end dates and description of position
- 06-103 -- Faculty Member - Residency(s): List institution(s), degree(s), and dates attended.
- 06-104 -- Faculty Member - Fellowship(s): List institution(s) and dates.
- 06-105 -- Faculty Member - Current professional activities/committees (limit of 10)
- 06-106 -- Faculty Member - Board Certified?
- 06-107 -- Faculty Member - If not Board Certified, explain equivalent qualifications:
- 06-108 -- Faculty Member - Active licensure (please provide which state):
- 06-109 -- Faculty Member - Start Date (yyyy-mm-dd)

Faculty Questions

- 06-114 -- Are there at least two clinical faculty members, including the fellowship program director, ensuring that a fellow spends no more than 80% of their time with one faculty member?

Will at least one faculty member

- 06-120 -- actively participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship?
- 06-130 -- participate in journal clubs and research conferences?
- 06-140 -- actively participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?
- 06-150 -- 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?
- 06-160 -- provide guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research?

Do all faculty:

- 06-200 -- 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?

Will all Faculty:

- 06-220 -- be certified by the American Board of Ophthalmology or the Royal College of Physicians and Surgeons of Canada? (only applies to faculty members participating in the fellowship's clinical care)
- 06-230 -- be a member of the faculty of the sponsoring institution?
- 06-240 -- have at least one year of glaucoma subspecialty experience? (may include fellowship training)
- 06-250 -- emphasize in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment?

Questions About The Educational Program

Will each Fellow:

- 07-030 -- satisfactorily complete a residency in ophthalmology that is accredited by either the ACGME or the American Osteopathic Association-accredited (or Canadian equivalent) or already be certified in ophthalmology by the ABMS (or Canadian equivalent)? OR be a graduate of a non-ACGME-accredited residency program outside of the United States or Canada?
- 07-040 -- have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?
- 07-050 -- prior to entry in the program, be notified of the required length of the program, policies for vacation, duties, stipends and other forms of support?
- 07-060 -- receive an educational experience designed and supervised by the fellowship program director?
- 07-070 -- be exposed to a broad variety of conditions falling within the scope of glaucoma?
- 07-080 -- receive a copy of the "Program Requirements for Fellowship Education in Glaucoma"?
- 07-090 -- be involved in at least one research project?
- 07-100 -- prepare and present teaching conferences and case presentations?
- 07-110 -- participate in resident and/or medical student teaching?
- 07-120 -- receive training in the indications for and limitations of pharmacological, laser, and surgical therapies that may be recommended for patients with glaucoma and related conditions?
- 07-130 -- receive training specific to glaucoma and related ocular and systemic conditions?

Will training include:

- 07-150 -- performing evaluations?
- 07-160 -- consultations?
- 07-170 -- history and examination?

Will this training include, but not be limited to, the indications, performance, interpretation and limitations of the following:

- 07-190 -- tests of visual function such as color vision, confrontation visual fields, frequency doubled perimetry?
- 07-200 -- computerized visual field examinations?
- 07-220 -- assessment of intraocular pressure and pachymetry?
- 07-230 -- optic disc photography?
- 07-240 -- optic nerve and retinal nerve fiber layer laser-assisted digital imaging?
- 07-250 -- gonioscopy?
- 07-260 -- slit lamp examination?
- 07-270 -- optic nerve examination with binocular and monocular instruments?

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

- 07-290 -- 1,000 Subspecialty examinations (new and follow-up) over 12 months?
- 07-300 -- 150 Subspecialty new patient examinations over 12 months?
- 07-310 -- 25 primary/50 primary/assistant Ab Externo outflow surgery including trabeculectomy, aqueous shunts or other ab externo procedures including viscocanalostomy and canaloplasty?
- 07-320 -- 10 primary/20 primary/assistant - complex cataract including, small pupil, posterior synechiae, pseudoexfoliation, loose zonules, and other appropriate cases or combined procedures?
- 07-330 -- 5 primary/20 primary/assistant - cataract surgery (components of combined procedures may be counted)?
- 07-340 -- 10 primary/20 primary/assistant - aqueous shunts and cycloablative procedures?
- 07-350 -- 2 primary or assistant - goniotomy or trabeculotomy ?
- 07-360 -- 3 primary/assistant - EUA?
- 07-370 -- laser trabeculoplasty, as needed for program to confirm that fellows are competent to perform the procedure?
- 07-380 -- laser iridotomy, as needed for program to confirm that fellows are competent to perform the procedure?
- 07-390 -- 3 primary/assistant angle surgery and/or canal surgery?
- 07-400 -- 5 primary/assistant - cyclophotocoagulation including endocyclophotocoagulation and transscleral cyclophotocoagulation?

Didactic Components. Will:

- 07-420 -- the fellow participate in clinical conferences and didactic lectures in glaucoma, and related topics within the parent institution, including presenting cases, case discussions, and lectures?
- 07-430 -- the fellowship Director ensure, direct, and document appropriate supervision of fellows?
- 07-440 -- duty hours and night and weekend call for fellows reflect the concept of responsibility for patients and provide adequate patient care?
- 07-450 -- the fellow participate in the development of new knowledge and evaluate research findings?
- 07-460 -- the fellow be exposed to opportunities to develop new knowledge and research skills?
- 07-470 -- the fellow participate in journal clubs and research conferences?
- 07-480 -- the fellow actively participates in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?
- 07-490 -- the fellow participate in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings?
- 07-500 -- the fellow be exposed to opportunities to develop research skills?
- 07-510 -- Fellow Schedule (A representative weekly schedule of fellow activities that indicates faculty staffing and / or method(s) of supervision.)

Preparer's Information

- 08-020 -- Preparer's Name
- 08-030 -- Office phone
- 08-050 -- E-Mail
- 08-060 -- Date of submission
- 08-070 -- Is there anything in your submission that needs further explanation? Enter your brief comments here.

Electronic Signature

As Fellowship Program Director, I certify to the best of my ability, that the foregoing information is an accurate reflection of this proposed program and that all of the listed participating faculty have reviewed the application for verity and agree to participate. (enter your name)

- 08-100 -- Fellowship Director Name
- 08-110 -- E-mail address
- 08-120 -- E-mail address (again as your signature)
- 08-130 -- Institution's Name