



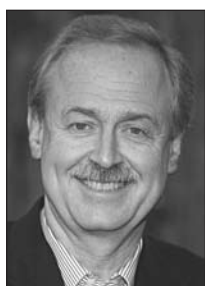
MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

N E W S & V I E W S

MARCH 2008

PRESIDENT'S COLUMN

BY MARK S. BLUMENKRANZ, MD



Those of you who attended the 42nd Annual Meeting in Sarasota had the opportunity to participate in a wide variety of excellent symposia. These included sessions on physician reimbursement and the operation of ambulatory surgical facilities in the management symposium, new developments in resident education, and a discussion of "endangered" ophthalmic subspecialties. Additional symposia on Development and Electronic Medical Records were followed by stimulating workshops on the functioning of the resident review committee (RRC), research management and an orientation for new chairs.

In the following paragraphs I want to summarize some of the key concepts presented in the management symposium relating to two important topics; (1) physician reimbursement methodology, and (2) the operation of ambulatory surgical centers (ASCs).

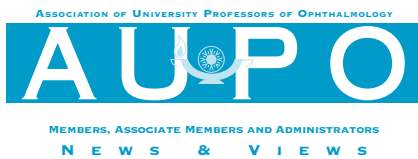
Physician Reimbursement

Drs. George Williams and Trexler Topping presented a comprehensive overview of the methodology for physician reimbursement and new changes specifically impacting ophthalmology. Dr. Williams reviewed the history of the reimbursement by Medicare for physicians' services based upon the Resource Based Relative Value Scale (RBRVS) as well as the mechanisms by which this methodology is continually updated through the efforts of the RVS Update Committee (RUC). In the RBRVS system, payments for services are determined by the three resource costs needed to provide them, (1) physician work, (2) practice expense, and (3) profes-

sional liability insurance. Payments are calculated by multiplying the combined costs of the service by a conversion factor, or monetary amount, determined by the Centers for Medicare and Medicaid Services (CMS). Payments are additionally adjusted for geographic differences impacting on resource costs. The physician worker component accounts for approximately 52% of the relative value for each service, and is determined by (1) the amount of physician work as defined by time, (2) technical skill and physical effort, (3) the required mental effort and judgment, and (4) the stress due to the potential risk to the patient. The practice expense component typically accounting for an average of 44% of the relative value unit (RVU) value was initially based on average Medicare approved charges from 1991 and updated regularly. Recently CMS began a transition to resource based practice expense values for each current procedural terminology (CPT) code based on the site of service, a process that was completed in 2002. The third component or resource based professional liability insurance (PLI) typically accounts for only 4% of the total relative value of each service.

The RVS Update Committee (RUC) is an independent group, exercising its first amendment right to petition the Federal Government rather than expressly an advisory committee to CMS and has served to update the RBRVS methodology on a regular basis. The RUC is comprised of 29 members from specialties whose Medicare allowed charges are primarily derived from the provision of E/M services. This Committee is further supported by an advisory committee of 100 spe-

Continued on next page



Executive Vice President and Editor

Bartly J. Mondino, MD

President

Mark S. Blumenkranz, MD

President Elect

Barrett G. Haik, MD

Past President

Marco A. Zarbin, MD, PhD

Trustees

Travis A. Meredith, MD

Susan H. Day, MD

Hilel Lewis, MD

David L. Epstein, MD

AUPO Administrators

Jonathan Smith, MBA, MS, COE, President

Daniel Badgley, Vice President

Cheryl Atkins-Lubinski, Secretary

Kathy Austin, Treasurer

Send feature articles and correspondence to:

Bartly J. Mondino, MD

Department of Ophthalmology

Jules Stein Eye Institute

100 Stein Plaza, UCLA

Los Angeles, CA 90095-7000

Ph: 310.825.5053 | Fax: 310.206.7488

E-mail: mondino@jsei.ucla.edu

Associate Editor

Jonathan Smith, MBA, MS, COE

Department of Ophthalmology

Jules Stein Eye Institute

100 Stein Plaza, UCLA

Los Angeles, CA 90095-7000

Ph: 310.206.6641

E-mail: smith@jsei.ucla.edu

Send announcements, association news, and address changes to:

AUPO Administration Office

P.O. Box 420369

San Francisco, CA 94142-0369

Ph: 415.561.8548 | Fax: 415.561-8531

E-mail: aupo@aao.org

Production

Gina Minato

AUPO Administration Office

E-mail: gminato@aao.org

cialty societies and healthcare professional organizations, including the American Academy of Ophthalmology and its various subspecialty societies. The RUC acts as an expert panel with the 26 voting members exercising their independent judgment and not serving as advocates expressly for their own specialty in their voting judgments. The CMS has recognized the valuable input from the RUC and typically adopted 95% of its work RVU recommendation as well as direct practice expense input. The RUC Committee meets approximately three times a year usually following the meeting of the CPT Editorial Committee, which is charged with updating the CPT codes.

