



# NEWS & VIEWS

A Newsletter for the  
Members, Associate Members  
and Administrators of the  
Association of University  
Professors of Ophthalmology

MARCH 2014

## PRESIDENT'S PERSPECTIVE

# An Etude

BY STEVEN E. FELDON, MD, MBA



THE RECENTLY CONCLUDED 48TH ANNUAL MEETING of AUPO addressed some of the challenges facing ophthalmology mentioned in my previous President's Perspective titled "Dissonance." Our membership is already at work composing creative solutions that will allow us

to succeed in our academic mission. One of the boldest initiatives involves a joint effort with the American Academy of Ophthalmology to rethink how we train the next generation of ophthalmologists. The last comprehensive review of residency training in ophthalmology took place nearly three decades ago. Fundamental questions are being asked about the future of eye care. What will be the role of the comprehensive ophthalmologist, the specialist, the paraprofessional, and the optometrist? Will quality measures and a better insured population reduce access to patients for our trainees? Answers to these questions and more will be reflected by subtle or dramatic shifts in the type and length of training our residents will receive. In August 2014, the task force will meet again in order to develop a "white paper" on this important topic. We, as members and associate members of AUPO, have a lot of expertise and we have a lot at stake. So, let's hear your ideas and your concerns.

With academic ophthalmology confronted by changes in research and patient care as well as education, AUPO has responded to become a more harmonious, inclusive, and dynamic organization. Much of our increased relevance is due to the effective leadership of our maestro, Bartly Mondino, who will retire as Executive Vice President at the end

of this calendar year after a decade of service. Under his guidance, associate membership in AUPO has been broadened to include research directors and medical student education directors. Our specialty fellowship program has been strengthened through the formation of the Fellowship Compliance Committee (FCC). And, we have unprecedented support from industry, allowing AUPO to better serve its members. Bart has carried out his executive duties with energy, passion, consistency, humor, and fairness — an Etude of exceptional artistic merit. Bravo, Bart! Thanks so much for all you have done for AUPO.

AUPO is exceptional in enabling all of us in academic ophthalmology to do our jobs better. It serves as a strong advocate of our mission. I've greatly enjoyed the opportunity and the privilege of serving as your President. ■

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# Program Directors' Update

BY TARA UHLER, MD

AUPO's PROGRAM DIRECTORS COUNCIL (PDC) continues to provide support for program directors and educational resources to enhance the quality of resident training in their programs. A number of activities took place throughout the past year. Highlighted here are some of the major educational events and key topics which were presented.

At the 2013 AAO Annual Meeting, the Teaching and Learning in Ophthalmology Symposium was spearheaded by Dr. Andy Lauer. This excellent session allowed attendees to select from seven modules offered as small group round tables. At the conclusion, the group reconvened and the thought leaders for the modules presented brief summaries. Topics and leaders were: "Engaging Residents to Participate and Successfully Complete Research Projects," Dr. Shahzad Mian; "EQUIPP (Education, Quality Improvement, and Patient Care Projects) for Ophthalmology Training," Dr. Laura Wayman; "Mentoring in Ophthalmology Training: Then, Now, Tomorrow," Dr. Natalie Kerr; "Just in Time — Electronic vs. Interpersonal Learning," Dr. Thomas Oetting; "The Aces in Promoting Professionalism in Training," Dr. Richard Harper; "iLearn: An Educational Experiment in Teaching Life-Long Learning," Dr. Timothy Olsen; and "The ART of Giving Structured Feedback & the PEARLS to Build Relationships," Dr. Douglas Fredrick. Dr. Lauer was also the well-deserved recipient of the Straatsma Award and delivered an inspiring lecture entitled "Motivation and Engagement: When Perfect is Good Enough."

The eleventh annual Educating the Educators (EE) conference was co-chaired by Dr. Shahzad Mian and Dr. Bhavna Sheth. Expanding upon the free paper presented by Dr. Travis Frazier at the 2013 EE, Dr. Eric Bean and Dr. Erin Seefeldt presented strategies for developing mental toughness and using attention control to enhance performance. Dr. David Cook reviewed the use of educational technologies to enhance curriculum development; specifically, he outlined current options and their efficacy as well as how and when to incorporate them. Once again, the meeting featured numerous free papers showcasing excellent examples, innovative projects, and ideas for training and assessing residents. The EE conference has grown each year since its inception; for the first time, a poster session was included to accommodate the increasing number of submissions. Drs. Mian and Sheth are to be congratulated for organizing another terrific EE.

The Residency Program Directors' Symposium at the 2014 AUPO meeting took place on Thursday afternoon. The first half of the session was devoted to ethics education; Dr. Keith Carter shared the results of the recent survey completed by program directors and outlined the many resources (including the new Redmond Center) developed by the AAO for program directors and residents. Online and in-person opportunities exist and can be tailored to program needs and preferences. Attendees were encouraged to contact Mara Burke ([ethics@aa0.org](mailto:ethics@aa0.org)) to review options and schedule speakers. The second half of the session focused on the implementation of Milestones and the new ACGME requirements. Dr. John Potts, III, Senior VP for Surgical Accreditation at the ACGME, reviewed how to structure and leverage the Program and Clinical Competency Committees. Dr. Tony Arnold updated the group on the Milestones, and Dr. Peter Quiros shared his experience as a pilot program. The session closed with questions from the audience and a panel discussion with the speakers and the other pilot program directors (Drs. Susan Culican, Douglas Frederick, Assumpta Madu, Dmitry Pyatetsky, Michael Siatkowski, and Divya Sri-kumaran). My sincere thanks go to each of these speakers and panel members who participated and shared their helpful advice and experience with us.

The RRC Workshop, moderated by Dr. Arnold was held on Saturday morning. Once again, this session proved to be an outstanding opportunity to glean advice from and share feedback with our RRC representatives. Dr. Arnold provided an overview of the NAS and Milestones and the new ADS annual review. Dr. Mike Siatkowski presented answers to frequently asked questions and concerns previously solicited via the [eyepdnet](http://eyepdnet.com). Joined by panelists Drs. Assumpta Madu, Joel Schuman, and Laura Wayman they fielded questions from the audience. Everyone serving on the RRC deserves our heartfelt thanks for promoting excellence in ophthalmic training and adherence to ACGME policies while simultaneously advocating for program directors in our efforts to comply with said policies.

Results of the most recent PDC election were announced. Congratulations to the newest member-at-large, Dr. Mike Siatkowski from Dean McGee Eye Institute. Dr. Andy Lauer, Past President of the PDC, has completed his seven-year term of service; we can't thank him enough for his outstanding leader-

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Program Directors' Update  
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ship and example. Dr. Natalie Kerr looks forward to accepting the torch as she assumes the role of President this spring.

On behalf of the entire program director community, we extend our deepest appreciation to the AUPO Board of Trustees and its Executive Vice President, Dr. Bartly Mondino, for their unflagging support and to Dr. Keith Carter, the PDC liaison to the Board, for his thoughtful guidance and suggestions throughout the year. We also owe a special

debt of gratitude to Tim Losch, Lisa Brown, Stephen Moss, Michael Paulos, and Ket Tapia for their tireless efforts in supporting and organizing the educational activities and meetings as well as their invaluable advice. It has been an honor to work with AUPO, the PDC, program directors and coordinators this year. ■

*Educating the Educators, and portions of the Residency Program Directors Symposium, were audio recorded and are available on the AUPO web site at [www.aupo.org](http://www.aupo.org).*

## Medical Student Educators' Update

BY LINDA LIPPA, MD

IN A MERE FOUR YEARS since the incorporation of the medical student educators as formal associate members of AUPO, there has been astounding progress. Since last meeting, three papers from prior AUPO meeting presentations have been published in the peer-reviewed literature, with another in the process of submission, and several others are in preparation.

