



MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

NEWS & VIEWS

MARCH 2007

THE AUPO: STRENGTHS, WEAKNESSES, AND SOME OPPORTUNITIES AND CHALLENGES

BY MARCO A. ZARBIN, MD, PHD



The conclusion of this year of stewardship has engendered thoughts on the character of the AUPO and some issues we should address in the near future.

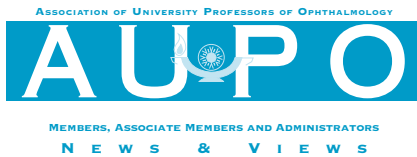
Strengths. The AUPO membership is highly educated and experienced with leadership responsibilities. As a result, we are accustomed to performing environmental surveys, strategic planning, and tactics. Collegial relationships extend throughout the organization and between the AUPO and related organizations such as American Academy of Ophthalmology (AAO), the National Eye Institute (NEI), the Association for Research in Vision and Ophthalmology (ARVO), and the American Board of Ophthalmology. Our members often have responsibilities in other relevant organizations, (e.g., the AAO, the ABO, the Residency Review Committee, the Accreditation Council for Graduate Medical Education (ACGME), ARVO, the NEI, professional societies (e.g., the American Ophthalmological Society)), editorial boards of journals, philanthropic organizations (e.g., Research to Prevent Blindness, Inc., Foundation Fighting Blindness, Fight For Sight), and advocacy groups (e.g., National Alliance for Eye and Vision Research). As a result, a substantial amount of information can be shared at the AUPO meeting, which should enable proactive rather than reactive behavior, as we seek to maintain and develop excellence in academic ophthalmology. In summary, our fundamental strengths are the *quality of our human resources* and the *relationships* the members have with individuals and organizations outside of academic ophthalmology.

Weaknesses. AUPO has very little working capital. Therefore, we often must leverage relationships to effect action instead of spending money to address an issue directly. Working groups established/supported by the AUPO (e.g., the Fellowship Compliance Committee) are purely voluntary. Consequently, the amount of time the members can commit is limited. There may be increased turnover in critical leadership positions or even a reluctance to serve as a result. The AUPO members represent organizations of different degrees of complexity and scope of activity, which sometimes leads to different objectives among us. Diversity is a strength, not a weakness. However, diversity sometimes can render consensus and rapid, focused action difficult to achieve. In summary, our weaknesses arise from the *lack of financial resources* needed to execute plans that advance our missions and, occasionally, from the *diverse interests* of the departments we represent.

Opportunities and Challenges

Surgical Training. We are witnessing a revolution in the educational paradigm for clinical training. Assessment of educational quality is becoming professionalized and outcome-focused (rather than process-focused). It will cost money and will require concerted intellectual effort to effect these improvements. Development of strategies and devices that are easy to use and allow us to measure the *performance* of our residents and fellows (rather than measure our efforts to train them [e.g. number of lectures we gave] or measure the volumetric aspects of their training [e.g., number of refractions, cataract extractions]) will require cre-

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ative thinking. Currently, our academic system does not provide adequate financing for this mission, and it does not reward contributions in this area adequately. With regard to ophthalmology training, the AUPO is uniquely positioned to recognize this challenge, to develop a plan to address it, to implement the plan, and to monitor progress in executing the plan. *If the AUPO fails to do so, however, other organizations probably will assume control of this process.*

The Board of Trustees has taken two actions relevant to this issue. First, the Board established the Straatsma Award (generously funded by AAO and an anonymous donor solicited by Dr. Mondino, the Executive Vice-President of the AUPO) to reward excellence among the Ophthalmology Program Directors. Second, the Board developed the Program Directors Council, which reports to the Board and which is run democratically and entirely by the Program Directors. The Council's response to the need to change our educational paradigm has been constructive and aggressive. I am confident that the Program Directors will develop tools that improve our surgical training programs. Our job is to help them do it and to support them in the implementation of their innovations. We also should reward them when they succeed.