Drs. Williams and Topping also went on to discuss new developments in Medicare related reimbursement directly impacting ophthalmology for 2008, including the Physician Quality Reporting Initiative (PQRI). Some of the specific changes for 2008 include primary open angle glaucoma and diabetic retinopathy as well as the use of electronic prescribing and the adoption of health information technology. Additional changes included the restoration of eye code valuations to E/M services and a re-evaluation of the impact of the sustainable growth rate (SGR) model on payment schedules. Finally, the need for careful compliance with this methodology was emphasized because of the recent initiatives by the Office of the Inspector General (OIG) to promote integrity, economy, and efficiency within all Health and Human Services programs (HHS) by increasing auditing and surveillance efforts in 2008.

Ambulatory Surgery Centers

A second session within the Management Symposium was led by Dr. Randall Olson. Dr. Olson elucidated some of the reasons for considering an Ambulatory Surgery Center as opposed to the use of traditional hospital-based operating rooms for academic Departments of Ophthalmology. These include the fact that when hospitals calculate full cost of providing surgical care the combination of inefficiencies plus relatively high hospital based indirect costs combine to produce a money losing operation from a hospital accounting standpoint, whereas well run single specialty Ambulatory Surgical Centers are typically profitable even though scheduled reimbursement levels are lower. This results, in turn, in lower levels of necessary reinvestment in equipment and personnel in hospitals for ophthalmic procedures. Other additional benefits include improvement in turn-over between patients, particularly in shorter procedures such as cataract extraction with lens implantation where turn-over times exceed typically intra-operative surgical times in main operating rooms, better care and maintenance of the surgical instruments, more consistent and better trained staff, and improvement in block time allocations. In addition to these advantages from the Department's perspective, advantages to the patient included the perception of a more streamlined encounter with fewer breaks in the care chain, and finally better outcomes resulting from the improvement in staffing and equipment. Dr. Olson emphasized the need for coordination between academic departmental managers and the hospital including sharing of revenues, but strongly suggested that direct operational responsibility be under the control of the department rather than the hospital to improve efficiencies and

provide the appropriate focus and discipline that would enable better quality care and better efficiencies.

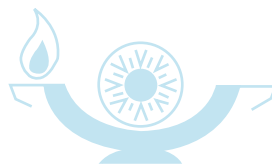
Finally, the issue of Site of Service designation was discussed, specifically whether the surgery unit should be designated as a free-standing ASC, or a hospital sited outpatient ASC which has considerable financial implications. The potential ramifications of this designation decision were further addressed by Dr. Topping who indicated that as of 2008 one provision of the Medicare Prescription Drug Improvement and Modernization Act of 2003 mandates that CMS provide a new reimbursement system. CMS has proposed that a transition occur over four years during which time the dramatic reimbursement benefit associated with a Hospital Outpatient Prospective Payment System (HOPPS) designated facility, contrasted with a free-standing ASC, which in some instances may be as high as two to three fold greater, would be slowly phased out over four years. The current proposal calls for ASCs to eventually receive approximately 75% of the HOPPS rate, thereby allowing for a greater cost associated with operating an HOPPS facility versus a free-standing ASC but in effect incenting surgery to be performed at ASCs to improve efficiency and reduce costs.

These themes were further amplified by Gene Altus of the Cleveland Clinic who confirmed the overall improvement in surgical turn-around times from approximately 40 minutes to 10 minutes upon conversion to a hospital-based ASC and approximately two-thirds reduction in the amount of peri-operative time required to process patients at the Cleveland Clinic. This resulted in physicians being 15 to 25% more productive, and also provided an incentive to recruiting physicians more effectively because of these benefits. Mr. Altus emphasized critical command and control aspects including careful analysis of profit and loss, cash flow, cost management, inventory turns and analysis of best practices, to optimize performance.