Our breakfast roundtable was filled to capacity, as we traded our experiences with curricular issues and offered survival tactics. The opportunity to forge relationships for mentoring, support and professional growth, both at the meeting and moving forward, was appreciated by all.

This year in Miami, nearly 60 medical student educators in the audience were privileged to hear about seven exciting innovations in teaching and assessment, with animated discussions afterwards involving virtually everyone in the room. Presenters eagerly shared their advice and provided access information to tools and references to anyone interested in them.

From the University of Cincinnati, Lisa Kelly collaborated with Zelia Correa on an iPad-based teaching tool for managing course infrastructure as well as facilitating knowledge base acquisition in our technophilic Millennial learners. Her presentation was a dazzling demonstration of this versatile platform, which encompassed everything from contact information, orientation materials, scheduling, grading rubrics, goals and objectives, “e-learning” (e.g., seminars, vetted online courses in anatomy, common eye conditions, and approved clinical examination videos), “m-learning” (immediate point-of-care look-ups, e.g., glossaries, Epocrates databases, lab results and vision charts), note-taking that could

generate customized study flashcards, interactive self-assessments, and course examinations.

Zelia then went on to describe her experience with community physician grading of students during a 40 hour third year rotation. Zelia and Lisa retrospectively analyzed student evaluations, only to find that whatever the rubric format—complex or simple, on paper or online—the grading standards were inconsistent, did not correlate with the students' performance on standard evaluations and the evaluators were variably compliant. A query went out to the audience for suggestions to improve the quantity and quality of evaluations to find the problem to be widespread and not unique to the community setting. The conclusion was that community physicians have limited time and have no incentive to continue educating students.

Emory's Emily Graubart reported on her study published in *AJO* this past year on teaching ophthalmoscopy to medical students. She found that students preferred identifying fundus features using digital fundus photographs to looking through a direct ophthalmoscope at simulator-based ocular fundi, and in fact had slightly better retention of fundus pattern recognition 1 year later when learning photographically. However, less than 10% of students overall reported picking up an ophthalmoscope in practice a year after training.

Holly Hindman and her medical student Kyle MacLean, found that the student-run free clinic at the University of Rochester, one of only 8 out of 138 such clinics in the US to include care of the eye, provided an opportunity for meaningful educational interactions between ophthalmology

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Medical Student Educators' Update  
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faculty and students. These 3 hour evening clinics, supervised by clinical faculty and manned by third or fourth year students, provided hands-on longitudinal training in important eye examination skills and transfer of timely knowledge related to the patients' conditions while providing much-needed care to patients with limited access. Subsequent discussion focused on adaptations to the program to enable this well-received educational opportunity to reach the whole class. The meeting participants pondered ways to expand such an experience within the confines of curricular day-time demands to a wider constituency in the context of general medical clinics.

The recent re-structuring of the curriculum at Northwestern to an integrated basic science/clinical format afforded Rukhsana Mirza the opportunity to take the helm of the Head and Neck section. Against the tide, Rukhsana managed to increase the ophthalmology content hours in the curriculum to 19 hours, with more lecture time, and collaborated with their simulation center to teach ophthalmoscopy with the newly commercially available video ophthalmoscope, the Eyesi system. The enormous technological appeal of Eyesi to her tech-savvy learners seems to have increased their interest in ophthalmology based on early indications. It is as yet unclear if interest translates into retention of funduscopic skills. Despite more time devoted to the eye, the students in the new curriculum have more difficulty with clinical scenarios than their older counterparts. The confounding factor of developmental stage of the students is being considered as further curricular restructuring continues.

Many of us who have grappled with assessing students' qualifications in a pass-fail system really appreciated Susan Forster's insights assessing students in the ungraded no-test environment at Yale. Suzie's inventive use of Turning-Point software in conjunction with PowerPoint presentations allowed her to incorporate student live-polling to provide immediate self-assessment feedback to the students, simultaneously with saveable anonymized aggregate class data that gauged the success of information transfer for the lecturer. The Quizzler application, which provides a means for easy upload of multiple choice questions with images has been used in small group case-based sessions. The questions give instant anonymized feedback to students and faculty. The emphasis of the seminar may accordingly shift in real time, based on the level of understanding by the group reflected in their

answers. Quizzler allows lists of questions to be expanded and edited by all faculty in the course, enriching the quality of the question bank. Another tool developed by a Yale faculty member allows students to circle and label lesions on a shared question with images, providing immediate feedback, displaying the correct labels and the distribution of answers.

At Montefiore/Einstein, Jamie Rosenberg reported mixed results of an ophthalmoscope loaner program on funduscopy skills of third year medical students. While she found students with loaned scopes felt more comfortable with ophthalmoscopy afterwards, and reported that they examined the eyes more than those who did not receive scopes, very few of the students reported eye examinations in their required internal medicine patient write-ups. A healthy debate followed about the usefulness of various scopes, and the role of non-mydriatic cameras in the future, and how technology may change how we teach.

Following the presentations, working groups convened at roundtable breakout sessions to produce draft outlines for case-based patient vignettes to use either online or for team-based teaching. These designated working groups will continue throughout the year to collaborate developing these vignettes. A compendium of these vignettes as a whole will address the core competencies set out in the AUPO-MSE white paper and the AUPO policy on core skills for medical students. We look forward to each group presenting their completed vignette next year.

At the annual business meeting, plans were outlined to assure the maintenance of activities during the year, and ensuring the long-term structural vitality of the group. Emails of new members were collected to update our list. The listserv will be used to encourage ongoing conversations among attendees regarding other useful vignettes, lectures and quizzes they wish to contribute. Further, we want to be able to update the membership on our progress advocating for basic ophthalmology content in the AAMC Core "Entrustable Professional Activity" (EPA) list being developed as requirements for incoming PYG1s. We further discussed other ways to advocate for ophthalmology education: e.g. by participating in the AAMC regional and national Groups on Educational Affairs (GEA), and presenting papers on research in medical education there and at the AAMC annual meeting (in Chicago November 5–12, 2014) to draw attention to ophthalmology as a part of mainstream medicine.

We have accomplished an amazing amount in the past four years, and we all look forward to seeing what the combined force of these dedicated, passionate educators can do. ■

# AUPO Award for Excellence in Medical Student Education

BY BARTLY J. MONDINO, MD

THE AUPO AND American Academy of Ophthalmology (AAO) have a strong interest and commitment to educational service in departments of ophthalmology. As an example, the Straatsma Award for Excellence in Residency Education was created to provide national recognition on an annual basis for an outstanding residency program director. The funding sources included both organizations in addition to private funding from a Los Angeles donor. A committee consisting of AUPO Board of Trustees members, an AAO representative and program directors meets annually to select the awardee from nominations provided by ophthalmology chairs throughout the United States. To date, 11 such awards have been made to outstanding program directors, several of whom have gone on to become chairs. The awardee makes presentations at both the AAO and AUPO meetings on a subject of his or her choice, and a check is provided at the AUPO meeting. The award is sought after and highly competitive. There is no doubt that this award has succeeded in elevating the stature and status of the residency program director throughout the United States.

