

Survey

Demographic Information

1) Which state do/did you receive your training in? *Dropdown List Appears*

2) What program do/did you get your training at? *Dropdown List Appears*

3) What is your current level of training?

- PGY-3 Resident
- PGY-4 Resident
- 2014 Graduate
- 2013 Graduate
- 2012 Graduate
- 2011 Graduate

4) If you are a residency graduate, what is your current work status?

- Fellow in the US Fellow internationally
- Pursuing fellowship in the US Pursuing fellowship internationally
- Working in a community practice Working in an academic practice

General Satisfaction

5) What is your overall level of satisfaction with your ophthalmology residency program?

- Very Satisfied Satisfied
- Neutral
- Unsatisfied Very Unsatisfied

6) How do you feel about the operative experience in the following areas?

| | Very Satisfied | Satisfied | Neutral | Unsatisfied | Very Unsatisfied |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Case Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case Complexity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case Variety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7) How do you feel about the quality of teaching in the following settings?

| | Very Satisfied | Satisfied | Neutral | Unsatisfied | Very Unsatisfied |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Formal didactic teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operating room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinic/outpatient office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital-based rounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Grand rounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morbidity and mortality rounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical skills/wet laboratory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Videotapes of surgical procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical virtual simulation system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conferences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Journal club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Surgical Volume

8) How many cataract surgeries have you performed during your residency training so far?

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 100-149 |
| <input type="checkbox"/> 150-199 | <input type="checkbox"/> 200-249 | <input type="checkbox"/> 250-299 |
| <input type="checkbox"/> 300-349 | <input type="checkbox"/> 350-399 | <input type="checkbox"/> 400-449 |
| <input type="checkbox"/> 450-499 | <input type="checkbox"/> >500 | <input type="checkbox"/> Unsure |

9) How many trabeculectomy/tube shunt surgeries have you performed during your residency training so far?

- 0
- <10
- 10-20
- 21-30
- 31-40
- 41-50
- >50
- Unsure

10) How many strabismus surgeries have you performed during your residency training so far?

- 0
- <10
- 10-20
- 21-30
- 31-40
- 41-50
- >50
- Unsure

Surgical Competency

11) How competent do you feel performing these Cataract/Refraction procedures?

| | Yes | No | Unsure |
|---|------------|-----------|---------------|
| I feel comfortable prescribing glasses | () | () | () |
| I feel comfortable prescribing contact lenses | () | () | () |
| I feel comfortable performing phacoemulsification | () | () | () |
| I feel comfortable performing extracapsular cataract extraction | () | () | () |
| I feel comfortable implanting toric intraocular lenses | () | () | () |
| I feel comfortable performing refractive surgery | () | () | () |
| I feel comfortable performing corneal surgery | () | () | () |

12) How competent do you feel performing these Glaucoma procedures?

| | Yes | No | Unsure |
|---|------------|-----------|---------------|
| I feel comfortable performing glaucoma ALT/SLT | () | () | () |
| I feel comfortable managing complications of glaucoma surgery | () | () | () |

13) How competent do you feel performing these Retinal procedures?

| | Yes | No | Unsure |
|---|------------|-----------|---------------|
| I feel comfortable performing posterior segment examinations (including scleral depression) | () | () | () |
| I can perform vitreoretinal surgical procedures | () | () | () |

14) How competent do you feel performing these Oculoplastics procedures?

| | Yes | No | Unsure |
|---------------------------------------|------------|-----------|---------------|
| I can treat eyelid trauma | () | () | () |
| I can treat orbital trauma | () | () | () |
| I can perform lid surgical procedures | () | () | () |

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| I can perform lacrimal surgical procedures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can perform enucleation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can excise conjunctival tumours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15) How competent do you feel performing these pediatric procedures?

| | Yes | No | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| I feel comfortable performing pediatric clinical assessments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable managing children with strabismus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable managing children with retinopathy of prematurity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable performing strabismus surgery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can prescribe low-vision rehabilitative therapies and optical devices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16) Which nonclinical competency areas of ophthalmology practice did you receive training in during residency?

| | Yes | No | Unsure |
|--|-----------------------|-----------------------|-----------------------|
| Professionalism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Practice management skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal and communication skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Systems-based practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relationships with allied health professionals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Information about practice settings/models | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staffing and administration skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Information management and technology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relationships with referring doctors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relationships with referring doctors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Academic Performance

17) How many times have you taken the OKAP exams?

- 0
- 1
- 2
- 3
- >3

18) During your training, do you feel you were given adequate and timely feedback in the following setting(s)?

| | Yes | No | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| Clinic/outpatient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Operating room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opportunity to discuss progress with Program Director | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19) During your PGY-4 year, what was your on-call frequency?

- 1:2 1:3 1:4
 1:5 1:6 1:7
 1:8 No Call

20) Did your program have protected study time prior to your OKAP?

- No
 Yes, but too little
 Yes, just about right
 Yes, too much time

21) What methods did you use to prepare for the OKAP? Check all that apply

- Individual study
 Review sessions with staff
 Review sessions with peers
 Simulated exams
 Review course offered by the residency program
 Other review course

22) Did you feel your training program prepared you adequately to perform well on the OKAP?

- Yes
 No

23) Did any factors negatively affect your performance on the OKAP? Select all that apply.

- Nothing negatively affected my performance
 Continuing clinic duties while studying
 Continuing call duties while studying
 Inadequate clinical exposure during residency
 Inadequate teaching during residency

Thank you for taking our survey. Your response is very important to us.