The symposium concluded with a panel discussion during which time there was considerable discussion

both amongst the participants as well as the audience relating to specific case examples of how an improved understanding of the mechanics of the RBRVS system as well as appropriate management of an ASC could improve not only the profitability of the clinical operations, but also the quality of care rendered to patients and enhanced faculty and resident satisfaction. An interesting discussion also took place regarding whether or not the increased emphasis on patient turn-around and speed in academic ASCs might lead to degradation in surgical teaching of residents by emphasizing speed over teaching of technical details of surgery. Overall it was felt by the panelists based on their experience that the quality of surgical teaching improved overall because of the availability of better instrumentation and staffing coupled with the teaching of a process that emphasized better patient outcomes.

Finally, it was generally agreed that by improving financial performance through improved understanding and utilization of appropriate coding, coupled with optimization of the performance of operative facilities whether ASC based or hospital based, that academic departments would derive meaningful benefit both through increased operating margins available to support academic initiatives and also the recognition that one of the important dimensions of resident education in addition to developing a core of diagnostic and therapeutic knowledge is a thorough understanding of the practice of medicine in all its dimensions including practice management. Academic departments, because of the intrinsic demands placed upon them in the realm of education and research, are already at a disadvantage relative to the practices and providers fully dedicated to patient care alone and thus in a sense have an even greater requirement to manage their practices in a operationally efficient way so as to have both a sufficient base of patients for teaching purposes and also to have sufficient revenues in an era of reduced research and educational subsidies to be able to fulfill those critical components of our mission.



AUPO UPDATE: WHAT ARE WE DOING AND WHERE ARE WE GOING?

by Bartly J. Mondino, MD, Executive Vice-President

AUPO represents academic ophthalmology in its three missions of research, education, and patient care. Academic ophthalmology faces many challenges, including marginalization in the medical school and hospital, flat or declining federal funding for research, less than optimal reimbursement for clinical activity, endangered ophthalmic subspecialties, increased regulatory requirements, retention of academic clinician-scientists, and scope of practice issues. On the other hand, academic ophthalmology has been blessed with incredible philanthropic support, unprecedented advances in vision science research and technology, and the commitment and enthusiasm of its membership.

Over the past several years, there have been a number of developments and changes in AUPO and new programs added to AUPO to address some of the above that include the following:

- In 2005, Dr. Stephen Tsang from Columbia University, New York, became the second **Becker/RPB/AUPO Physician-Scientist awardee**. This career development award provides \$100,000 in funding for each of 3 years.
- The AUPO began a **Chair Mentoring Program** in 2006. For mentors, AUPO recruited retired chairs who have been previous presidents of AUPO. New chairs or about-to-be chairs are able to choose a retired chair from a rotating list of available mentors.
- An **AUPO Salary Survey** was completed in 2007. In this survey, academic salaries were stratified according to academic rank, subspecialty, geographic location, and administrative responsibilities. General results of the salary survey were discussed at the 2007 Annual Meeting in a symposium organized and chaired by Dr. Mark Blumenkranz and was made available for purchase by members of AUPO. The survey is the most comprehensive and detailed survey available for academic ophthalmology.
- Probably the most important achievement of AUPO in the past few years is the launching of the **AUPO Fellowship Compliance Committee (FCC)**. The aims of the FCC include standardization of educational programs, provision of minimum standards for subspecialty training, protection of the public, protection of fellows and residents, monitoring compliance with agreed upon guidelines, and assuring enforcement of compliance with guidelines. To date, nine subspecialties are on board. The AUPO FCC members have contributed an enormous amount of time, energy, and intellectual capital to this endeavor. John Keltner, MD has done an exceptional job in overseeing this complicated process.
- The **San Francisco (SF) Central Application System and Match** for residents, which is overseen by AUPO, was revised substantially in 2006 to become more electronic and less paper-driven. Residency applicants requested this. The SF Match will provide a Central Application System for fellow applicants in 2008. This will enable a fellow to complete a standardized form which can then be distributed to fellowships across the country. Fellowship applicants will provide a contribution to the compliance process as well as the Match and Central Application System.
- The **AUPO Consortium of Medical Student Educators** led by Linda Lippa, MD was formed in 2007. It is comprised of representative ophthalmology directors of medical student education and/or committed educators from AUPO member ophthalmology programs in the United States and Canada. Its mission is to promote integration of core ophthalmic knowledge and skills within the required medical school curriculum, and to assist medical student education directors in their academic and administrative responsibilities. This Consortium provided a document presenting a practical, minimum core of knowledge, examination, and procedural skills that medical students should acquire. In addition, roles and responsibilities for the group were detailed.
- **AUPO Symposia** at the Annual Meetings have included a wide range of relevant and important subjects including academic salaries, development, Veterans Administration system, chair transition, endangered ophthalmic sub-specialties, electronic medical records, and chair burnout.