In many medical schools, the participation of ophthalmology departments in the training of medical students is not as important as it once was, and in some cases ophthalmology departments have even been marginalized from the medical student education process. Medical student educators in many ophthalmology departments have organized themselves to deal with the problem of ophthalmic instruction for medical students on a collective rather than individual basis. This group has been supported by AUPO and granted associate membership. AUPO membership has helped them establish

an organizational structure and forum for their activities. This group has been highly productive in establishing curricula, symposia, workshops, websites, common educational materials and a collective voice for ophthalmic education in the medical student curriculum. Their progress has been extraordinary and should be rewarded.

AUPO and AAO are creating an annual award for an outstanding medical student educator. The process will be similar to that which was established for the Straatsma Award. Ophthalmology chairs throughout the U.S. will have the opportunity to nominate medical student educators from their departments. A committee comprised of AUPO Board of Trustees members, with AAO representation and ultimately medical student educator representation, will select the medical student educator with the best record of achievements in the advancement of medical student education in ophthalmology. The committee will consider publications in this field, curricular development, special instructional programs and leadership. The awardee will be recognized at the one or both meetings and will provide a presentation. A cash award will also be made. This award will enhance the prestige and desirability of the medical student educator position. Educating medical students in ophthalmology is critical for our specialty. We must attract our successors in ophthalmology and also provide ophthalmology education for those in primary care and emergency rooms to deal with ophthalmic issues and also provide timely referrals for those requiring such.

The nomination criteria, process and deadlines are announced on page 25. ■

# RESEARCH DIRECTORS' COUNCIL REPORT

## Pearls from this Year's Annual Meeting

BY J. MARK PETRASH, PHD

THE RECENT AUPO MEETING provided opportunities for research directors to meet with each other and other members of AUPO to exchange ideas about how to most effectively lead their research enterprises. Our program started with the annual Friday morning Breakfast with Colleagues Networking Roundtable. Dr. Mark Rosenblatt led discussion on the topic of "Advocacy for Vision Research: RDs' Role in Promoting Vision Science." Later in the morning we joined with the full AUPO membership to hear from Donna Shalala, PhD on the subject of "Healthcare for All." Dr. Shalala shared her insights obtained from service as Secretary of Health and Human Services during 1993–2011 and subsequently as President of the University of Miami.

Research directors held their annual business meeting over lunch sponsored by the Association for Research in Vision and Ophthalmology (ARVO). Gayle Claman, Senior Director of Scientific Education for ARVO, gave an excellent presentation of current initiatives to engage members in the areas of career development and education. Gayle's presentation centered on ARVO Connect, a new online networking tool. We also had a good discussion regarding ARVO's strategic plan and the working group that is focusing on identifying priority education topics over the next few years. Topics included networking education, laboratory techniques and protocols, and basic/clinical/translational eye and vision science. The group concurred that there is opportunity to facilitate conversations and education around connecting basic and clinical

science. Research directors were encouraged to follow progress on the strategic plan and to encourage their faculties to get involved when opportunities arise. Thanks are extended to ARVO leadership including Craig Crosson (ARVO Executive Vice President) and Iris Rush (Interim Executive Director) for their generous financial support of the research directors' business meeting.

In other business conducted at the meeting, it was announced that nomination and election of an incoming member of the Research Directors Council (RDC) will be announced in the coming months. Effective April 1, 2014, Dr. Mark Petrash will transition to the position of Past President and Dr. Scott Cousins will become President. RDC members Dr. David Calkins and Dr. Mark Rosenblatt will remain on the RDC.

Dr. Vittorio Porciatti research director from the Bascom Palmer Eye Institute (BPEI), organized an enjoyable and informative outing to tour the BPEI laboratories on the Miami campus. All in the research directors' group thank Vittorio for his efforts to put this together. Thanks are also extended to Dr. Eduardo Alfonso Chairman of Ophthalmology and Director of the BPEI and his faculty at BPEI for being such wonderful hosts to our group.

The research directors for the first time organized a symposium for the full AUPO membership. Titled "Research

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Research Directors' Council Report  
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Symposium: Building and Sustaining Research in Departments of Ophthalmology,” speakers and their topics included:

- **J. Mark Petrash, PhD** — Introduction and Moderator
- **Joan Miller, MD** — Costs and Perils of Recruiting
- **Eduardo Alfonso, MD** — Negotiating Space at the University Level
- **Mark Rosenblatt, MD PhD** — Space and Resource Requirements
- **Scott Cousins, MD** — Research Funding Challenges and Opportunities
- **Russell Van Gelder, MD, PhD** — Bridging the Laboratory and Clinic Cultures
- **Naresh Mandava, MD** — Value of Research and Innovation to Program Development
- **Stephen McLeod, MD** — Engaging Patients in the Research Mission

All of the speakers gave insightful presentations of their topics and participated in a robust Q&A session following the

program. A recording of the presentations and the Q&A is posted online at AUPO.org.

Research directors concluded the annual meeting with a Saturday morning workshop titled “Key Philanthropy Skills for Research Faculty.” Organized by Dr. Mark Rosenblatt, the program consisted of invited speakers from outside the AUPO organization to give their insights into how scientists can most effectively convey their science to donors and foundations. A big thanks go out to Dr. Brian Hofland, President of Research to Prevent Blindness who gave an informative presentation on the process RPB uses to review grant applications and how the foundation prioritizes support of vision research. We also thank Ms. Marla Bercuson, Director of Business Operations from BPEI, who talked about their successful development program.

Research directors wish to express their appreciation to outgoing AUPO Executive Vice President Dr. Bartly Mondino for his support and encouragement during the time we were getting organized as a group. Thanks are also extended to Lisa Brown in the AUPO office for her support. ■

*The Research Symposium was audio recorded and is available on the AUPO website at [www.aupo.org](http://www.aupo.org).*

## Association of Ophthalmology Program Managers and Coordinators Update

BY AOPMC EXECUTIVE COUNCIL

THE SECOND ANNUAL MEETING of the Association of Ophthalmology Program Managers and Coordinators (AOPMC) was held in conjunction with AUPO’s Annual Meeting in January 2014. Guest speakers included Drs. Anthony Arnold, R. Michael Siatkowski, Assumpta Madu, Laura Wayman, Susan Culican, Matthew Nutaitis, Tara Uhler, Judianne Kellaway, and Paul Pruett, along with Damien Joseph, Tim Losch, Dennis Thomatos, and Program Managers Corrinne Forte Barnes, Nora Mary Gilgallon-Keele, Mary Hitt, and M. Elizabeth Sauv , CAP, C-TAGME.

The presenters’ interesting and informative lectures covered topics specific to ophthalmology education and accreditation including RRC and NAS updates, milestones, quality improvement, CCC and PEC. There were functional sessions from SFMatch and AUPO FCC and personal and professional development workshops on time management, timelines,

TAGME certification, mentoring and networking. Several program directors attended all of the AOPMC sessions.

Thank you to the AUPO for their support in again making this meeting possible and enabling the AOPMC to facilitate thought- and information-sharing between programs, to bring forth novel ideas and to improve ophthalmology education.

We are in the planning stages for next year’s annual meeting and anticipate another exciting event for program managers and coordinators.

The AOPMC founding members and Executive Council members are: Gale Marie Abbass (LSU – New Orleans), Susan Bony (Casey Eye Institute, OHSU), Phyllis Rhodes (UT Houston), Wendy Schnitzer (Krieger Eye Institute, Sinai Hospital), and Terri Trotter (Emory Eye Center, Emory University).

