

# AUPO FCC Glaucoma Fellowship Triennial Review Question List

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

## Fellowship Program Information

### Program ID

01-030 -- Name of Program  
01-040 -- Institution of the Parent Ophthalmology Department  
01-050 -- Fellowship Director (name and degrees)  
01-060 -- Address (line 1)  
01-070 -- Address (line 2)  
01-080 -- City  
01-090 -- State  
01-100 -- Zip/Postal Code  
01-110 -- Country  
01-120 -- Office phone  
01-130 -- Cell phone  
01-160 -- Administrator / Coordinator / Other Name  
01-170 -- Administrator / Coordinator / Other Office Phone  
01-180 -- Administrator / Coordinator / Other E-mail  
01-181 -- Administrator / Coordinator / Other #2 Name  
01-182 -- Administrator / Coordinator / Other #2 Office Phone  
01-183 -- Administrator / Coordinator / Other #2 E-mail

### The Fellowship

01-200 -- Number of FCC compliant fellowship positions offered during Triennial period:  
01-201 -- Total Number of fellowship positions filled during Triennial period:  
01-210 -- Duration of each position:  
01-220 -- Additional Comments:

### Questions about the Institutional Organization

02-020 -- Were all of the program's compliant positions offered through the San Francisco Ophthalmology Fellowship match?  
02-040 -- Is the program affiliated with an ophthalmology residency program accredited by either the ACGME, American Osteopathic Association or Canadian equivalent?  
02-050 -- If applicable, does the fellowship program have a letter of support from the Chair and Residency Program Director of the parent Department of Ophthalmology?  
(PDF of the letter is required if there is an affiliation with an ophthalmology residency program)  
02-060 -- If applicable, did the Department Chair, Fellowship Director and Residency Program Director work together and periodically meet to assure that the fellowship adheres to the AUPO FCC Glaucoma fellowship program requirements?  
02-080 -- Ophthalmology Residency Affiliation:  
(Enter N/A if not applicable)

### Department Chair / Contact Information

02-100 -- Chair Name  
02-110 -- Street Address (line 1)  
02-120 -- Address (line 2)  
02-130 -- City  
02-140 -- State  
02-150 -- Zip  
02-160 -- Country  
02-170 -- Office Phone  
02-180 -- Cell Phone  
02-190 -- Fax  
02-200 -- Email

### Program's Facilities and Resources

03-020 -- Did each Fellow receive full malpractice insurance coverage?  
03-021 -- Did 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?

### Questions about Program Assessment and Evaluation

04-020 -- Was the educational effectiveness of the program evaluated in a systematic manner to ensure that the educational goals of the program were met?  
04-030 -- Was there regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician?  
04-040 -- 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?  
04-050 -- Did the Fellowship Director provide a written, final evaluation that is maintained as a permanent record for each fellow who completes the program, and have it accessible to the fellow and other authorized personnel?  
04-060 -- 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?  
04-070 -- Was there a semi-annual evaluation of the fellow's surgical log to ensure progress toward an appropriate surgical portfolio over the course of the fellowship?

## Program Assessment

### Questions Concerning the Fellowship Program Director

#### Does the Fellowship Program Director:

- 05-040 -- maintain certification by the American Board of Ophthalmology or possess appropriate equivalent educational qualifications?
- 05-050 -- have a current license to practice medicine in the state where the institution that sponsors the program is located?
- 05-060 -- have at least three years of clinical experience in glaucoma following his/her fellowship training?
- 05-070 -- be an active member in a recognized national or international organization providing continuing education in ophthalmology?
- 05-080 -- have a clinical practice consisting of at least 50% of patients who have glaucoma and related disorders?
- 05-090 -- engage 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?
- 05-100 -- have a prepared 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?
- 05-110 -- have a well-defined written curriculum?
- 05-120 -- select fellows in accordance with institutional and departmental policies and procedures?
- 05-130 -- designate and oversee participation by the faculty?
- 05-140 -- implement fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance?
- 05-150 -- monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction?
- 05-160 -- ensure that accurate statistical and narrative descriptions of the program are developed and maintained?
- 05-170 -- provide the fellow, at time of application information concerning AUPO FCC compliance of fellowships and positions?
- 05-180 -- inform the fellow prior to the start of training whether they are in a "compliant" or "non-compliant" training position?
- 05-190 -- personally supervise the implementation of the Fellowship Program Requirements?
- 05-200 -- prepare an accurate description of the program and respond to inquiries by the AUPO FCC in an accurate and timely fashion?
- 05-210 -- be an Active or Associate member of the American Glaucoma Society?

#### Has the Fellowship Program Director developed and maintained documentation of the following:

- 05-230 -- Institutional or inter-institutional agreements?

#### The Fellowship Director must seek prior approval from the AUPO FCC for the following: Please answer the following related to this Triennial Review Period.

- 05-250 -- Was there a required rotation of three months or more to any institution other than the parent?
- 05-260 -- Was there a change in the number of fellow positions in the training program?
- 05-270 -- Was there a change in the duration of the training period?
- 05-280 -- Did you grant any extensions of individual periods of training greater than three months?

#### Did the Fellowship Program Director:

- 05-300 -- periodically evaluate the utilization of resources available to the program and the contribution of each institution participating in the program?
- 05-330 -- periodically evaluate the performance of members of the faculty, and the quality of supervision of fellows?
- 05-340 -- ensure that attending physicians, who supervise fellows, have sufficient experience for the severity and complexity of the patient's condition?
- 05-350 -- certify satisfactory completion of the fellow's training?
- 05-360 -- review the "AUPO Program Requirements for Fellowship Education in Glaucoma" with each fellow?
- 05-370 -- monitor surgical caseloads and clinical performance?
- 05-380 -- ensure that faculty appropriately supervised the fellow?