Ophthalmology Workforce. The demographics of our society and the expansion in the repertoire of treatments for blinding diseases will create a significant increase in the demand for ophthalmology services during the next 20 years. The regulatory environment and financial constraints surrounding the training of additional residents and fellows are complex. Thus, our ability to maintain access to care will be challenged. We must make every effort to insure that resident training enables general ophthalmologists to serve as leaders of an eye care team that meets the increased demand for clinical services. This effort will involve some skills transfer from ophthalmic subspecialists to general ophthalmologists. We are already beginning to address this issue. Many recently graduated general ophthalmologists, for example, now perform some or all laser treatments for diabetic retinopathy. (Only 50% of diabetic patients undergo appropriate routine screening. Perhaps even fewer receive timely ophthalmic intervention.) I suspect that subspecialists continue to be quite busy despite this skills transfer because of ongoing development of new treatments for blinding diseases, the provision of which often falls within their scope of practice. In summary, we must insure that the skill set of general ophthalmologists, not just subspecialists, helps to address the challenge of enhancing access to care for the blind and visually impaired. Development of more effective educational tools and paradigms will facilitate achieving this goal. Perhaps it would be helpful for the AUPO to organize a symposium focusing on the role that we as educators can play in improving access to ophthalmic care in the 21st century. The outcome might be a set of action items that could be disseminated to our members and to partner/interested organizations outside of the AUPO (e.g., the ACGME, Congress).

Role of Ophthalmology Departments in Academic Medicine. The role of ophthalmology departments in many medical schools is diminishing, probably due to decreased revenues associated with ophthalmic clinical practice, the shift of nearly all ophthalmic care to an outpatient setting,

and the decreased emphasis on subspecialty training in medical school curricula. The AUPO is sponsoring workshops and symposia on medical student teaching to insure that medical school graduates have a clear understanding of the major causes of blindness and can refer patients appropriately for ophthalmic care (e.g., protocol-based referral for patients with diabetes mellitus). There almost certainly is more that can be done.

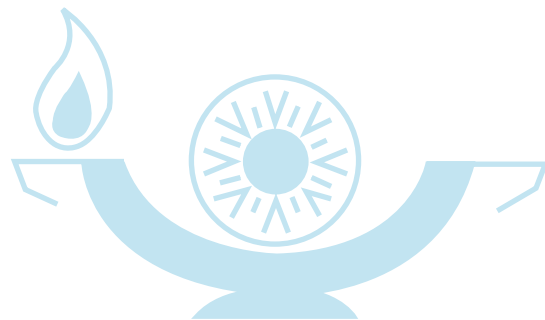
Although there has been a decline in reimbursement for clinical service, discoveries in biology, chemistry, and materials science (e.g., nanotechnology) have created many opportunities for the development of new treatments for blinding diseases (e.g., pathway-based pharmacological therapy for age-related macular degeneration, nanotechnology for gene therapy, cell-based therapy for retinal degenerative disease, improved intraocular lens design, treatment of intraocular scarring). Substantial profit will accrue to the organizations that develop and market these products successfully. Faculty members and their departments are obvious partners for industry in these efforts. Successful product development, while highly difficult to accomplish, is one area in which ophthalmology departments can achieve intellectual distinction, realize substantial profit, and enhance their value to medical schools. Ophthalmology departments probably do not have a monopoly over the conduct of clinical research trials to the degree that they once did, but these departments still occupy a pivotal position in translational research. The AUPO has held workshops on the development of entrepreneurial research programs and probably should do so intermittently. I think we can do more to exploit this competitive advantage.

Financial Relationships with Industry. Academic physicians must give careful consideration to their relationships with industry, a potential partner for funding educational and translational research activities as well as clinical trials. Many ophthalmologists have expressed principled opposition to financial relationships with industry due to concerns over the potential for abuse. Probably we all agree that we have a responsibility to scrutinize objectively products and procedures and to act foremost on behalf of our patients. The issue in dispute is the degree to which financial relationships compromise that capacity. Equally well-motivated individuals view industry as an essential collaborator in translational research, particularly in light of the limited NIH funding for such endeavors, which are inherently quite costly. The opportunity to create intellectual

property and move discoveries from the laboratory to the operating room is, for many individuals, a compelling reason to choose a career in academic medicine. I suspect that there will be continually increasing, fruitful interactions between academic ophthalmologists and industry and that these relationships will be highly regulated to safeguard the public interest. The AUPO is probably the best organization to assess guidelines for such relationships in the field of ophthalmology (working in concert with other partners such as the AAO, ARVO, and the NEI). These guidelines will be very helpful to individuals who choose to explore such relationships. Other organizations (e.g., the ACGME) also are considering the establishment of such guidelines.

