



AUPO  
FELLOWSHIP  
COMPLIANCE  
COMMITTEE

ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY  
FELLOWSHIP COMPLIANCE COMMITTEE

## **Program Requirements for Fellowship Education in Ophthalmic Pathology and Ocular Oncology**

### **I. Introduction**

#### **A. Definition and Scope**

Ophthalmic pathology is a subspecialty of Pathology and Ophthalmology. Ocular oncology is a subspecialty of ophthalmology. The fellowship is designed to provide an advanced level of competence in processing and interpretation of eye pathology specimens as well as the medical and surgical care of ocular oncology patients. These two areas complement one another, and it will be possible to complete within one year a fellowship in either advanced ophthalmic pathology or ocular oncology training or a combination of both. The goal of the subspecialty training in ophthalmic pathology is to enhance knowledge gained in ophthalmology or anatomic pathology residency training by providing exposure to gross and microscopic examination of ophthalmic tissue. Experience is provided for assuming responsibility for rendering an interpretation of ocular tissues. The goal of the subspecialty training in ocular oncology is to enhance knowledge gained in ophthalmology residency training with medical and surgical care of ocular oncology patients. A clinical or basic science research component of the fellowship may be included.

#### **B. Duration and Scope of Education**

1. Admission prerequisites: fellows admitted to the pathology portion of the program must have completed a US equivalent residency in ophthalmology or anatomic pathology and those admitted to the oncology portion of the program must have completed a residency in US equivalent ophthalmology.
2. The pathology portion of the fellowship must occupy at least 50% of the fellow's allotted time for a minimum of 1 year and the oncology portion of the fellowship must occupy at least 50% of the fellow's allotted time for a minimum of 1 year.

3. Three options will be available, each including a minimum of the following
  - a. Six months of ophthalmic pathology training (option IB3a)
  - b. Six months of ocular oncology training (option IB3b)
  - c. Combined six months of ophthalmic pathology and six months of ocular oncology (option IB3c)
4. The minimum ophthalmic pathology and ocular oncology training duration may run concurrently (i.e. half time pathology/half time oncology) for one year or consecutively (i.e. 6 months of full-time pathology and 6 months of full-time ocular oncology).
5. The pathology portion of the fellowship may include but is not limited to a combination of anatomic pathology, cytology, experimental pathology and clinicopathologic correlation. The oncology portion of the fellowship may include but is not limited to the medical and surgical care of patients with retinoblastoma, uveal melanoma, other intraocular tumors and conjunctival tumors.
6. Prior to entry in the program, each fellow must be notified in writing of the required length of the program.

## **II. Institutional Support**

### **A. Sponsoring Institution**

One sponsoring institution must assume the ultimate responsibility of the program, and this responsibility extends to fellow assignments at all participating institutions. Fellowship programs in ophthalmic pathology/ocular oncology should be in institutes that sponsor Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs in ophthalmology and pathology or that are affiliated with such residencies.

### **B. Participating Institutions**

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality education experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals, education and peer activities. Exceptions must be justified and prior-approved.

3. For the ophthalmic pathology portion of the fellowship, participating institutions must have the approval of the chairperson of the Department of Ophthalmology or Pathology and for the ocular oncology portion of the fellowship, approval of the chairperson of the Department of Ophthalmology.

### **C. Facilities and Resources**

#### **1. Clinical Environment**

Adequate space and equipment must be available for the conduct of the program, including meeting rooms, classrooms, and office and research space for staff.

#### **2. Facilities**

Desk and laboratory space must be provided for the pathology and oncology fellows. A microscope must be provided for pathology fellows.

#### **3. Library**

- a. Fellows must have ready access to a major medical library, either at the Institution where the fellows are located, or through an arrangement with convenient nearby institutions.
- b. Library services should include an on-site library or a collection of ophthalmology, pathology, ophthalmic pathology, and ocular oncology medical texts, journals, as well as ready access to internet-based materials.

## **III. Fellow Appointment**

### **A. Eligibility Criteria**

All applicants entering the AUPO-FCC compliant ophthalmic pathology/ocular oncology fellowships must have satisfactorily completed an ACGME-accredited or Canadian equivalent residency program in ophthalmology or pathology (for pathology fellowship) or ophthalmology (for oncology fellowship), which is appropriate to prepare them to enter an ophthalmic pathology, ocular oncology, or combined pathology/oncology fellowship.