- **UCLA/AUPO Introductory Course on Clinical Research for Ophthalmology Residents, Fellows, and Faculty** was held in 2006 and will be repeated biannually. Since one of the three major objectives of AUPO is the promotion of research in ophthalmology, AUPO believes strongly that skills learned by participation in research are invaluable components of the education of an ophthalmologist. While the AUPO Resident and Fellow Research Forum provides an opportunity for selected residents to interact with Chairs and Program Directors, the AUPO recognizes that only a few residents are impacted by this program each year. As an additional means of promoting research training among a larger group of residents and fellows, the AUPO is co-sponsoring, along with the UCLA Jules Stein Eye Institute, this introductory course which has also been endorsed by ARVO. The course will address the need for comprehensive, entry-level instruction for beginning clinical researchers.
- In 2006, **Resident Program Directors**, associate members of AUPO, were allowed to attend our Annual Meeting without their chair being present. In this same year, **Research Directors** in departments or divisions of ophthalmology in medical schools and other institutions sponsoring accredited ophthalmology residency training programs became eligible for associate membership in AUPO.
- In 2006, Patricia B. Levenberg, PhD, Executive Director of the Accreditation Council for Graduate Medical Education (ACGME), began conducting one-on-one **ACGME meetings with program directors**, especially those with imminent Residency Review Committee reviews. These individual clinics provide information specific to the program that is being addressed and have become very popular.

The above accomplishments would not have been possible without the dedication and support of the AUPO Board and its membership. However, AUPO continues to face challenges in the future. To enhance its impact on academic medicine, AUPO requires more financial resources than are currently available. Should it increase its membership dues? Increase its fees at its annual meetings? Solicit more unrestricted funding from foundations and industry?

The size of AUPO is another issue that must be addressed. Popular hotels for the annual meeting will not be possible in the future because the number of attendees is increasing dramatically. Off-site housing locations at the annual meeting are now a necessity, but detract from the convenience and collegiality of the meeting. Should the AUPO continue its trajectory of growth or limit itself to a smaller and more tightly organized group? These questions, as well as others, will need to be addressed.

AUPO RESIDENCY PROGRAM SYMPOSIUM

by Karl C. Golnik, MD, Past President Program Directors Council

The 2008 Residency Program Symposium was divided into two parts. The first half consisted of brief updates on areas of interest to program directors. Tom Hejkal, MD provided an update on the activities and findings of the Optics Education Task Force. He reported on a survey completed by Program Directors (PDs) regarding the relevance of various optics topics to resident education and the Task Force made several recommendations that will be summarized in a report which will be made available to the interested organizations including the Association of University Professors of Ophthalmology, American Academy of Ophthalmology, and American

Board of Ophthalmology. Leslie Jones, MD outlined the plans of the Practice Management Task Force charged with determining both best practices for resident practice management and the topics such education should include. A survey has since been distributed to all program directors to obtain opinion to guide the task force. Larry Sperber, MD provided a synopsis of a Program Director Think-Tank that convened in Austin, TX to discuss and prioritize issues relevant to the PDs responsibilities. The most immediate result was the formation of a Mentorship program for new PDs led by Natalie Kerr, MD. The kick-off social affair was a group lunch

Continued on next page

just prior to the Residency Program Symposium. Karl Golnik, MD discussed the Ophthalmic News and Education (ONE) network, an exciting new educational website containing all of the AAO's educational material. Part of the ONE network is the Resident Education Center (REC) which was then demonstrated by Tara Uhler, MD and Nicholas Volpe, MD. This is a password protected portion of the ONE network that includes program management tools, competency best practices, sharing of educational tools between programs, quiz building ability, program directors handbook, program director forum, EyeMovies, and the ability to assign content to residents via email on an individual program basis. There will be an annual fee to access the REC (with full refund if the program is not satisfied).

The second half of the Residency Program Symposium was dedicated to providing practical answers to completing the competency portion of the new Residency Review Committee Program Information Form (PIF). Maria Aaron, MD, Natalie Kerr, MD, Shahzad Mian, MD, and Elias Traboulsi, MD gave actual answers to the PIF questions regarding Interpersonal and Communication Skills, Practice Based Learning and Improvement, Professionalism, and Systems Based Practice, respectively. These presentations were then disseminated to all PDs through the email listserv: EyePDNet. Significant discussion ensued with other examples of PIF answers offered by the audience. Plans were made to compile best PIF practices in the REC.

