



## **Program Requirements for Fellowship Education in Uveitis**

### **I. Introduction**

#### **A. Definition and Scope of Subspecialty**

Uveitis is that subspecialty of ophthalmology that studies and treats inflammatory and infectious disorders affecting the eye. In addition to intraocular inflammation, scleritis and keratitis typically are managed by uveitis specialists. Some specialists also will manage inflammatory disorders of the adnexa and/or orbit. Uveitis programs, particularly those that manage disorders other than intraocular inflammation, also may be known as Ocular Immunology or Clinical Immunology programs. Uveitis subspecialists manage patients with complex and severe inflammatory and infectious ocular disorders. Fellowship training in uveitis requires more in-depth education about the pathophysiology and management of inflammatory and infectious disorders than can usually be obtained in residency training in ophthalmology. Fellowships in uveitis and ocular immunology include a continuous period of intense and focused training in developing and maintaining knowledge, skills, scholarship and professionalism.

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

1. Any fellow entering AUPO – FCC compliant program must be able to fully comply with the clinical requirements of the program and have completed an appropriate residency program for that sub-specialty fellowship.
2. A minimum of twelve months of clinical training is required, including appropriate short periods for vacation or special assignments.
3. Prior to entry in the program, each fellow must be notified of the required length of the program, policies for vacation, duties, stipends and other forms of support.

## **II. Institutional Organization**

- A. Fellowship programs in uveitis are often in institutions that sponsor ACGME-accredited residency programs in ophthalmology. Whenever possible, there should be coordination of the fellowship and residency programs, so that both benefit. Although affiliation of the fellowship and residency programs may not be required, it is recommended.
- B. The number of fellowship positions approved will depend on the adequacy of clinical volume, number of faculty, and other resources.
- C. A program's AUPO-approved positions should be offered through the AUPO Fellowship Matching Program. In selected situations (e.g. fellows doing two sequential fellowships or couples both involved in fellowships/residency), acceptance outside the match may be appropriate. Positions for observational fellows are not approved by the AUPO and typically are not offered through the Matching Program. The presence of observational fellows should not significantly detract from the education of fellows in the approved positions.
- D. Fellowship programs should not have a substantial negative impact on residency training programs in ophthalmology in the same institution. The fellowship program, as much as possible, should complement, support, and enhance the residency program. The department chair, fellowship program director and residency program director should work together to assure that the presence of the subspecialty fellowship does not unduly draw cases, learning opportunities or funding from the residency program.

## **III. Faculty Qualifications and Responsibilities**

### **A. Fellowship Program Director**

There must be a single program director responsible for the program.

#### **1. Qualifications of the fellowship program director:**

- a. Be certified by the American Board of Ophthalmology or possess other appropriate educational qualifications.
- b. Have at least one year of clinical experience in uveitis following his/her fellowship training.
- c. Be engaged in ongoing research and/or scholarship in the area of uveitis, as demonstrated by publications in journals and/or presentations of research and educational material at regional and national meetings.

- d. Have a clinical practice in which at least fifty percent of patients have ocular inflammatory or infectious disorders.
- e. Have an academic appointment on the faculty of the affiliated ophthalmology residency program or other affiliated institution or be an employee of another recognized organization (e.g. government, such as NIH).
- f. Be licensed to practice medicine in the state where the institution that sponsors the program is located.

2. Responsibilities of the fellowship program director:

- a. Prepare 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 assignment.
- b. Develop and maintain documentation of institutional or inter-institutional agreements, the fellow selection process, patient care statistics, evaluations of faculty and the program, and assessment of the fellow's performance.
- c. Have prior approval from the AUPO FCC for the following:
  - 1. A change in the number of fellow positions in the training program.
  - 2. A change in the duration of the training period.
  - 3. Extension of individual period of training greater than three months.
- d. Select fellows in accordance with institutional and departmental policies and procedures.
- e. Designate and supervise the other faculty involved in the fellowship training program with regards to their training program activities through descriptions and supervision of these activities.
- f. Ensure the implementation of fair procedures and due process, as established by the sponsoring institution regarding academic discipline and fellow complaints or grievance.
- g. Monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows.