Conclusion

It has been a pleasure and a privilege to serve you. The challenges that confront us provide opportunities for achievement and for improvement in the paradigm that defines how we relate to our trainees, to our patients, to our non-ophthalmological colleagues, and to each other. I look forward to working with many of you in the future as we respond to these challenges and achieve even greater success as ophthalmologists in academic medicine. As always, I wish each of you and your families happiness, good health, and prosperity.



AUPO BOARD MEETING HIGHLIGHTS—2007

- Confirmed its position that there can only be one Program Director per ophthalmology program.
- Drafted revisions to Article III, Section 3.2 of the Bylaws clarifying rules about Associate Membership that will be presented to the membership prior to the 2008 Annual Meeting and voted on at the 2008 Annual Business Meeting.
- Appointed Dr. Susan Day as the AUPO representative to a new Task Force Advisory Board consisting of representatives from the AUPO, AAO, ABO, RRC and the AUPO Program Directors Council (PDC) to address competency tools.
- Reviewed the AUPO Physician Compensation Survey results and discussed a plan for making it available to AUPO Members for purchase.
- Changed the distribution of *News and Views* to two printed copies per year and two electronic versions per year.
- Received verbal updates from representatives of Research to Prevent Blindness, Program Directors Council, American Academy of Ophthalmology, and Central Application Service.
- Reported on a meeting of the newly established AUPO/AAO Liaison Committee that will meet periodically to review items of interest to both organizations.
- Decided on the format and major topics for the 2008 Annual Meeting.
- Approved updates to the guidelines and process for the Resident and Fellow Research Forum.
- Added a New Chairs Luncheon to the 2008 Annual Meeting.
- Agreed a survey can be developed by Research Directors to identify challenges in departments of ophthalmology and to encourage Research Directors to join AUPO as Associate Members.

AUPO ANNUAL BUSINESS MEETING HIGHLIGHTS—2007

- Approval of the 2006 Annual Business Meeting minutes.
- Review by President of AUPO 2006 accomplishments and challenges.
- Consideration of comments concerning relationships with pharmaceutical companies.
- Reminder about availability of mentoring program for new Chairs.
- Approval of new Members and Associate Members.
- Approval of David Epstein as new member of Board
- Approval of a resolution concerning EyeCare America.
- Presentation of information about the California Optometrist Bill and the Advocacy Ambassador Program.

AUPO resolution

The Association of University Professors of Ophthalmology supports the participation of faculty of Departments of Ophthalmology in the public service programs of EyeCare America, a division of the Foundation of the American Academy of Ophthalmology.

STRAATSMAN AWARD FOR EXCELLENCE IN RESIDENT EDUCATION

The Straatsman Award for Excellence in Resident Education was established through the generosity of the American Academy of Ophthalmology, the Association of University Professors of Ophthalmology, and private funds to recognize and celebrate an outstanding Program Director in ophthalmology. The award carries the name and honors the accomplishments of Bradley R. Straatsman, MD, JD, former Chairman of the Department of Ophthalmology at UCLA and former Director of the Jules Stein Eye Institute. The award is presented annually at both the annual meetings of the AAO and AUPO. The deadline for nominations is May 7, 2007. Go to www.aupo.org/awards for nomination procedures.

ADMINISTRATOR'S UPDATE

By Jonathan Smith, MBA, MS

The 2007 Annual Meeting provided more diversity in programming due to having two joint sessions with the Chairs. In recent years there has been increased collaboration between the Chair and Administrator groups that have provided a rich combination of presentations by utilizing perspectives and experiences from members of each group. There is a desire on the part of both organizations that these efforts continue where deemed feasible and beneficial to do so.

The Administrators meeting began with a well attended reception on Wednesday, January 31, 2007 welcoming new and returning members. The "Business Management Symposium" on Thursday, February 1, focused on the Academic Physician Compensation Survey which was completed in December 2006 by Sullivan, Cotter and Associates, Inc. based in Detroit, Michigan. The survey is the first of its kind to formally compile academic salaries for assistant, associate, and full professors in ophthalmology based departments. This survey will be helpful for departments across the country in evaluating their current salary programs. A total number of 54 departments across the country participated in these efforts, and a special "Thank you" is extended to all of the administrators who helped make this a reality by directing and/or preparing this data for their individual departments. After the symposium, James P. Dunn presented the "Resident Applicant Survey" which was found to be informative and pertinent relating to current issues facing our residency programs. The Thursday morning program was concluded by the inauguration of the first "Listserv Live" session, which was adeptly moderated by Larry McGranahan from the University of Iowa. This session was well attended and well received by those who participated. The format created a wonderful opportunity for asking questions and exchanging ideas.