AUPO/RPB RESIDENT AND FELLOW RESEARCH FORUM

by Stuart L. Fine, MD

The 10th Annual AUPO/RPB Resident and Fellow Research Forum was held on February 1, 2008 in Sarasota, Florida.

Thirty-nine applications from 28 institutions were evaluated by the following AUPO members and associate members: Keith Carter (University of Iowa); Craig Greven (Wake Forest); Lanning Kline (University of Alabama); Randy Olson (University of Utah); and Jim Tsai (Yale University). Based on their ranked evaluations, four applicants were invited to present their research.

This year's presenters were: Shu-Hong (Holly) Chang (Washington University, St. Louis), Sai Chavala (Duke Eye Center), Maria Cortina* (Louisiana State University), and Holly Hindman (University of Rochester).

Each presentation was discussed by an AUPO member or associate member. The discussants this year were: Jim McCulley (UT Southwestern), Steve McLeod (UCSF), David Wilson (OHSU), and Marco Zarbin (UMDNJ). The discussants communicated with the presenters in advance in order to enhance the value of the presentations.

This year was Dr. Stuart Fine's last year as Chair of the AUPO/RPB Resident and Fellow Research Forum. Dr. David Epstein will organize the Forum in 2009.

AUPO is grateful to Research to Prevent Blindness 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 2009 Forum will be due October 1, 2008.

**Dr. Cortina did not attend the Forum because she was in the final stages of pregnancy. The baby boy was born on Friday, February 1st! Her presentation was delivered by her Chair, Dr. Donald Bergsma.*

Editor's note: Dr. Fine was recognized by AUPO at our annual meeting for his leadership in establishing and managing this forum.

2007–2008 AAO LEADERSHIP DEVELOPMENT PROGRAM

Christopher Ta, MD is among a select group of nineteen state and subspecialty society representatives chosen via a competitive process to participate in the American Academy of Ophthalmology's (AAO) 2007–2008 *Leadership Development Program* (LDP). The class also includes an international participant from Kuwait representing the Middle East African Council of Ophthalmology.

Dr. Christopher Ta met with fellow program participants for an orientation meeting held during the AAO Annual Meeting in New Orleans. Joining them were participants in the leadership development program of the Pan American Association of Ophthalmology (PAAO)—its *Curso de Liderazgo*.

During the orientation session, LDP participants heard from Cynthia Bradford, MD, AAO Secretary for State Affairs, David W. Parke, II, MD, 2008 AAO President, Cristian Luco, MD, PAAO President-Elect, Bruce Spivey, MD, President of the International Council of Ophthalmology as well as Julian Gangolli, Allergan's CVP and President of the North America Region, on the topic of national and international leadership in ophthalmology. Dr. Christopher Ta also joined the graduating 2006–2007 LDP class to hear presentations on some of the projects they undertook over the course of the program to benefit the society which nominated them.

Dr. Christopher Ta also attended a 2½ day intensive training session on January 18–20, 2008 in San Francisco. In addition to visiting AAO headquarters for an orientation by AAO Vice Presidents, leadership participants heard from experts on issues regarding the nuts and bolts of association management, communications and media relations, leadership styles, effective time management, running efficient meetings, and project implementation.

Following the January LDP session, Dr. Christopher Ta will attend the AAO's policy input meeting, the April 2008 Mid-Year Forum in Washington D.C. Leadership Development Program participants will take part in Congressional Advocacy Day with visits to Capitol Hill and a special session dedicated to them entitled *Get Politically Active!*

Pharmaceutical companies, including Alcon, Allergan, AMO, Bausch & Lomb, and Pfizer have shown strong support of the award-winning Leadership Development Program. Leadership Development Program Director Dan Briceland, MD states that, "the success of the program to date is due to the quality of speakers and the support that have been generously provided by the industry. The Secretariat for State Affairs embraces the partnership with industry to provide training to future society leaders."

UCLA/AUPO INTRODUCTORY COURSE ON CLINICAL RESEARCH FOR OPHTHALMOLOGY RESIDENTS, FELLOWS, AND FACULTY

by Gary N. Holland, MD

AUPO leadership, in association with the Jules Stein Eye Institute (JSEI), is pleased to announce the second biennial **UCLA/AUPO Introduction to Clinical Research** course, which has been endorsed by the Association for Research in Vision and Ophthalmology (ARVO). The inaugural course in 2006 was attended by more than 100 residents, fellows, and faculty from programs throughout the United States, and evaluations of the course by attendees were uniformly and strongly positive. The 2008 course will build upon that success.