For more information about AOPMC contact Wendy Schnitzer at [Wschnitz@lifebridgehealth.org](mailto:Wschnitz@lifebridgehealth.org). ■

# Administrators' Update

BY WAYNE A. IMBRESCIA, MPH, MHSA

THE 2014 AUPO ANNUAL MEETING and the University Administrators of Ophthalmology (UAO) meeting held in Miami, Florida was another great success. Twelve new administrators attended the conference and took advantage of the recently established “buddy program” intended to link new administrators with current ones, as a way to quickly familiarize them with the structure and value of our organization. The survey results gave high grades to the conference, noting the relevance of the issues presented and the importance of the networking.

The Management Symposium held on Thursday morning focused on data security issues and was moderated by Dr. Keith D. Carter of the University of Iowa. Key topics that were addressed included: how and why HIPAA is affecting our work environment; data security experiences in public and private institutions; examples of clinical and research data usage that can lead to public exposure; and finally, the potentially significant consequences of HIPAA violations. The Straatsma Award for Excellence in Resident Education was given to Dr. Andreas K. Lauer, Residency Program Director at Oregon Health & Sciences University who spoke about the importance of motivating and engaging tomorrow’s ophthalmologists.

Friday morning’s program began with the President’s Symposium in Memory of Steven M. Podos. The session was entitled Academic “Eye”conomics and was moderated by Dr. Steven E. Feldon of the University of Rochester. We were honored to have Donna E. Shalala, PhD, President of the University of Miami as the keynote speaker. Dr. Shalala drew on her extensive experience as a national health care leader and talked about the need to focus on quality, rationalize the system, and create a more seamless, less complicated delivery model. She also emphasized the critical role of academic medical centers during this transformation. The session continued with short presentations around the transition from treating eye disease to managing the eye health of a population. Topics included the impact on our residency training programs, potential new research opportunities, how eye departments should reorganize to prepare for this transition, the role telemedicine will play in this change, and how best to manage the change from a fee for service to risk pool financial environment.

The Friday afternoon Administrator session continued with a Hot Topics presentation entitled “Managing Patient Access and Touch Points Via People, Process, and Technology” given

by Seena Salyani of the University of South Florida. It focused on opportunities to better improve patient access through more efficient call center operations and staffing models, coupled with the required metrics and benchmarks. This was followed by our ListServ Live moderated by Danielle Werner, which covered a variety of timely issues including image management systems and hospital clinic reimbursement. The last session of the day was our popular “What’s Happening in My Backyard” where Norine Plagens of Rush University Medical Center and Ricky Bass of the University of North Carolina shared their experiences, along with the significant growth and changes occurring at their organizations.

On Saturday morning the Administrators heard from Shawn Phillips of the Medical University of South Carolina where she provided valuable lessons on the efforts undertaken at her institution to improve clinic efficiency. After the annual UAO business meeting the conference ended with a session entitled “Business as Unusual: Managing Transitions.” Presenters were Sheri Farber of Washington University at St. Louis, Bob LaFollette of Ohio State University, Roger Pinkert of the University of Texas Southwestern, and Perry Schechtman of the University of Michigan. The session provided valuable information on how they saw future changes in the healthcare field impacting the marketplace, our faculty and staff, as well as each of us as Administrators.

The social events were once again very well attended and provided a great opportunity to catch up with colleagues and friends from around the country. I’d like to once again thank Thelma de Souza for all of her efforts in making these events a tremendous success.

Two new UAO Board members were elected at the meeting: Jeff Good of Northwestern University and Seena Salyani of the University of South Florida. In addition I would like to thank the following Board members for their many years of service and contributions as they complete their Board terms: Perry Schechtman of the University of Michigan, Sheri Farber of Washington University at St. Louis, and Cheryl Formes of the University of Texas Southwestern. I’d also like to thank Sheri for her hard work in organizing this year’s program.

Lastly as I step down as President, I want to thank all of our members, as well as the Board of Directors for their support. Best wishes to all for a healthy and successful 2014 serving our patients, faculty, and staff. ■



PRESIDENT'S SYMPOSIUM  
**In Memory of Steven M. Podos:  
 Academic “Eye”conomics**

BY STEVEN E. FELDON, MD, MBA

**EXPECTED CHANGES IN THE ECONOMICS** of ophthalmology will have important implications for academic departments. These changes are likely to alter what and how we train our residents, how we relate to other eye health professionals, and what kind of research we do. This symposium provided perspectives on how to make future “Eye”conomics work in our institutions.

A highlight of the President’s Symposium was the presentation by Donna E. Shalala, President of the University of Miami and former U.S. Secretary of Health, Education, and Welfare on the topic of *Healthcare for All: An Idea Whose Time Has Come*. During her talk, President Shalala was clear that academic medicine has a defining role in the future competitiveness of the USA. She also commented that a single payer health care system will not exist until all stakeholders, including private insurance companies, agree to its necessity. President Shalala adeptly handled several questions from the membership encompassing subjects such as the role of allied health professionals, health insurance models, end of life care, and health maintenance. Andreas Lauer introduced us to the National Eye Health Education Program (NEHEP) and EyeSmart developed by the American Academy of Ophthalmology (AAO) as sources of teaching materials applicable to residency training. Paul Sternberg, Jr. explained that Accountable Care Organizations (ACOs) are unlikely to have a substantial impact on residency training due to the multiple available training venues, but that the Affordable Care Act may decrease volume in traditional resident clinics as the number of insured increases. He warned of further risks to residency training if physician groups are financially rewarded for efficient care and low complication rates. Paul Lee described alternative research approaches in the area

of population health such as health metrics, implementation science, health care technology, optimized practice patterns, and health care delivery. He pointed out that multiple research funding sources, such as the PCORI grants, are available. Steven Feldon discussed the impact of population-based care on the academic missions of research, education, and patient care. He suggested how a model which integrated optical shops, optometric services, and ophthalmology into a single delivery system might function in both a fee-for-service and a risk-based payment system. Keith Carter introduced TeleOphthalmology with manual or automated analysis as a cost-effective tool in screening of dispersed populations for potentially blinding diseases such as diabetic retinopathy. New cameras might even allow retinal photography to be self-administered or administered by lay personnel. Images can be inserted directly into the medical record. Roger Steinert reviewed several economic models for procedures not covered under insurance. Though academic institutions have higher costs compared to private practice competitors, he emphasized the importance of quality as the biggest competitive advantage of the academic practice of ophthalmology. Randall Olson advocated increased awareness of cost of care and the risk of adverse contracting due to poor efficiency or quality in other parts of the Medical Center.

We can expect a lot of twists and turns as health care policy evolves over the next few years. The breadth of the topics covered by the participants in the symposium provided a glimpse into the future and, hopefully, a basis from which to respond to upcoming challenges. ■

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*The President’s Symposium was audio recorded and is available on the AUPO website at [www.aupo.org](http://www.aupo.org).*

# 2014 AUPO/RPB Resident and Fellow Research Forum

BY OSCAR A. CRUZ, MD

THE 15TH ANNUAL AUPO Resident and Fellow Research Forum, sponsored by Research to Prevent Blindness (RPB) was held on Friday, January 31, 2014. This forum has the goal to help nurture and recognize developing clinician scientists — a goal that is critical to the future of all departments of ophthalmology. This forum is made possible by the faithful and continued support of RPB and owes its formation and mentoring of this program to Dr. Stuart Fine.

This year 18 abstracts were reviewed by a panel that included: Drs. Donald L. Budenz, Ronald L. Gross, David A. Quillen, John E. Sutphin and Nicholas J. Volpe.