On Friday, February 2, the Administrators breakout program began with the "Clinic Efficiency and Resources Management" session, with Corren Rodgers from the University of Miami and Wayne Imbrescia from the University of Utah. Both administrators presented on recently completed building construction at their respective institutions, providing informative and detailed information regarding their experiences, ideas

generated, and lessons learned. This session was followed by the "Emergency Preparedness Panel" with Cheryl Formes from the University of Texas Southwestern Medical School in Dallas and Fredi Bleeker Franks from the University of Texas—Houston who soberly reminded us of the importance of planning in advance as much as possible for potential emergencies, some as an "act of nature" and others that involve administrative matters such as confidential information. They communicated that so often we find ourselves reacting during the aftermath and only then being prompted to make plans for the future.

At midday, the Administrators joined the Chairs again for a joint session of several "Workshops and Discussion Groups". The topics consisted of "RRC/Program Directors: Avoiding Citations," "Management of Indirect Costs and Revenue: Cost Benchmarking & Allocation, and Cost Reduction and Revenue Enhancement Strategies," and "Electronic Medical Records: Perils, Pitfalls, and Possibilities". These workshops afforded an opportunity to obtain an extensive overview of what is currently taking place within a number of academic institutions, both from a Chair and Administrator's perspective. Perry Schechtman from the University of Michigan, and Jonathan Smith from the University of California—Los Angeles participated in the "Management of Indirect Costs and Revenue" panel.

On Saturday, February 3, the morning began with a perennial favorite of the "What's Happening in My Backyard". Martha Barber and Diane Weeks from the University of California-Davis, Alexandra Eads from Indiana University, and Robert LaFollette from Ohio State University provided the membership a good picture of what has been occurring at their respective institutions, all which was well received by those present.

The Annual Business Meeting was held immediately following the last Administrators' session. The Board of Directors met at the conclusion of the meeting to review evaluations and began making plans for the 2008 Annual Meeting. The member evaluations revealed that the 2007 Annual Meeting was successful and received high ratings overall. The comments and

Continued on next page

suggestions that were provided are most helpful in our planning for future meetings.

We extend our congratulations to our newly elected board members, Jay Collins from the University of Texas-San Antonio and Wayne Imbrescia from the University of Utah. As previously communicated, this now increases our number of board members to nine. Thelma de Souza will be rotating off the Board on April 1, but still desires to assist our organization with her highly valued skills of meeting and social planning. We cannot thank Thelma enough for the enormous contributions she has made to our organization. She has consistently provided a high level of service that has been recognized by all. With this change, Cheryl Atkins-Lubinski

will assume the Secretary role, and Kathy Austin will assume the duties of Treasurer.

The Board extends a hearty “Thank you” for all of those who so diligently prepared and wonderfully presented their respective topics. The members from the Administrator group continue to provide the membership with well prepared and professionally presented topics. We encourage those who have yet to present in an annual meeting to please notify one of the Board members if you have an interest to do so. These meetings are more than hearing about what is happening within other departments, it is also an opportunity for personal, professional development by participating as a speaker before an audience of your colleagues and peers.

AUPO PROGRAM DIRECTORS COUNCIL PRESIDENT’S REPORT FEBRUARY 3, 2007

By Anthony C. Arnold, MD

It has been my honor to serve as President of the AUPO Program Directors Council (PDC) for 2006–2007. This has been an especially eventful year for the PDC.

Each year, the PDC organizes an election for one new member of the Council to maintain a complement of 7 members as the Past President completes service. Proposed Council members must have 2 years of PD experience and anticipate serving in leadership positions on the Council for 7 years. This year, Andreas K. Lauer, MD, from the University of Oregon was elected as the newest member of the PDC. JP Dunn, MD, Past President of the PDC, completed his term of service as a primary leader of this group.