One of the major objectives of the AUPO is promotion of research in ophthalmology; the AUPO Board of Trustees believes strongly that skills learned by participation in research are invaluable components of the education of an ophthalmologist. The AUPO Resident and Fellow Research Forum provides an opportunity for selected residents to interact with Chairs and Program Directors, but the AUPO recognizes that only a few residents are impacted by this program each year. The AUPO/UCLA course provides an additional means

Continued on next page

of promoting research training among a larger group of residents and fellows.

This course addresses the need for comprehensive, entry-level instruction for beginning researchers and for those without training in the interpretation of research reports, but is applicable to those already involved in clinical investigation, as well. The 2008 course will be open to residents at all levels of training, to clinical fellows, and to faculty. It will be particularly relevant for residents early in their training programs, prior to beginning research projects of their own. For faculty attending the course, it will cover material that can later be incorporated into training programs at their own institutions.

As in 2006, the upcoming course will emphasize practical information that is directly applicable to resident and clinical fellow research activities, and will assume that attendees do not have extensive experience with patient-based research. It will also highlight the value of research data for clinicians, whether or not they eventually participate in research or pursue academic careers. The course will deal with research methods and with related issues, such as regulations that affect research and scientific publication. Concepts will be emphasized; for example, the uses and interpretation of various statistical measures will be presented to help residents and clinical fellows avoid inappropriate use of statistics, but the course will not specifically train attendees to perform statistical tests. Based on feedback from course participants in 2006, additional topics will be added to the discussions, such as strategies for complete, high-quality electronic literature searches.

The course will focus on the types of studies performed most commonly by residents (e.g. case series, laboratory data from patient cohorts, and cross-sectional studies). The course will help residents to design studies, analyze data, and prepare publications, but it

will also improve their abilities to read the medical literature critically, which is a requisite for the practice of evidence-based medicine.

The course is organized by Gary N. Holland, MD and Bartly J. Mondino, MD through the JSEI Clinical Research Center. Course faculty include individuals from the David Geffen School of Medicine at UCLA, the UCLA School of Public Health, and invited Guest Lecturers, representing a broad spectrum of expertise related to research activities. Also included among the instructors will be representatives from the UCLA Institutional Review Board (IRB) and individuals with expertise in scientific writing, editing, and publishing. Guest Lecturers for 2008 include Frederick L. Ferris, III, MD (National Eye Institute), Douglas A. Jabs, MD, MBA (Mt. Sinai School of Medicine), and Thomas J. Liesegang, MD (Editor-in-Chief, American Journal of Ophthalmology). Sessions will be informal, with close interaction between attendees and course faculty.

The course will begin Friday evening, September 12, 2008, to allow participants from the East Coast to travel that morning. The course will conclude with lunch on Sunday, September 12, 2008, allowing participants sufficient travel time to return home on the same day, thereby minimizing time away from their training programs.

Registration Contact Information

Residents and clinical fellows must be selected by their Departments for participation, but there is no limit on the number of registrants. Programs interested in the course should contact Ms. Debbie Sato of the Academic Programs Office, Jules Stein Eye Institute (telephone: 310-825-4617; email: sato@jsei.ucla.edu). Course attendees or the programs they represent will be responsible for travel and lodging expenses, but there will be no registration fee for the course. The deadline for registration will be Friday, August 1, 2008.



STRAATSMAS AWARD FOR EXCELLENCE IN RESIDENT EDUCATION CALL FOR NOMINEES

Description of the Award

The Straatsma Award for Excellence in Resident Education (the "Straatsma Award") was established through the generosity of the American Academy of Ophthalmology (AAO), the Association of University Professors of Ophthalmology (AUPO) 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. Straatsma, MD, JD former Chairman of the Department of Ophthalmology at UCLA and former Director of the Jules Stein Eye Institute. The award will be presented annually at both the Annual Meetings of the AAO and of the AUPO and will carry a cash prize.

Criteria for Nomination

Nominees for the Straatsma Award must fulfill the following criteria:

- Be an Associate Member of the AUPO and a Member or Fellow of the AAO
- Have served as a Program Director at an ACGME-accredited AUPO member program for a minimum of 3 years
- Currently serve as the Program Director
- Embody the qualities of:
 - Commitment to resident education
 - Dedication to the residency training process
 - Active engagement in program leadership
 - Innovation in and/or advancement of residency education at the local and/or national level
- Be the consummate teacher/mentor/advisor

Special consideration in the selection process will be given:

- In recognition of current activities, not simply to length of service or to contributions made many years previously
- To nominees who have published in peer-reviewed literature on subjects related to residency education
- To innovative work
- To those who have achieved a leadership role in medical education