Applicants must be eligible to take the relevant examinations for certification given by the American Board of Medical Specialties (or Canadian certification equivalent), or already be certified by the AMBS (or Canadian equivalent). Graduates of non-ACGME-accredited residency programs outside of the United States or Canada can apply to enter fellowships on a case-by-case basis. In selecting among qualified candidates, it is highly recommended that institutions and their sponsored programs participate in the Ophthalmology Fellowship match. A fellowship may be taken concurrently with a clinician-scientist training program (K12, K08, K23).

## **B. Fellowship Transfer**

To determine the appropriate level of education for a fellow who is transferring from another fellowship program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to acceptance into the program. A program director is required to provide verification of the fellowship education for any fellows who may leave the program prior to completion of their education.

## **C. Appointment of Fellows**

The fellowship program as much as possible should complement, support and enhance the residency programs in Ophthalmology and for for options IB3a or c, Pathology. The chairpersons of the Departments of Ophthalmology and Pathology, fellowship program director, and residency program directors should work together and periodically meet to assure the presence of the subspecialty fellowship doe not detract from residency learning opportunities.

## **IV. Faculty**

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable education environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

### **A. Qualifications of the Program Director**

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director for the pathology fellowship portion must have expertise and experience in ophthalmic pathology; for oncology must have expertise and experience in ocular oncology; and if both pathology and oncology are included in the fellowship, the program director must have expertise and experience in both.
3. The program director must
  - a. Possess requisite specialty expertise as documented education and administrative abilities in ophthalmic pathology and/or ocular oncology
  - b. Be certified by the American Board of Ophthalmology or, for pathology only, in Anatomic Pathology by the American Board of Pathology, or possess equivalent qualifications from a foreign country that are deemed acceptable by the AUPOFCC
  - c. Be appointed in good standing and based at the primary teaching site

- d. Have at least five years clinical experience in ophthalmic pathology and/or ocular oncology
- e. Have a clinical practice consisting of at least 25% of his/her profession efforts devoted to ophthalmic pathology and/or ocular oncology
- f. Be engaged in ongoing scholarly activities in the area of ophthalmic pathology and/or ocular oncology as demonstrated by regular publication in refereed journals and/or appropriate presentations at national meetings

## **B. Responsibilities of the Program Director**

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes monitoring fellow supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the AUPO FCC as well as updating annually the description of the program and records of fellows through the AUPO FCC
3. Promptly notifying the executive director of the AUPO FCC of a change in the program director or department chair.
4. Grievance procedures and due process: the Program Director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process.
5. Monitoring of fellow well-being: The Program Director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the Program Director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the AUPO FCC for changes in the program that may significantly alter the education experience of the fellow, for example:
  - a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
  - b. Change in the format of the educational program.

## **C. Faculty Qualifications**

1. The physician faculty must
  - a. possess requisite ophthalmic pathology and/or ocular oncology expertise as well as documented educational and administrative abilities and experience
  - b. be certified by the American Board of Ophthalmology and/or in Anatomic

Pathology by the American Board of Pathology, or possess equivalent qualifications from a foreign country that are deemed acceptable by the AUPO FCC

- c. be on the professional staff of an institution participating in the program

#### **D. Faculty Responsibilities**

1. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows who they supervise.
2. The faculty members must demonstrate a strong interest in the education of the fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the education program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.D.

#### **E. Other Program Personnel**

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

### **V. The Educational Program**

The program design and sequencing of educational experiences will be approved by the AUPOFCC as part of the compliance process.

#### **A. Role of Program Director/Faculty**

1. The Program Director/faculty is responsible for developing and implementing the academic and clinical program of the fellow education by:
  - a. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and reviewed with fellows prior to the assignment.
  - b. the educational goals should stress the six ACGME competencies: patient care, medical knowledge, professionalism, practice based learning, interpersonal and communication skills, and systems based practice.
  - c. preparing and implementing a comprehensive well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge, supplemented by the addition of current information.
  - d. providing fellows with direct experience in progressive responsibility.  
Ophthalmic Pathology and Ocular Oncology are diverse fields with some ophthalmic pathologists and oncologists engaged largely in service work and

others with an emphasis on research. Ophthalmic Pathology and Ocular Oncology fellowship programs must allow for differences in instructional emphasis from institution to institution. Because of inherent differences between programs each fellowship director should develop a curriculum for his/her individual institution, based on the objectives outlined below. The fellows should then be evaluated in a consistent and satisfactory manner according to the stated goals of the individual curriculum.