At the 2006 American Academy of Ophthalmology (AAO) Annual Meeting in Las Vegas, Nevada,

1. Karl C. Golnik, MD, MEd, received the Straatsma Award for Excellence in Residency Education.
2. The annual Teaching & Learning in Ophthalmology Course, chaired by JP Dunn, MD, focused on Techniques to Promote the Development of the Academic Ophthalmologist.

At the 2007 AUPO Annual Meeting in Indian Wells, California,

1. The Fourth Educating the Educators meeting, chaired by JP Dunn, MD, with co-chair Karl C. Golnik, MD, MEd, centered on the Accreditation Council for Graduate Medical Education (ACGME) core competencies: Professionalism and Interpersonal Skills & Communication. This session, which has focused on development of tools for teaching and assessing the core competencies, featured guest lecturers Donald A. Bosshart, EdD, and David Kern, MD, and was again a very successful endeavor, with registration of approximately 90 Program Directors, nearly 75% of US programs represented.
2. The Annual AUPO Program Directors session was chaired by Anthony C. Arnold, MD. The program included a mini-symposium on the resident selection process, with guest lecturer Linda Blank, Petersdorf Scholar from the Association of American Medical Colleges (AAMC), in addition to updates on the Ophthalmic Mutual Insurance Company (OMIC), the Virtual Mentor surgical education tool, and practice management in residency programs.
3. The annual Residency Review Committee (RRC) workshop focused on the accreditation process and optimizing program preparation to avoid citations.

The AAO Program Directors website has continued in development, with PDC representation by Karl C. Golnik, MD, MEd. In 2007-2008, the AAO will implement major improvements to the PD and Resident Education sections, including competency tools in development and interactive surgical education modules.

The PDC is currently developing a committee structure to

1. Distribute workload effectively;
2. Provide reporting accountability and follow up for PDC activities;
3. Include the PD membership in PDC activities; and
4. Identify PD leaders and future PDC members from the PD membership.

The following committees will be instituted this year, with additional groups as needed for future activities:

AUPO Program Committee

Chair: PDC President (Karl C. Golnik, MD, MEd)

Activities:

1. Develop program for PD Session at Annual AUPO Meeting;
2. Coordinate development of the RRC Workshop at the Annual AUPO Meeting.

AAO Program Committee

Chair: Past President (Anthony C. Arnold, MD)

Activities:

1. Develop program for the Teaching & Learning in Ophthalmology (TLO) Symposium at the Annual AAO Meeting;
2. Coordinate other joint AAO-PDC activities, including invited international educational symposia.

Educating the Educators (EE) Committee

Chair: Past President (Anthony C. Arnold, MD)

Activities:

1. Select Chair and Co-Chair for EE Meeting;
2. Supervise development of program for EE meeting in conjunction with AUPO Annual Meeting.

Competency Tools & Research Committee

(incorporating the American Board of Ophthalmology (ABO) Task Force for the Competencies and the PD Medical Education Research Group)

Chair: Appointed by President with PDC approval, three year term (Karl C. Golnik, MD)

Activities:

1. Develop and validate teaching and assessment tools which address the core competencies in residency training programs;
2. Coordinate multicenter research projects involving residency education.

Web-Based Education Committee

Chair: Appointed by President with PDC approval, three year term (Richard A. Harper, MD)

Activities:

1. Develop and manage the AAO Program Directors website;
2. Develop and manage the Program Directors Online Manual;
3. Coordinate additional web-based educational and administrative tools.

If you have an interest in participating in any of the above noted activities, or if you wish to raise additional issues of importance to the PD group, please contact Karl C. Golnik, MD, MEd, incoming President of the PDC, or any member of the PDC listed below.

PDC Members 2007-2008

President: Karl C. Golnik, MD, MEd
(University of Cincinnati)

Past President: Anthony C. Arnold, MD
(Jules Stein Eye Institute/UCLA)

President-Elect: Maria M. Aaron, MD
(Emory University):

At-Large Members:

Steven J. Gedde, MD (Bascom Palmer Eye Institute/
University of Miami)

Richard A. Harper, MD (University of Arkansas):

Mark S. Juzych, MD (Wayne State University)

Andreas K. Lauer, MD (Casey Eye Institute,
University of Oregon)

AUPO/RPB RESEARCH FORUM

By Stuart L. Fine, MD

The Ninth Annual AUPO/RPB Resident and Fellow Research Forum was held on February 2, 2007, in Indian Wells, California.