Training situations that consistently produce undesirable stress on fellows must be evaluated and modified.

- h. Prepare accurate statistical and narrative evaluations of the program.
3. Any change in the Fellowship Director MUST be communicated to the AUPO FCC in writing within 90 days.

## **B. Faculty**

There must be at least one faculty member, including the program director, for each approved fellowship position. In addition, faculty members must:

1. Be highly qualified and possess appropriate clinical, research and/or teaching skills. The faculty must devote adequate time to the education of fellows.
2. Demonstrate a strong interest in the education of fellows, sound clinical, research and/or teaching abilities, support of the goals and objectives of the program, commitment to their own continuing medical education, and participation in scholarly activities.
3. Have regularly scheduled, documented meetings with each other in order to review the program's goals and objectives, as well as the program's effectiveness in achieving them.
4. Periodically evaluate the utilization of resources available to the program, the contribution of each institution participating in the program, the program's financial and administrative support, the volume and variety of patients available for educational purposes, the performance of members of the faculty, and the quality of supervision of fellows.
5. Be eligible to take the relevant examinations for certification given by the American Board of Medical Specialties (or Canadian equivalent), be actively participating in the process in obtaining such certification or possess appropriate educational qualifications, or already be certified by the American Board of Ophthalmology.
6. Be a member of the faculty of the sponsoring institution.
7. Have fellowship training in or at least one year experience in the practice of uveitis or in research in uveitis.

### **C. Other Program Personnel**

Programs must be provided with the additional professional, technical and clerical personnel needed to support the administrative and educational activities of the program.

## **IV. Facilities and Resources**

### **A. Clinic**

The outpatient area of each participating institution must have at least one fully equipped examination lane for each fellow in the clinic. There must be access to current diagnostic equipment.

### **B. Inpatient Facilities**

The program must have access to inpatient facilities with sufficient space and beds for good patient care.

### **C. Library**

Fellows must have ready access to a major medical library and facilities for electronic retrieval of information from medical databases.

## **V. Educational Program**

The program director is responsible for the structure and content of the educational program and must provide a statement of objectives, methods of implementation, and procedures for assessment of the program by the faculty and the fellows. The program director is responsible for the design (even if the development of its content is designated) and supervision of the educational experience.

### **A. Clinical Components**

#### **1. Uveitis examination skills**

The fellowship must be organized to provide training that will equip the fellows to regularly perform evaluations, including history and examination of patients with uveitis and other ocular inflammatory disorders. They should become proficient in the use of a comprehensive history required for the management of patients with ocular inflammatory disorders. They should be proficient in the examination of the eye and adnexa in patients with inflammatory and infectious disorders.

## 2. Technical clinical examinations

Fellows should understand the indications for and the evaluation of results of diagnostic techniques in uveitis and other ocular inflammatory disorders. They should understand the indications for and interpret the results of fluorescein angiography, ultrasonography, optical coherence tomography (OCT), perimetry, electro-diagnostic studies, and radiologic studies. Uveitis specialists also should understand the use of the laboratory and radiologic studies for diagnostic testing in order to determine whether associated systemic infections or autoimmune disorders are present.

## 3. Therapeutics

Fellows should be knowledgeable about the indications for, use of, and limitations of pharmacological, and surgical therapies that may be recommended for patients with ocular inflammatory disorders. These therapies include the use of topical and regional corticosteroids (e.g. periocular and intraocular injections), oral corticosteroids, immunosuppressive drugs, and oral nonsteroidal anti-inflammatory drugs. They should also learn the indications for and the perioperative (i.e. pre- and post-operative) management of patients with ocular inflammation who undergo cataract surgery, glaucoma surgery, and diagnostic and therapeutic vitreoretinal procedures, even if they do not perform the surgical procedures themselves.