The awardees were:

- **Benjamin Fowler, MD** — University of Kentucky School of Medicine
- **Mohamed Abou Shousha, MD, PhD** — Saint Louis University School of Medicine
- **Guadalupe Villarreal Jr., MD** — Johns Hopkins University School of Medicine
- **Glenn C. Yiu, MD, PhD** — Duke University School of Medicine

## **Benjamin Fowler, MD**

**University of Kentucky School of Medicine**  
*Nucleoside Reverse Transcriptase Inhibitors are Anti-Inflammatory and Prevent Dry AMD*

Dr. Fowler presented the findings that dry AMD is associated with an increased amount of intracellular Alu transcripts and inflammasome activity and may be prevented by the inhibition of reverse transcriptase. The discussion presented by Dr. Timothy M. Stout, Baylor College of Medicine, involved whether HIV positive 60 year olds, who have been on reverse transcriptase inhibitors for years, have fewer drusen or less geographic atrophy.

## **Mohamed Abou Shousha, MD, PhD**

**Saint Louis University School of Medicine**

*In Vivo Descemet's Membrane Thickness: A Novel Criteria for the Diagnosis of Cornea Graph Rejection*

Dr. Shousha presented using two anterior segment OCT measurement devices, that Descemet's membrane does become thicker with age. Additionally, with corneal graph rejection, Descemet's membrane is thicker than caused by aging. Dr. John E. Sutphin, University of Kansas Medical Center, discussed this study and commented that there is

a need for predicting early graph rejection. He noted this may be a useful technique pending prospective studies. The current widely available systems may not have the resolution or tools to be useful in this regard.

## **Guadalupe Villarreal Jr., MD**

**Johns Hopkins University School of Medicine**  
*Canonical Wnt Signaling Regulates Extracellular Matrix Expression in the Trabecular Meshwork*

Dr. Villarreal presented a study that provided further knowledge and a hypothesis about the complex biology of the trabecular meshwork and the role that Wnt ligand played in regulating the extracellular matrix expression. Dr. David L. Epstein's, Duke University School of Medicine, discussion centered around the difficulties in the slow progress of advances in trabecular meshwork research including the fact that there are no spontaneous living animal models of glaucoma. He noted that glaucoma takes decades to occur in humans and advocated looking for insights that could lead to novel drug therapy especially for existing systemic drugs used for other purposes.

## **Glenn C. Yiu, MD, PhD**

**Duke University School of Medicine**  
*Characterization of the Choroid-Scleral Junction and Suprachoroidal Layer in Healthy Subjects on Enhanced-Depth Imaging Optical Coherence Tomography*

The research forum concluded with a presentation by Dr. Glenn Yiu on evidence that one could only measure the choroidal thickness in 44% of subjects due to an inability to find the posterior border. It is important to recognize that all studies showing choroidal thickness as important in the disease may be flawed because we can't measure it most of the time. Dr. Donald Budenz, University of North Carolina, added that new or different methods may be needed if choroidal thickness is an important parameter to measure in ophthalmic disease.

The next forum is planned for the 49th Annual AUPO Meeting in Tucson, Arizona. Residents and fellows are urged to submit abstracts from their department. Research content should reflect ongoing or very recent research that has not yet been published or accepted for publication at the time of submission. Submission is open to residents, fellows, and to medical students (doing a full year of research). Abstracts need to specify the percentage of "hands-on" effort by the trainee. Anyone interested in serving on the review panel or as a discussant at next year's forum should contact the AUPO. ■

## MANAGEMENT SYMPOSIUM

# Data Security: What Does it Mean and Why Should I Care?

BY KEITH D. CARTER, MD

THE MANAGEMENT SYMPOSIUM, held on January 30th at the 2014 annual meeting, focused on our challenge with data security. With the increasing amount of data involved in our imaging, electronic medical records, patient and physician communication, the challenge of securing this data to government standards is daunting. The symposium began by addressing how the Health Insurance Portability and Accountability Act (HIPAA) is affecting our work environment and was presented by Alissa Smith, Esq., a partner at Dorsey & Whitney LLP. The four main rules that affect health care providers were discussed: the Privacy Rule, the Security Rule, the Enforcement Rule, and the Breach Notification Rule. It was emphasized that HIPAA does not prevent disclosure of protected health information without a patient's authorization for treatment, payment, and health care operation purposes. The biggest challenge we face is protecting this protected health information (PHI) while using mobile devices. These devices are often unprotected by password or encryption and statistics show that "large breaches" involving 500 or more individuals most often occur through the use of mobile devices. These breaches not only are from cell phones but also laptops and thumb drives.

She then directed the discussion toward the privacy rules related to access to PHI by researchers. The important requirement here was to follow the HIPAA rule about sharing of information and that the study needs to be approved by an IRB for patient authorization to be waived or modified. The HIPAA security rule that applies to PHI that is electronic requires a unique user identification code, that we are all familiar with, that allows tracking of each user access to the PHI through regular audits. The enforcement of the HIPAA rules were then reviewed and the Breach Notification Rule was summarized. This rule requires that you notify a patient as well as the government within 60 days from the discovery of the breach. If the breach included more than 500 individuals at one time, then notification also must be given to the Office of Civil Rights (OCR) within the same 60-day window.

Next John Loewenstein discussed Data Security in a Private Institution and shared his experience with a breach and a penalty leveled against his institution that led to stricter enforcement of data security. He described the challenges we have and the importance of complete training to comply with the HIPAA rules. He also illustrated a lot of the instruments that we would not think of that collect PHI such as imaging devices, visual field machines, and copy machines. He covered six areas including conduct, ranging from risk management to security measures for portable devices, incident identification response, access control to portable devices, inventory of portable devices, and encryption of portable devices. The lesson learned is that once a compromise occurs we run the risk of losing the good faith or trust of our patients. Secondary issues are the negative publicity and press that your institution will receive, but most importantly that it can be expensive with the level of fines that can be assessed to your institution.

John Sutphin then discussed The Impact of Public Institution Compliance on Data Security where he outlined the compliance and protection policies at the University of Kansas. He also provided examples of privacy breach such as lost cell phone with PHI on it, unencrypted laptop with PHI on it, email sent in error to an off-campus address, email with PHI sent unsecured, and billing information sent to the old address. He also emphasized the importance of knowing your institution's HIPAA and security policies. The bottom line was there wasn't much difference in the scrutiny between public and private institutions. Because of these risks, he stated that the University of Kansas physicians invested heavily in education and audits of their faculty and staff.

Next we heard from Tim Ramsay, CISSP, CISM, Associate Vice President and Chief Information Security Officer at the University of Miami who discussed the threats we face in protecting our institutional data. Theft of medical identity information is increasing due to the ease in which fraudulent bills can be created for Medicare or the abuse in obtaining prescription drugs. The annual estimate for healthcare fraud

*continued on page 12*

is \$234 billion and medical identification has a street value of \$50 compared to \$3 for a social security number or \$1.50 for credit card information. Suggestions for protection:

- Maintain inventory of PHI
- Assign ownership for PHI
- Limit access
- Encrypt all endpoints such as laptops, flash drives, etc.
- Encrypt data in transport
- Avoid “Cloud Based” storage
- Use smarter passwords

Russell Van Gelder discussed ownership of research data. Most grants, especially federal grants, are contracts between your institution and the granting agency making the true owner of research data the institution. Appropriate education is essential for all of our researchers regarding ownership and proper protection of research data especially if it contains PHI.

Thomas Oetting and Alissa Smith discussed scenarios of the current use of clinical information that could lead to public exposure. Most of these cases involved trainees and the various uses of unprotected devices obtaining and subsequent sharing of PHI information. Education of trainees of these potential exposure risks is part of our goal of data protection.