Forty-three applications from 27 institutions were evaluated by the following AUPO members and associate members: Naresh Mandava, MD (University of Colorado); Steve D. McLeod, MD (UC San Francisco); David J. Wilson, MD (Oregon Health and Science University); M. Edward Wilson, Jr., MD (Medical University of South Carolina); and Robert D. Yee, MD (Indiana University). Based on their ranked evaluations, four applicants were invited to present their research.

This year's presenters were: Hatice Nida Sen, second year resident at George Washington University; Alon Kahana, second year fellow in oculoplastic and orbital surgery at University of Wisconsin; Jennifer Fisher, intern at Albert Einstein Medical Center (Philadelphia), scheduled to begin residency at UC San Francisco in July 2007; and Alison Skalet, intern at Children's Hos-

pital of Philadelphia and scheduled to begin residency at UC San Francisco in July 2008.

Each presentation was discussed by an AUPO member or associate member. The discussants this year were: Jonathan M. Holmes, MD (Mayo Clinic), Lee M. Jampol, MD (Northwestern University), Paul D. Langer, MD (UMDNJ), and Alfredo Sadun, MD, PhD (USC). The discussants communicated with the presenters in advance in order to enhance the value of the presentations.

AUPO is grateful to Research to Prevent Blindness (RPB) for its continuing support of the AUPO/RPB Resident and Fellow Research Forum and for ongoing general support of AUPO activities. AUPO will continue to encourage department chairs to submit applications to the Resident and Fellow Research Forum on behalf of trainees engaged in eye and vision research. Applications for the 2008 Forum will be due October 1, 2007.



HEED OPHTHALMIC FOUNDATION RESIDENT RETREAT REPORT

By Stuart L. Fine, MD

Stuart L. Fine, MD, a Trustee of the Heed Ophthalmic Foundation, reported on the first resident retreat sponsored by the Heed Ophthalmic Foundation. The retreat was held at the Airlie Conference Center in Warrenton, Virginia in September 2006. Approximately 50 participants—half residents and half faculty—attended. The participating residents and faculty as well as the Heed Foundation Trustees were pleased with the success of the meeting. Accordingly, the Heed Ophthalmic Foundation will sponsor a second two day retreat in Chicago on September 8 and 9, 2007. The goal of the retreat is

to encourage residents of exceptional talent to pursue careers in academic ophthalmology.

Participants will include approximately 25 residents nominated by their chairs or program directors. Faculty will include recent K-grant awardees, recent R01 awardees, mid-career academic ophthalmologists, and senior investigators including Heed Foundation Trustees. Representatives from the National Eye Institute (NEI) leadership also will participate.

There will be no formal research presentations. During a series of informal sessions, young investigators

will discuss with younger investigators “How I got from here to there.” Specific topics for discussion will include:

- Why an academic career;
- The job interview;
- Academic appointments and promotions;
- Variability across universities with respect to track and criteria for promotion;
- Full time v. part time positions;
- Geographic, family, and other considerations in choosing a position;
- How teaching is evaluated in academic medical centers;
- How faculty effort is evaluated;
- Opportunities for research support from NIH, foundations, and industry;
- How grants are prepared;

- Entrepreneurial opportunities for academic faculty;
- Differences between clinicians, clinician-scientists, and clinician-educators;
- What is a start-up package;
- Mentors and mentoring;
- Leading a balanced life.

In early March 2007, all department chairs and residency program directors will be asked to nominate one or two of their current first or second year residents. The Heed Foundation Trustees will evaluate the applications and select about 25 nominees who will be invited to participate in the retreat. Those residents selected and their faculty nominators will be informed in May. All travel related expenses will be supported by the Heed Ophthalmic Foundation.



VETERANS AFFAIRS SYMPOSIUM

By Susan H. Day, MD

Question: Who has announced that it will expand funded residency slots, fund researchers, and give its faculty raises? **Answer:** the Veterans Affairs (VA).

Doctors Linda Margulies, Jim Orcutt, Gary Abrams, and Ivan Suner (with acknowledgement of help from Drs. David Parke and David Epstein) provided the attendees at the 2007 AUPO meeting with exciting opportunities for ophthalmology departments and their residency programs.