- To achievement in mentoring other educators/future educators

Nomination Process

- Candidates must be nominated by their Department Chair
- The Application Packet must include the following items:
 - A letter (not to exceed three pages) from the Chair summarizing the Nominee's special qualifications for the Award and verifying that, if awarded
 - The cash prize will be awarded directly to the Awardee and not counted against normal compensation or deposited in Department accounts
 - The Awardee will attend both the Annual Meetings of the AAO and of the AUPO to receive the Award
 - Two (2) supporting letters (each not to exceed two pages) from faculty, current residents, or past residents who trained under the Nominee
 - A copy of the Nominee's current Curriculum Vitae
 - A signed letter from the Nominee (not to exceed two pages) summarizing the Nominee's accomplishments as Program Director and plans for future activities. The Nominee must also agree in the letter to address the Program Director's Meeting at the AAO and AUPO Annual Meetings on a topic(s) related to residency training if chosen as the Awardee
- Two (2) copies of the completed application packet must be compiled by the Department Chair and received by the AUPO office by **Monday, May 5, 2008**, at:

AUPO
655 Beach Street
San Francisco, CA 94109

- All completed applications will be reviewed by a Selection Committee and a recommendation forwarded to the AUPO and AAO Board of Trustees for approval.
- The Awardee will be notified by July 1, 2008.

Scenes from the 2008 Annual Meeting



Alfredo Sadun, Ronald Smith, Steven Feldon, Stephen McLeod, Dale Heuer, Paul Lee



John Clarkson, Mark Blumenkranz, Paul Sieving



Travis Meredith, Julia Haller



2007–2008 AUPO Board of Trustees
Top: David Epstein, Marco Zarbin, Barrett Haik, Travis Meredith. *Bottom:* Bartly Mondino, Mark Blumenkranz, Susan Day.



Susan Day, David E. I. Pyott



JP Dunn, 2007 Straatsma Award for Excellence in Resident Education winner



Bartly Mondino and Stuart Fine with winners of the AUPO/RPB Resident and Fellow Research Forum: Sai Hemanth Chavala, Holly Butler Hindman, Shu-Hong Holly Chang.



Bartly Mondino recognizing Stuart Fine, on behalf of AUPO, for his important role in the AUPO/RPB Resident and Fellow Research Forum

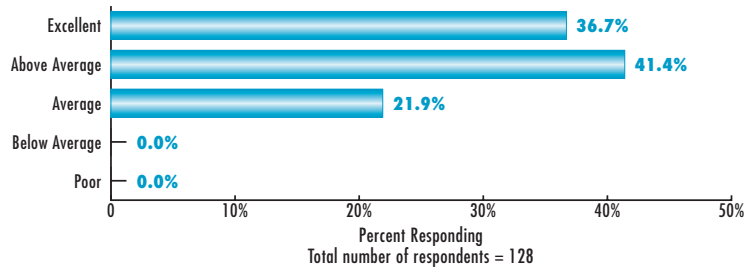


Mark Blumenkranz, President of AUPO, at the banquet

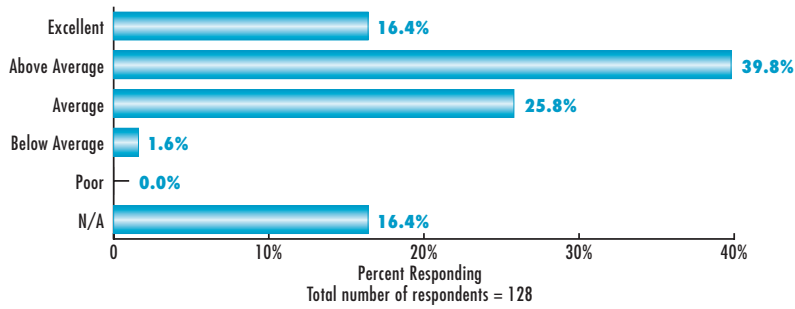
2008 ANNUAL MEETING SURVEY RESULTS

We would like to highlight some of the results of the 2008 Annual Meeting survey.