David Wilson and Alissa Smith discussed cases of exposure of research data and the appropriate steps of remedies for institutional protection. One case was a national presentation and handouts that included PHI. A second case was a research test discovery that lead to samples being sent for evaluation. Was this appropriate use of the research information and if not what are the liabilities?

Alissa Smith closed the session with a presentation on the Office of Civil Rights (OCR) enforcement of the privacy rules, security rule, and breach notification rule. There are both civil penalties and criminal penalties under HIPAA, but there is no private right of action under HIPAA (in other words, individuals cannot sue providers under HIPAA). However, state privacy laws often include private rights of action. She also discussed a covered entity’s liability for the actions of their business associates.

The potential civil penalties have been increased substantially in the last several years. Providers face penalties of up to \$1.5 million per violation per year. There is a tiered civil penalty structure based on the level of negligence of the healthcare provider and based on how quickly the provider corrected the violation. OCR has discretion in accessing civil penalties based upon the nature and extent of the violation and the harm caused.

Covered entities and individuals who knowingly obtain or disclose PHI in violation of HIPAA can face a range of criminal penalties. The first range is a criminal fine up to \$50,000 plus imprisonment for up to one year. The second range is for offenses committed under false pretenses, which allow penalties up to \$100,000 with up to five years in prison. Finally, offenses with intent to sell, transfer or use PHI for commercial advantage or for malicious harm permit criminal fines up to \$250,000 and imprisonment for up to ten years.

Ms. Smith provided a summary of all of the resolution agreements that have been entered into related to HIPAA violations since 2008. Notably, the numbers of settlement agreements have increased significantly in the last several years (five large settlements per year in 2013 and 2012 alone) and OCR has clearly focused on electronic protected health information and mobile devices in its enforcement actions.

Our challenge is to educate our faculty and trainees on the proper usages of our digital data but more important the proper protection of this data due to the federal scrutiny we are under. ■

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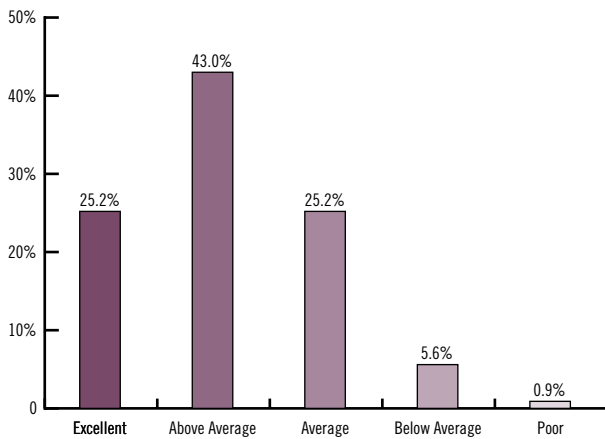
*This session was audio recorded and is available on the AUPO website at [www.aupo.org](http://www.aupo.org).*

## AUPO CHAIR MENTORING PROGRAM

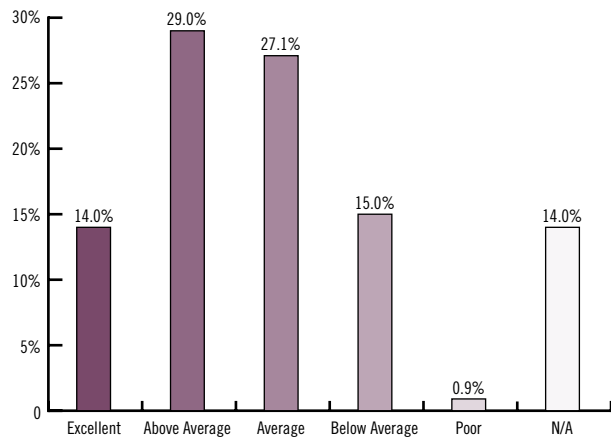
THE BOARD OF TRUSTEES OF AUPO has established a chair-mentoring program for chairs or about-to-be chairs. Mentoring is an important element in the academic way of life and is currently mandated in many universities. A mentor provides his or her mentee with advice, guidance, perspective, wisdom, counsel and perhaps even inspiration. Chairs and about-to-be chairs are invited to participate in AUPO’s Chair Mentoring Program. Participation should last approximately two years for each mentee. Mentors include retired chairs who have been presidents of AUPO. If you are interested in having a mentor, please contact Lisa Brown at [lbrown@aao.org](mailto:lbrown@aao.org). ■

## 2014 Annual Meeting Attendee Satisfaction

1. Your overall evaluation of this AUPO Annual Meeting:



2. How did this meeting compare to previous AUPO meetings you have attended?



### AUPO Board Meeting Highlights January 29, 2014

- Approved a budget for fiscal year 2014.
- Selected JW Marriott Starr Pass in Tucson, Arizona, as the site of the 2015 Annual Meeting.
- Recommended symposia topics for the 2015 Annual Meeting.
- Discussed plans for the 50th Anniversary of the AUPO annual meeting in 2016.
- Reviewed next steps for the resident education task force.
- Shared status of the EVP Search Committee process.
- Proposed a survey to determine what drives resident and fellow decisions for ranking programs.
- Confirmed that fellows should not be allowed to start before July 7th.
- Established a policy that only the AUPO board can conduct studies using ophthalmology match data and it can choose to subcontract a study on a case-by-case basis.
- Reconfirmed the policy that programs participating in the match should not charge fees to applicants.
- Approved an award to recognize a medical student educator annually.
- Approved legal assistance to address the 2014 annual meeting hotel conditions.

### AUPO Business Meeting Highlights January 31, 2014

- Approved a bylaws revision to Article III, Section 3.2.2 and Section 3.2.3, adding the following statement at the end of each of these paragraphs: *Only one such Associate Member may represent each program accredited by the ACGME in the United States or RCPS in Canada.*
- Asked the board to discuss the allowance of more than one associate member per category at its next meeting.
- Elected Dr. Julia Haller to the position of President-Elect with a term effective April 1, 2014.
- Elected Dr. Roger Steinert to the position of Trustee-at-Large with a term effective April 1, 2015.
- Learned that a new task force has been established to address the future of resident education. AUPO and the American Academy of Ophthalmology are sharing the expense for the task force's activities.
- Requested that the board consider doing more frequent compensation surveys.
- Appealed for the board to work with Trump National Doral hotel management to obtain financial reimbursement for the conditions experienced during the annual meeting.

# Ophthalmology Resident Education Task Force

BY EDUARDO C. ALFONSO, MD

THE OPHTHALMOLOGY RESIDENT EDUCATION Task Force was formed at the request of the leadership of the American Academy of Ophthalmology (AAO) during the 2013 summer AUPO Board of Trustees meeting. I was asked to chair the task force with the goal of identifying “next steps” in the process with a final goal of providing written recommendations to AUPO and AAO.

The task force has met via conference calls, at the 2013 AAO annual meeting, and at the 2014 AUPO annual meeting. Information that has been discussed during these meetings has included educational and informational material derived from the AAO leadership meeting chaired by Dr.

Paul Sternberg in the spring of 2013 on this topic, as well as published material. Input has been obtained from all task force members.

The task force has recommended that a 2014 summer colloquium, followed by symposia at the AAO and AUPO annual meetings, be held to present recommendations for discussion, leading to the publication of a “white paper” with specific recommendations on modifications that would improve the training of ophthalmologists during residency.