Touted by journalists and health care assessors as providing “the best” medical care, VA leadership has adapted such systems-based practice components as electronic medical records and performance measure improvements in (for instance) diabetic retinopathy.

With expenditures of 64 billion dollars in 2006 and the backing of the Federal legislative system, the VA functions at a more local level via 21 regional VISN’s (Veterans Integrated Service Networks). Aging of veterans from WWII, Korean and Vietnam Wars, plus addition of younger veterans from the Gulf and Iraq Wars, has contributed to the VA’s commitment to expand its education and research programs, with \$410 million for research efforts alone in 2006.

With an abundance of patients, excellent variety of pathology, clinic and OR resources, and strict rules on provision of supervision, the VA systems offer a golden opportunity for residency training. Further benefits to departments of ophthalmology include funding (in part) of faculty—both clinical and research—grants for development of research, and potential for collaborative research. Since changes within VA eye care are decided locally, department chairs and program directors have much opportunity to enhance education and research by partnering with the VA.

The panel encouraged us to contact and to collaborate with local VA ophthalmologists for information ranging from expansion of residency rotations at the VA, funding of clinical or research faculty, career development opportunities, and research and employment opportunities for residents. Further, the panel requested that—given the importance to ophthalmic GME—the VA and the AUPO explore avenues of communication and representation at each other’s tables.

UCLA/AUPO INTRODUCTORY COURSE ON CLINICAL RESEARCH

By Gary N. Holland, MD

The first UCLA/AUPO Introductory Course on Clinical Research was conducted on the weekend of 15-17 September 2006 at the Jules Stein Eye Institute. It was designed to fill an un-met need for comprehensive, entry level instruction for beginning researchers, and for those without training in the interpretation of research reports. The course, which was endorsed by Association for Research in Vision and Ophthalmology (ARVO), reflects the strong belief of the AUPO Board of Trustees that skills learned by participation in research are invaluable components of the education of an ophthalmologist.

In planning the course, AUPO leadership recognized that most residents and clinical fellows will not pursue research careers, yet many will participate in some form of research during their training, and that all clinicians need to understand research issues if they are to read the medical literature critically. They also recognized that most residents and clinical fellows have had no formal training in research methods and related issues.

The course began on Friday evening, 15 September 2006, with a provocative lecture "When the Evidence Isn't: The Distorting Influence of Pharmaceutical Company Sponsorship of Research Publications" by Guest Lecturer Drummond Rennie, MD, Deputy Editor (West) of JAMA. Throughout the weekend, Dr. Rennie, focused attention on authorship issues and ethical dilemmas in patient-based research. Following this initial lecture, a Mexican food dinner on the West Terrace of the Jules Stein Eye Institute set a relaxed and informal tone for the rest of the weekend. There were over 100 registrants, from 14 training programs in nine states. Attendees consisted primarily of residents and clinical fellows, but also included a few Program Directors.

The course was organized by Gary N. Holland, MD (who also served as Moderator) and Bartly J. Mondino, MD, with resources of the Jules Stein Eye Institute Clinical Research Center. Instructors were drawn from clinician-researchers in the Department of Ophthalmology, David Geffen School of Medicine at UCLA, and from statisticians in the Department of Biostatistics, UCLA School of Public Health; the faculty represented a broad spectrum of expertise related to research activities.

Throughout the day on Saturday, there were both lectures and small group sessions. During the morning, Guest Lecturer Douglas A. Jabs, MD, MBA, of the Wilmer Eye Institute, raised important issues for discussion with his presentation "Improving the Quality of Clinical Case Studies". Small group sessions, each of which was led by an ophthalmologist and a statistician, allowed close interaction between attendees and course faculty. Discussion topics included problems in study design, pitfalls of data analysis, and interpretation of statistical measures.

A series of lectures on Sunday morning dealt with institutional review boards, and with issues related to the medical literature. Guest Lecturer Thomas J. Liesegang, MD, Editor-in-Chief of the *American Journal of Ophthalmology*, presented detailed information about preparing and submitting high-quality manuscripts for peer review and publication.