## Faculty Roster Information

### Program Faculty. In the fields below, please demonstrate that the each faculty member is currently active in publications and research presentations. You may use excerpts from the faculty's CV - within the past 5 years - but please do not submit an entire CV. List the Fellowship Director FIRST

- 06-040 -- Faculty Member - Names and Academic Titles
- 06-050 -- Faculty Member - Email
- 06-061 -- Faculty Member - Status (Please select ALL that apply; must select at least one)
- 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 - List all publications in major national / international peer-reviewed journals after Jan. 1, [year] with a maximum of 10 entries.
- 06-100 -- Faculty Member - List all research presentations at major national / international meetings after Jan. 1, [year] with a maximum of 10 entries.
- 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 - Which Board?
- 06-117 -- Faculty Member - If not Board Certified, explain equivalent qualifications:
- 06-118 -- Faculty Member - Active licensure (please provide which state):
- 06-119 -- Faculty Member - Start Date (yyyy-mm-dd)
- 06-120 -- Faculty Member - End Date (yyyy-mm-dd)

## Faculty Questions

- 07-010 -- Is there at least one faculty member, who may be the Fellowship Director, for each approved Fellowship position?

#### Did at least one faculty member:

- 07-020 -- actively participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship?
- 07-030 -- participate in journal clubs and research conferences?
- 07-040 -- actively participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?
- 07-050 -- 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?
- 07-060 -- provide guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research?

**Did all faculty:**

07-070 -- 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?

**Are all faculty:**

07-090 -- 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)

07-100 -- members of the faculty of the sponsoring institution?

07-110 -- have at least one year of glaucoma subspecialty experience? (may include fellowship training)

07-120 -- emphasizing in both didactic and clinical aspects of the fellowship training, the AAO principles of ethical and humane treatment?

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

08-030 -- 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?

08-040 -- have a minimum of 12 months of clinical training, including appropriate short periods for vacation or special assignments?

08-050 -- 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?

08-060 -- receive an educational experience designed and supervised by the fellowship program director?

08-070 -- participate in clinical conferences and didactic lectures in glaucoma, and related topics within the parent institution, including presenting cases, case discussions, and lectures?

08-080 -- be exposed to a broad variety of conditions falling within the scope of glaucoma?

08-090 -- receive a copy of the "Program Requirements for Fellowship Education in Glaucoma"?

08-100 -- be involved in at least one research project?

08-110 -- prepare and present teaching conferences and case presentations?

08-120 -- participate in resident and/or medical student teaching?

08-130 -- 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?

08-140 -- receive training specific to glaucoma and related ocular and systemic conditions?

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

08-160 -- 1,000 Subspecialty examinations (new and follow-up) over 12 months?

08-170 -- 150 Subspecialty new patient examinations over 12 months?

08-180 -- 25 primary/50 primary/assistant Ab Externo outflow surgeries including trabeculectomy, aqueous shunts or other ab externo procedures including viscocanalostomy and canaloplasty?

08-190 -- 10 primary/20 primary/assistant - complex cataract including, small pupil, posterior synechiae, pseudoexfoliation, loose zonules, and other appropriate cases or combined procedures?

08-200 -- 5 primary/20 primary/assistant cataract procedures (components of combined procedures may be counted)?

08-210 -- 10 primary/20 primary/assistant - aqueous shunts and cycloablative procedures?

08-230 -- 3 primary/assistant - EUA?

08-240 -- laser trabeculoplasty, as needed for program to confirm that fellows are competent to perform the procedure?

08-250 -- laser iridotomy, as needed for program to confirm that fellows are competent to perform the procedure?

08-251 -- 3 primary/assistant angle surgery and/or canal surgery?

08-252 -- 5 primary/assistant - cyclophotocoagulation including endocyclophotocoagulation and transscleral cyclophotocoagulation?

**PROGRAM EDUCATIONAL CONTENT**

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

08-280 -- tests of visual function such as color vision, confrontation visual fields, frequency doubled perimetry?

08-290 -- computerized visual field examinations?

08-310 -- assessment of intraocular pressure and pachymetry?

08-320 -- optic disc photography?

08-330 -- optic nerve and retinal nerve fiber layer laser-assisted digital imaging?

08-340 -- gonioscopy?

08-350 -- slit lamp examination?

08-360 -- optic nerve examination with binocular and monocular instruments?

**Will training include:**

08-380 -- performing evaluations?

08-390 -- consultations?

08-400 -- history and examination?

**Didactic Components. Did:**

08-420 -- the Fellowship Director ensure, direct, and document appropriate supervision of fellows?

08-430 -- duty hours, and night and weekend call for fellows reflect the concept of responsibility for patients and provide adequate patient care?

08-440 -- the fellow participate in the development of new knowledge and evaluate research findings?

08-450 -- the fellow have exposure to opportunities to develop new knowledge and research skills?

08-460 -- the fellow participate in journal clubs and research conferences?

08-470 -- the fellow actively participates in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals?

08-480 -- 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?

**Preparer Information****This application has been prepared by:**

10-020 -- Name

10-030 -- Office phone

10-040 -- Fax

10-050 -- E-Mail

10-060 -- Date of submission

10-061 -- Is there anything in your submission that needs further explanation? Enter your brief comments here.

**By entering the Fellowship Director's name and email a second time, the Fellowship Director acknowledges having reviewed and approved the information submitted on this form.<br><br>NOTE: Your account access uses the Fellowship Director's Email on record. Entering an email that is different will require that you use that new email address when logging on in the future.**

10-080 -- Fellowship Director (name & degrees)

10-090 -- Fellowship Director's E-Mail

10-100 -- Fellowship Director's E-Mail (again, as your signature.)