Any member interested in actively participating should contact Lisa Brown ([lbrown@aao.org](mailto:lbrown@aao.org)) at the AUPO office. ■

## O.R. Efficiency and Safety Task Force Update

BY ERIC POSTEL, MD

THE TASK FORCE HAS COMPLETED its first survey of academic programs in the United States, and would like to thank all that participated. Initial survey data has been reviewed and a closer look is under way to identify the most efficient programs. Further and more in-depth evaluation of

those identified programs will then commence, with the goal of developing and sharing information and guidelines that will support efficient surgical care models at all academic centers. ■

## San Francisco Match Update

BY DENNIS THOMATOS

THE SAN FRANCISCO MATCHING PROGRAM (SFMatch) has released an upgraded document distribution portal as presented at the Educating the Educators SFMatch Update in January 2014. Minimal changes to the download process are now live and ready for the next match season. The new portal eliminates the limitation on the number of applications that can be downloaded at once and simplifies the screens that programs must navigate to download applications.

A new portal design for medical schools and applicants will be completed this year for the 2015–16 match cycle. The

update will complete all customer facing portals to a unified look and feel and will provide applicants and medical schools with a uniform website portal.

We received positive feedback and suggestions for improvements and enhancements at the Coordinator Session of the Association of University Professors of Ophthalmology (AUPO) January 2014 Annual Meeting. Suggestions received at the AUPO Meeting have been documented and will be reviewed by our team for development and implementation. ■

# Ophthalmology Residency Match

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## Ophthalmology Residency Match Report – January 2014 Comparative Statistics

	Jan '04	Jan '05	Jan '06	Jan '07	Jan '08	Jan '09	Jan '10	Jan '11	Jan '12	Jan '13	Jan '14
<b>Total # of registrations</b>	887	839	824	855	869	866	823	823	784	751	757
<b>Total # of CAS participants</b>	786	761	743	792	789	767	728	746	711	683	700
<b>Total # of rank lists</b>	639	596	620	648	639	654	630	622	595	583	611
<b>Total # of applicants ranked</b>	630	608	609	642	629	645	620	608	579	553	597
<b>Matched applicants:</b>											
• <i>US Seniors</i>	369	374	382	399	394	419	415	405	411	402	419
• <i>US Grads</i>	34	35	38	25	27	24	13	26	26	33	23
• <i>IMGs</i>	35	34	26	25	32	15	28	27	21	20	18
<b>Total Matched:</b>	438	443	446	449	453	458	456	458	458	455	460
<b>No Match Applicants:</b>	201	153	174	199	186	196	174	164	137	128	151
<b>Percent Matching:</b>											
<i>Overall</i>	69%	74%	72%	69%	71%	70%	73%	74%	77%	78%	75%
• <i>US Seniors</i>	84%	84%	86%	89%	87%	92%	91%	88%	90%	89%	91%
• <i>US Grads</i>	8%	8%	9%	6%	6%	5%	3%	6%	6%	7%	5%
• <i>IMGs</i>	8%	8%	6%	6%	7%	3%	6%	6%	4%	4%	4%
<b>Positions:</b>											
• <i>Offered</i>	442	445	447	450	454	459	458	461	461	460	461
• <i>Filled</i>	438	443	446	449	453	458	456	458	458	455	460
• <i>Left</i>	4	2	1	1	1	1	2	3	3	5	1
<b>Average USMLE Step 1:</b>											
• <i>Matched</i>	228	229	230	231	232	235	236	237	238	239	242
• <i>No Match</i>	218	213	215	215	212	212	210	214	220	222	226
<b>Avg. applications per applicant</b>	41	43	45	47	48	50	53	52	53	58	60
<b>Avg. # offers per applicant</b>	4.0	4.4	4.4	4.0	4.4	4.2	4.3	4.4	4.7	4.7	5



**Association of University of Professors of Ophthalmology  
Fellowship Compliance Committee  
AUPO FCC**



THE AUPO FCC WILL ENTER ITS 9TH year on May 1, 2014. The AUPO FCC compliance process is currently the best mechanism to assure fellow applicants that their potential program meets all educational requirements set by their subspecialty. All AUPO FCC participating programs are encouraged to maintain their compliant status by checking in with their current fellows. Please review the status of your fellow's logs periodically; these logs are viewable online by signing into your AUPO FCC program account. To maintain compliance, it is important to ensure your program is meeting the minimum program requirements as outlined with your subspecialty society and the AUPO FCC.

New applications are accepted online at <http://www.aupofcc.org/fellowships>; click on your subspecialty and review the subspecialty program requirements. The deadline to apply is May 1, 2014 for the 2014/2015 academic year. All eligible programs must meet the minimum requirements of the subspecialty to qualify for AUPO FCC compliant status.

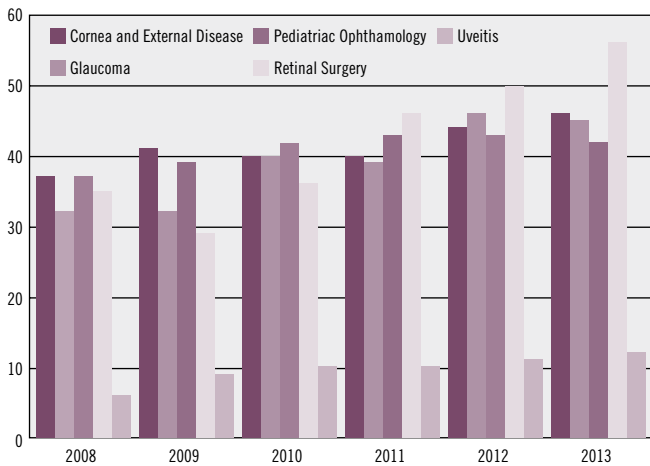
The Fellowship Match took place in December 2013. The statistics reveal that the number of applicants that apply to

AUPO FCC compliant programs continues to increase from previous years. 2011 marked the first year that the number of matched positions to AUPO FCC compliant programs exceeded the number of positions matched to non-AUPO FCC compliant programs. This trend continued in 2012 and 2013, indicating that fellowship applicants are realizing the value of being in a compliant program. ■

**December 2013 Fellowship Match Statistics**

<b>Cornea &amp; External Disease</b>	<b>AUPO FCC</b>	<b>Non-AUPO FCC</b>	<b>Totals</b>
Total # of participating programs	46	13	59
Total # of positions offered	69	15	84
Total # of positions filled	66	11	77
Total # of vacancies	3	4	7
<b>Glaucoma</b>	<b>AUPO FCC</b>	<b>Non-AUPO FCC</b>	<b>Totals</b>
Total # of participating programs	45	5	50
Total # of positions offered	68	5	73
Total # of positions filled	66	4	70
Total # of vacancies	2	1	3
<b>Pediatric Ophthalmology</b>	<b>AUPO FCC</b>	<b>Non-AUPO FCC</b>	<b>Totals</b>
Total # of participating programs	43	0	43
Total # of positions offered	59	0	59
Total # of positions filled	37	0	37
Total # of vacancies	22	0	22
<b>Retina</b>	<b>AUPO FCC</b>	<b>Non-AUPO FCC</b>	<b>Totals</b>
Total # of participating programs	56	45	101
Total # of positions offered	72	63	135
Total # of positions filled	70	44	114
Total # of vacancies	2	19	21
<b>Uveitis</b>	<b>AUPO FCC</b>	<b>Non-AUPO FCC</b>	<b>Totals</b>
Total # of participating programs	12	0	12
Total # of positions offered	16	0	16
Total # of positions filled	15	0	15
Total # of vacancies	1	0	1

**AUPO FCC Increased Program Participation in the SF Match Process**



*\*Neuro-Ophthalmology and Pathology/Oncology do not participate in the SFMatch*

	2008	2009	2010	2011	2012	2013
<b>Cornea &amp; External Disease</b>	37	41	40	40	44	46
<b>Glaucoma</b>	32	32	40	39	46	45
<b>Pediatric Ophthalmology</b>	37	39	42	43	43	43
<b>Surgical Retina</b>	35	29	36	46	50	56
<b>Uveitis</b>	6	9	10	10	11	12

**AUPO FCC OFFERS:**

- Educational standards
- Protection of institutions
- Accountability and Enforcement
- Protection of the public
- Protection of trainees

Please let your residents know about the AUPO FCC process!