## **B. Didactic Components**

The fellow will be required to prepare and present teaching conferences and participate in the teaching of residents/medical students. The fellow must receive a minimum of 120 hours of didactic instruction, including seminars, lectures, approved basic science courses, and hands on skilled courses of which at least 50 hours will be at the parent institution.

These should include the following:

1. Options I3Ba and I3Bc
  - a. Mandatory attendance at regular clinical and clinicopathologic seminars and conferences. The fellow is to actively participate in presentations and discussions of ophthalmic clinicopathologic cases. The subspecialty fellow must prepare and present at least two clinicopathologic conferences per year. These may be combined with an ocular oncology tumor board.
  - b. Attendance at lectures on ophthalmic pathology topics; these must include at least six lecture hours per year. These lectures may be combined with ocular oncology lectures.
  - c. Attendance and participation in relevant courses presented by the Departments of Pathology and Ophthalmology.
  - d. The subspecialty fellow must actively participate, along with the ophthalmology/pathology faculty, in a journal club at least quarterly. The fellow and faculty should present and critically discuss selections from the current literature. This may be combined with ocular oncology journal club.
  - e. When possible the fellow should attend local, regional, and national conferences relevant to ophthalmic pathology.
  - f. The fellow is expected to maintain a log of attended conferences, seminars, meetings, clinicopathologic conferences, lectures, journal clubs, research activities, and publications.
2. Options I3Bb and I3 Bc
  - a. Mandatory attendance at tumor boards. The fellow is to actively participate in presentations and discussions of ocular oncology cases. The subspecialty fellow must prepare and present at least two tumor board conferences per year This may be combined with ophthalmic pathologic clinicopathologic correlation conference.

- b. Attendance at lectures on ocular oncology topics; these must include at least six lecture hours per year. These lectures may be combined with ophthalmic pathology lectures.
- c. Attendance and participation in relevant courses presented by the Departments of Ophthalmology and Regional Cancer Center
- d. The subspecialty fellow must actively participate in a journal club at least quarterly. The fellow and faculty should present and critically discuss selections from the current literature. This may be combined with ophthalmic pathology journal club.
- e. When possible the fellow should attend local, regional, and national conferences relevant to ophthalmic oncology.
- f. The fellow is expected to maintain a log of attended conferences, seminars, meetings, tumor boards conferences, lectures, journal clubs, research activities, and publications.

### **C. Clinical Components**

#### Clinical Experience (options IB3a and IB3c)

##### 1. Diagnostic Ophthalmic Pathology

The ophthalmic pathology program must provide an adequate number of specimens for fellowship training. The laboratory should accession at least 500 ophthalmic pathology specimens per year these may be any combination of surgical specimens, consultation cases, and autopsy specimens. The specimens should include a combination of surgically enucleated eyes, eyelid specimens, conjunctival specimens, orbital specimens and corneal specimens.

- a. Fellows must prepare descriptions of the gross and microscopic findings on pathologic specimens and render a diagnosis under the direct supervision of the faculty in each of the following required categories.
  - 1) corneal buttons, including primary transplants and regrafts
  - 2) conjunctival biopsies, including conjunctival neoplasms and their precursors
  - 3) eyelid biopsies
  - 4) orbital and soft tissue biopsies, including lacrimal gland and optic nerve
  - 5) enucleation specimens for malignancy (retinoblastoma and melanoma) and for evaluation of traumatized or blind and painful eye
- b. Fellows must render an interpretation of ocular tissues under the direct supervision of the faculty for the following tissue types:
  - 1) vitrectomy specimens and fine needle aspiration biopsies of intraocular or orbital neoplasms
  - 2) temporal artery biopsies
  - 3) Slides referred to the ophthalmic pathologist by a general pathologist or ophthalmic pathologist for a diagnostic opinion
  - 4) exenteration specimens for evaluation of malignancies and infections



Logs must be maintained by the fellowship program documenting experience. In each of these required and recommended categories.