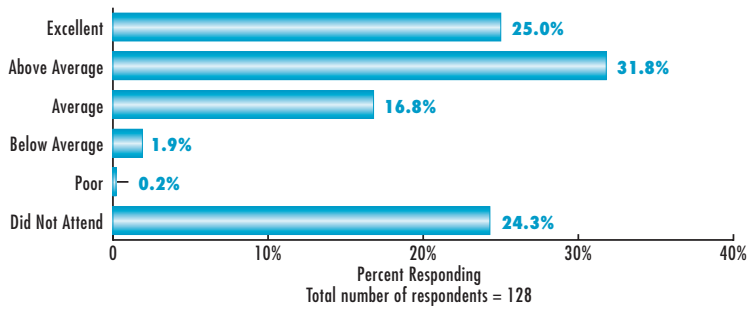
Overall Evaluation of the 2008 Annual Meeting



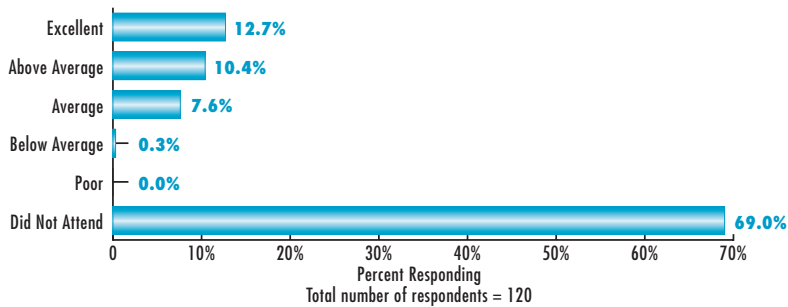
2008 Annual Meeting Compared to Previous AUPO Meetings

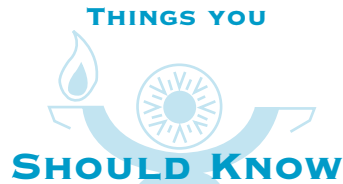


Overall Average Response of Symposia Attendees



Overall Average Response of Workshop Attendees





AUPO 2008 ANNUAL BUSINESS MEETING HIGHLIGHTS

- Approved the 2007 Annual Business Meeting minutes.
- Reported that the 2007 fiscal year-end audit shows that the organization is financially sound.
- Announced that seven ophthalmic subspecialties now have AUPO FCC compliant fellowship programs.
- Noted that the Consortium of Medical Student Educators was formed in November 2007.
- Stated that the Board of Trustees is in favor of allowing Medical Student Educators to join the AUPO as Associate Members. A bylaws change is required.
- Shared that Post-Match survey results show increased satisfaction with services over last year.
- Approved the list of new Members and Associate Members.
- Approved Travis Meredith as the President-Elect effective April 1, 2008.
- Approved Randall Olson as the Trustee-at-Large effective April 1, 2008.
- Invited suggestions for symposia topics for future annual meetings.
- Added Phoenix, AZ and Miami/Key Biscayne, FL to sites for future Annual Meetings.
- Voted not to offer CME credits at the AUPO Annual Meeting.

AUPO BOARD MEETING HIGHLIGHTS JANUARY 2008

- Proposed topics for the 2009 Annual Meeting symposia and workshops
- Agreed to propose a bylaws change allowing medical student educators to join the AUPO as Associate Members to the membership for vote at the 2009 Annual Business Meeting
- Approved the budget for fiscal year 2008
- Received a proposal for new technology for the Match
- Discussed future Annual Meeting sites

- Received the Nominating Committee report
- Appointed Dr. Tara Uhler as the new AUPO representative to the CMSS

FACULTY POSITIONS AVAILABLE MARCH 2008

For the most complete, up-to-date listing of faculty positions, with full descriptions, please visit the "Faculty Positions" section of www.aupo.org.

THE HEED FOUNDATION MERIT AWARD FELLOWSHIP PROGRAM

The Heed Ophthalmic Foundation designates the Heed Fellowship as a Merit Award of \$12,000. This annual Award is granted to individuals pursuing postgraduate studies in ophthalmology or the related visual sciences. Applicants for the Award must be citizens of the United States, graduates of either accredited medical schools or schools of osteopathic medicine and the postgraduate studies must be conducted in the United States. Deadline for receipt of applications is January 15th for fellowships beginning in the same year. For information, please contact:

Froncie A. Gutman, M.D.
The Heed Foundation
Cleveland Clinic Foundation
9500 Euclid Avenue, Desk i-32
Cleveland, OH 44195
www.heed.org
Phone: 216-445-8145
Fax: 216-444-8968

SALARY SURVEY

The AUPO ophthalmology compensation survey conducted by Sullivan, Cotter and Associates, Inc. in 2006 is still available to AUPO members for purchase. The survey is \$300 for participants and \$1000 for non-participants. To purchase the survey, please contact: the AUPO office at (415) 561-8548 or aupo@ao.org, or complete the form located on the AUPO web site. Advance payment is required.