## 4. Clinical Experiences

Fellows should be exposed to a broad variety of ocular inflammatory disorders. The following minimum number of visits/cases seen/procedures should be performed over a twelve-month period:

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| a. Examinations of patients with uveitis and related disorders (new or follow-up)                                   | 500 |
| b. Examinations of new patients with uveitis and related disorders  | 100 |
| c. Follow-up visits/examinations of patients on systemic immunosuppression, (excluding patients on prednisone only) | 150 |

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| d. Total diagnostic studies of the posterior segment (fluorescein angiograms, optical coherence tomograms, and ultrasounds), including minimums for each as listed below:                             | 100 |
| Fluorescein angiograms  | 20  |
| Optical coherence tomograms   | 20  |
| Ultrasound  | 10  |
| Perimetry   | 50  |
| e. Regional ocular procedures (periocular corticosteroid injections, intraocular injections, intraocular implant procedures)  | 20  |
| f. Perioperative management (i.e. pre- and post-operative) of patients with uveitis and related ocular inflammatory conditions undergoing intraocular surgery, regardless of who performs the surgery | 50  |

Some record keeping mechanism must be maintained to document the case distribution for each fellow. If feasible, a web-based database should be used.

## **B. Didactic Components**

Fellows should participate in clinical conferences, didactic lectures and journal clubs in uveitis, which include case conferences. A minimum of 12 didactic sessions devoted to “Uveitis” and related disorders is required. The “didactic sessions”, as well as those in topics of individual conferences, lectures and journal clubs should be documented.

Faculty members must emphasize the principles of ethical and humane treatment of patients in accordance with the Code of Ethics of the American Academy of Ophthalmology. They should communicate these principles to fellows in both the didactic and clinical aspects of training.

## **C. Supervision**

Fellows must be appropriately supervised in all patient care services by qualified faculty. The program director must ensure, direct, and document appropriate supervision of fellows. Attending physicians, who supervise fellows, must have sufficient experience for the severity and complexity of the patient’s condition and must be available at all times.

## **D. Duty Hours and Conditions of Work**

Duty hours and night and weekend call for fellows must reflect the concept of responsibility for patients and provide for adequate patient care. Fellows should not be required regularly to perform excessively difficult or prolonged duties.

## **E. Scholarly Activity**

The fellowship must take place in a scholarly atmosphere where resources are available that allow the fellow to participate in scholarly activities, such as research. Fellows should participate in the development of new knowledge and evaluate research findings. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. Although not all members of the faculty must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity.

Faculty members should:

1. Participate in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participate in journal clubs and research conferences.
3. Participate in regional or national professional and scientific societies, particularly through presentations at their meetings and publications in refereed journals.
4. 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.
5. Offer guidance and technical support (e.g. research design, statistical analysis) for fellows involved in research.
6. Provide support for fellow participation in scholarly activities.
7. 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.

## **F. Fellow's Research Activities**

Fellow should have opportunities to develop research skills. A specific block of time may be set aside for clinical or laboratory research, which may require that the fellowship be extended beyond twelve months.

## **VI. EVALUATION**

### **A. Program and Faculty Evaluation**

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by fellows must be assessed. Teaching faculty must be evaluated on a regular basis. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which fellows participate in this evaluation. Written evaluations by fellows, through mechanisms that promote candor and maintain confidentiality, as much as possible, should be utilized in the evaluation of both the program and faculty.

### **B. Fellow Evaluation**

There must be regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician

The program director, with the participation of members of the faculty, shall:

1. At least semi-annually evaluate the knowledge, skills and professional growth of the fellows, using appropriate criteria and procedures.
  2. Communicate each evaluation to the fellow in a timely manner.
  3. Monitor the fellow's development of knowledge, skills and professionalism and advance his/her clinical responsibilities appropriately.
  4. Maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel.
- C. The program director must provide a written, final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.

D. As part of their satisfactory completion of an AUPO FCC-compliant fellowship, all fellows must file an "Exit Survey," which has been developed for Uveitis and is on the AUPO FCC website.