## 2. Ophthalmic Pathology Education

An historic function and continuing obligation of fellowship trained ophthalmic pathology sub specialist has been as medical educators. Fellows must participate in the education of ophthalmology residents in an accredited ophthalmology residency program. Instruction should be critiqued by the fellowship director.

Instruction may be given in one or more of the following settings.

- a) Instructing residents in the gross examination of ocular tissues or microscopic features of cases (sign out sessions)
- b) Lectures and clinicopathologic correlation conferences
- c) Other teaching formats under fellowship director supervision

## 3. Ophthalmic Pathology Research

The fellowship program should provide opportunities for clinical or basic science research. Fellows should be strongly encouraged-to participate in at least two research projects during their fellowship. This may be combined with ocular oncology research and the research may include:

- a) clincopathologic case reports
- b) case series
- c) studies involving transmission and/or scanning electron microscopy
- d) studies involving immunohistochemistry
- e) studies involving use of the laser scanning confocal microscope
- f) studies employing molecular pathology techniques
- g) studies of animal models of human ocular disease
- h) studies using other research techniques

Clinical experience (options IB3b and IB3c)

### 1. Diagnostic Ocular Oncology

The ocular oncology program must provide an adequate number of oncology patients for fellowship training. The program should provide the opportunity for evaluation and assisting in the care of a minimum of 20 new ocular melanoma patients, 20 retinoblastoma patients in the active treatment phase, and 10 new conjunctival tumor patients per year. Patients with other diagnoses should be part of the oncology service, including those with metastatic tumors to the eye, retinal hemangioblastoma, choroidal hemangioma, and other tumors of the iris, ciliary body, choroid and retina.

- a. Fellows must examine and render a diagnosis of patients with
  - 1) Uveal tumors, both primary and secondary
  - 2) Retinal tumors, both primary and secondary
  - 3) Vitreous infiltrates suspicious for lymphoma
  - 4) Conjunctival tumors
- b. Fellows must interpret and render an opinion of imaging modalities for ocular oncology patients including
  - 1) Ultrasound, both a and b mode
  - 2) OCT
  - 3) Fluorescein angiography
  - 4) ICG angiography
  - 5) Computed tomography
  - 6) Magnetic resonance imaging (MRI)

## 2. Ocular Oncology Treatment

Ocular oncology fellows must regularly participate in the treatment of ocular oncology patients. Since ocular oncology is often practiced with a team approach, including with participation of medical oncologists, radiation oncologists, oculoplastic surgeons, retina, cornea, pediatric ophthalmology, uveitis, and other specialists, it is understood that the role of the fellow may include assisting with the medical, surgical and radiation oncology treatment of the patient. The fellow must act as the primary surgeon in a minimal number of cases as indicated below.

- a. Fellows must participate in the medical management of patients with
  - 1) Uveal melanoma
  - 2) Retinoblastoma
  - 3) Conjunctival tumors
  - 4) Other intraocular tumors
- b. Fellows must participate in the surgical management of patients with
  - 1) Uveal melanoma (minimum 10 as primary surgeon including brachytherapy/laser photocoagulation)
  - 2) Retinoblastoma (minimum of 10 as primary surgeon, including examination under anesthesia and treatment including laser photocoagulation/brachytherapy/cryotherapy)
  - 3) Conjunctival tumors (minimum 5 as primary surgeon including resection/cryotherapy/topical chemotherapy)

## 3. Ocular Oncology Education

Fellows must participate in the education of ophthalmology residents in accredited ophthalmology residency programs. Instruction should be critiqued by the fellowship director. Instruction may be given in one or more of the following settings.

- a) Instructing residents on the clinical examination of ocular oncology patients
- b) Instructing residents on interpreting diagnostic tests of ocular oncology patients
- c) Instructing residents on medical and surgical management of ocular oncology patients
- d) Ocular oncology lectures
- e) Other teaching formats under fellowship director supervision

#### 4. Ocular Oncology Research

Fellows should participate in at least two research projects during their fellowship. These projects may be combined with ophthalmic pathology research and may include:

- a) Clinicopathologic case reports
- b) Case series
- c) Studies involving pathology techniques
- d) Studies involving medical management of ocular oncology patients
- e) Studies involving surgical management of ocular oncology patients

#### **D. Scholarly Activities**

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
  - a. The scholarship of discovery, as evidenced by publication of original research in peer-reviewed journals.
  - b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
  - c. The scholarship of application, as evidenced by the publication or presentation at local, regional, national and international professional and scientific society meetings.
  - d. Active participation of the faculty in clinical discussions, clinical conferences, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and fellows must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, library access, and statistical consultation services.