Anonymous evaluations submitted by attendees at the conclusion of the course were overwhelmingly positive. As a result, the AUPO and UCLA have decided to continue the course on a biennial basis, which will allow residents to attend at the beginning of either their first or second years of training, prior to much of their own research activities. The second biennial course will be conducted on the weekend of 12-14 September 2008 at the Jules Stein Eye Institute. Drs. Jabs and Liesegang will again participate, as will additional Guest Lecturers, including Fredrick L. Ferris, III, MD, of the National Eye Institute, and Thomas M. Lietman, MD of the Proctor Foundation, UCSF. Based on constructive suggestions by course attendees, additional topics will include techniques for searching the medical literature electronically, with practical instruction by a research librarian. As with the first course, there will be no registration fee for the 2008 course. Additional information will be distributed to Department Chairpersons and Program Directors, as they are developed.

The 2008 course will again be endorsed by ARVO. Plans are also being made to coordinate the course, which will retain its focus on resident and clinical fellow instruction, with a clinical research course being developed by ARVO for a broader research audience.

Annual Meeting at a Glance



AUPO/RPB Resident and Fellow Research Forum. *Standing from left to right: Bartly Mondino, Marco Zarbin, David Weeks, Diane Swift, and Stuart Fine. Presenters, sitting from left to right: Jennifer Fisher, Alon Kahana, Hatice Nida Sen, and Alison Skalet.*



AUPO Board of Trustees. *Sitting from left to right: Bartly Mondino, Susan Day, Marco Zarbin, and Gary Abrams. Standing from left to right: Hilel Lewis, Travis Meredith, and Mark Blumenkranz.*



Jane Werner, AUPO Past President John Shock, his wife Nancy Shock, and John Cowden.



Ron Smith, Rich Abbott, and Greg Skuta.



Dunbar Hoskins, Judith Sear, and Timothy Sear.



AUPO President Marco Zarbin, Paul Langer, and Donald D'Amico.



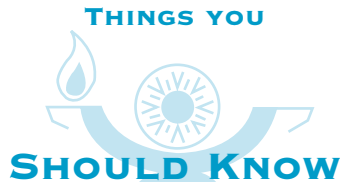
Banquet Participants.



Banquet Participants.



AUPO Executive Vice President Bartly Mondino, presenting gift to AUPO President Marco Zarbin.



FACULTY POSITIONS AVAILABLE MARCH 2007

The faculty positions section lists positions available within the AUPO Member Departments of Ophthalmology. If your institution is interested in advertising ophthalmology positions (at no charge), type your advertisement for publishing and submit it to the AUPO San Francisco office at aupo@aaoo.org.

TULANE UNIVERSITY HEALTH SCIENCES CENTER

Vitreoretinal Disease and Surgery

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Orbit, Oculoplastics and Reconstructive Surgery

UNIVERSITY OF IOWA COLLEGE OF MEDICINE

Ophthalmology and Visual Sciences

UNIVERSITY OF KANSAS MEDICAL CENTER

Glaucoma Specialist

UNIVERSITY OF TEXAS SAN ANTONIO

Academic Glaucoma Specialist

Ophthalmology Hospitalist

Comprehensive Ophthalmologist

Comprehensive Ophthalmologist/Medical Director

For a full description of these and other faculty positions please visit the "What's New" section of www.aupo.org.

AUPO POLICY REMINDERS

- ☛ All applicants participating in the Ophthalmology Matching Program (OMP) must use the Universal Application form and the Central Application Service (CAS) to apply to all programs in the match.
- ☛ Programs wishing additional information (photographs, hand-written materials, etc.) prior to interviews or prior to signing contracts may request it from applicants in accordance with institutional guidelines.
- ☛ So called "Audition Electives" by medical students at institutions other than their own are discouraged.
- ☛ Residency programs participating in the Ophthalmology Matching Program are not to distribute additional application material prior to July 1 each year.
- ☛ Residency programs are not to initiate contact with applicants after the interview until the match has been completed. This policy has been promulgated in the ophthalmology matching program directory in order that candidates will know if this policy is violated by programs.
- ☛ Fellowships should not be required to begin prior to July 7 in order that residents may complete training on June 30.
- ☛ The AUPO discourages its members from charging applicants fees for applying to residency training programs.
- ☛ AUPO policy strongly discourages any representative of a residency program from entering into discussions with a resident from or matched to another program prior to consultation with that resident's residency program director.
- ☛ The AUPO and its member departments recognize the costs and logistical difficulties borne by applicants in the fellowship interview process. Departments will endeavor to select interview dates which will mitigate these difficulties without negatively impacting the quality of the process.