### 3. Fellows Research Activities

The fellowship must provide resources to equip the fellow to participate in the development of new knowledge and to evaluate research findings. The responsibility for establishing and maintaining an environment of inquiry and scholarship rest with the fellowship faculty. The fellowship should support this research with funding for the research and any presentation or publications ensuing. Ophthalmic pathology/ocular oncology faculty members should serve as mentors for the fellows and guide the research projects. The director of the fellowship program should oversee all research activities and integrate these activities into clinical responsibilities for each fellow. The fellow should participate in research and clinical conferences for minimum of 100 hours per year. Fellows must be the lead author of one peer-reviewed publication in ophthalmic pathology or oncology during the subspecialty training.

### 4. Ethics

Programs should emphasize principles of ethical behavior toward patients in accordance with the Code of Ethics of American Academy of Ophthalmology and the ARVO Statement for the Use of Animals in Ophthalmic and Vision Research. Preceptors and faculty should communicate these principles to their trainees in both didactic and clinical aspects of the fellowship training. The program must meet or exceed Resident Review Committee (RRC) requirements for teaching ethics in residency and fellowship programs.

## **E. Fellow Duty Hours and the Working Environment**

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energies.

### 1. Supervision of Fellows

- a. The Program Director must ensure, direct, and document adequate supervision of fellows at all times.
- b. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
- c. Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## 2. Duty Hours

- a. Duty hours are defined as all activities related to the fellowship program.
- b. Fellows must be provided with one continuous 24-hour period free from all responsibilities every week, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all designated educational and other fellowship activities.
- c. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period.

## 3. Moonlighting and Non-Ophthalmic Pathology Clinical Activities

- a. Because fellowship education is a full-time endeavor, the Program Director must ensure that moonlighting and non-Ophthalmic Pathology clinical activities (internal moonlighting) do not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
- b. The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
- c. Moonlighting that occurs within the fellowship program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

## 4. Oversight

- a. Each program must have written policies and procedures for fellow duty hours and the working environment. These policies must be distributed to the fellows and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

## 5. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required. The Program Director must ensure, direct, and document the implementation of and compliance with appropriate fellow policies at all times.

## 6. Graded Responsibility

The responsibility given to fellows in patient care should depend upon each fellow's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

## 7. Supervision

- a. All patient care services must be supervised by qualified faculty.
- b. The program director must ensure, direct, and document adequate supervision of fellows at all times.
- c. Fellows must be provided with rapid, reliable systems for communicating with supervisors.

# VI. Evaluation

## A. Fellow Evaluation

1. The fellowship program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include:  
mechanisms for providing regular and timely performance feedback to fellows that includes at least
  - 1) written semiannual evaluation that is communicated to each fellow in a timely manner and
  - 2) the maintenance of a record of evaluation for each fellow that is accessible to the fellow
- a. a process involving use of assessment results to achieve progressive improvements to fellows' competence and performance, including the development of professional attitudes consistent with being a physician. Appropriate sources of evaluation include faculty, peers, self, and other professional staff.
2. The program director must provide a final written evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

## B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle. The evaluations should include a review

of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process.

### **C. Program Evaluation**

The educational effectiveness of a program must be evaluated at least annually in a systemic manner.

1. The Program Director, at least one other representative member of the faculty, and at least one past or present fellow, must review the program goals and objectives and the effectiveness of the program in achieving them. The group must meet at least annually for this purpose and document the evaluation. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare and document an explicit plan of action.
2. Outcome assessment
  - a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.
  - b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the fellowship program.

## **VII. Experimentation and Innovation**

### **A. General**

Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

### **B. Requests**

Requests for experimentation or innovative projects that may deviate from the program requirements must be AUPOFCC prior-approved and must include the educational rationale and a method for evaluating the project.

### **C. Quality**

The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.