For more information, visit [www.aupofcc.org](http://www.aupofcc.org) or send us an email at [aupofcc@aao.org](mailto:aupofcc@aao.org).



# Introduction to Clinical Research Course Review

BY GARY HOLLAND, MD

**THE FOURTH BIENNIAL** UCLA/AUPO Introduction to Clinical Research course was conducted on September 20-22, 2013 at the Jules Stein Eye Institute. The course, which provides a comprehensive overview of issues related to patient-based research, has continued to increase in popularity with each cycle. Registrants for the 2013 course grew to 107 individuals from 24 different programs around the country, including Puerto Rico. The majority of attendees were ophthalmology residents, but the course was also attended by clinical fellows and program directors, who can adapt information from the course for training programs in their own departments.

The course, organized by Dr. Gary N. Holland and Dr. Bartly J. Mondino is supported with a grant from the National Institutes of Health, and is endorsed by ARVO. Ellen Haupt, Administrator of the Clinical Research Center at the Jules Stein Eye Institute, coordinated the course, which included instructors from the Department of Ophthalmology, David Geffen School of Medicine at UCLA and from the Department of Biostatistics, UCLA Fielding School of Public Health. There were also several guest lecturers. The NIH grant provided travel awards for 12 resident-attendees who would not otherwise have been able to attend.

Course material was aimed at entry level researchers. Dr. Holland explained, "The goal of the course is to instill an appreciation for research; to stimulate interest in becoming involved in research; and to foster an understanding of the research process and all of its related aspects." Dr. Steven Piantadosi, Director of the Cancer Institute at Cedars-Sinai Medical Center in Los Angeles, opened the course with a general review of research and the role of an investigator. Dr. Thomas M. Lietman, of the Proctor Foundation, University of California, San Francisco, followed with a discussion of the types of projects best suited for residents and early-stage investigators.

Much emphasis throughout the course was placed on improving the quality of research. Sessions were held on statistical analysis and interpretation of data, choosing the correct study design, and eliminating bias. Course discussions emphasized the types of research that residents would most likely undertake, including case series and cross-sectional studies. Dr. Douglas A. Jabs, of Mt. Sinai School of Medicine, provided guidance on improving the quality of case series and avoiding pitfalls in the analysis of research data. Dr. Thomas J. Liesegang, Editor-in-Chief, *American Journal of*

*Ophthalmology*, discussed publication of research results and the responsibilities of authors. Dr. Neeraj Agarwal, Training Officer at the National Eye Institute, spoke to attendees about funding opportunities for new investigators. Other topics included the role of institutional review boards and how to perform effective literature searches.

There was ample time for interaction between attendees and instructors. In small group sessions, participants were asked to discuss solutions to specific problems in data analysis, and were given the opportunity to design a clinical trial. Based on feedback from attendees at previous courses, a new feature in 2013 was an open discussion of issues raised during the weekend, which served as a course wrap-up. This question and answer session, conducted during a sit-down breakfast on the final morning, was extremely popular. Overall, the majority of attendees rated the course as "Excellent" in an anonymous electronic exit survey. ■

## Heed Foundation Residents Retreat September 29–30, 2014 Chicago, Illinois

The Heed Ophthalmic Foundation will co-sponsor with the American Ophthalmological Society the 9th annual Heed Foundation Residents Retreat on September 29 and 30, 2014 at the Intercontinental O'Hare Hotel in Chicago, Illinois.

Twenty-five to 30 residents nominated by their department chairs and residency program directors and 20 to 25 faculty including recent K-awardees, mid-career and senior faculty will gather for two half days to discuss careers in academic ophthalmology.

During the informal sessions, residents will mingle with academic ophthalmologists just a few years their senior to learn about how young faculty members made the transition from trainee to academic faculty.

Department chairs and residency program directors are encouraged to nominate one or two residents from their programs who have the talent and desire to pursue a career in academic ophthalmology. The application consists of a letter of recommendation from the department chair, the resident's biosketch (in NIH or narrative format, not to exceed 2 pages), and a personal statement from the resident describing his/her career goals. Seven individually collated hard copies of the application should be submitted to Stuart L. Fine at the address listed below:

Stuart L. Fine, MD, 42 Wader, Carbondale, CO 81623  
Stuart.fine@ucdenver.edu

Nominations are reviewed and nominees are selected by the Heed Foundation Directors. Nominees and their chairs will be notified in June 2014. Nominations may be submitted at any time from now through April 15, 2014.

The Heed Foundation, [www.Heed.org](http://www.Heed.org), is grateful to the AUPO chairs and residency program directors for their continuing support of the Heed Foundation Residents Retreat.

## Learn, Serve, Lead

# Highlights from the AAMC Annual Meeting

BY STUART FINE, MD

IT WAS MY PRIVILEGE to represent AUPO at the annual meeting of the Association of American Medical Colleges (AAMC), an organization based in Washington, DC that represents all the medical schools and teaching hospitals in the U.S. The AAMC holds an annual meeting attended by deans, associate and assistant deans, hospital CEOs and COOs, and a variety of educators, health policy wonks, and hospital administrators involved with academic medicine.

The November 2013 meeting, attended by nearly 5000, was held at the Convention Center in Philadelphia. I choose to attend those sessions which I think will be of greatest interest to the AUPO membership because of the potential relevance to ophthalmic practice, residency education, or sponsored research. A summary of my meeting notes follows.

The AAMC has predicted a shortage of 58,000 physicians in 2014 and a shortage of 91,500 by 2020. But these estimates are based on patients being seen in traditional settings. In contrast is the estimate of Dr. Jeffrey Brenner, director of the Camden (NJ) Coalition of Health Care Partners, who estimated that we need half the number of physicians, twice the number of nurses, and three times the number of health care coordinators. Those estimates, however, would require a team-based and community-based approach to delivering health care.

In response to strong encouragement from the AAMC, the number of medical students has increased substantially. Increasing enrollment in existing schools and the addition since 2006 of 16 new MD schools and 9 new DO schools account for this increase. However, if Congress does not raise the number of PGY positions, a number which has not changed since 1997, there will not be more physicians to provide care for the American public. Increasing the number of PGY slots is high on the AAMC's agenda.

The credentials and qualifications of the provider are of interest in all areas of medicine. One survey asked participants to indicate their preference for a primary care provider; 50% preferred to see an MD, 25% preferred to see a nurse practitioner or physician's assistant, and 25% had no preference. In almost every area of medical practice, there is the potential for an expanding role for medical assistants, care coordinators, community health workers, behavioral advisers, patient navigators, health coaches, etc. The implications for ophthalmology are obvious.

Transitioning from our traditional way of delivering care to a more team and community-based approach will be challenging but could be effective both in promoting health and reducing costs. A community health worker might suggest purchasing a vacuum cleaner for a patient with asthma to reduce exposure to allergens in the home and thereby diminish the likelihood of an acute asthmatic attack that would lead to an ED visit. Purchasing a cell phone for a patient might facilitate consultation with a nurse practitioner about diet or medications that might prevent a hospitalization. Such interventions, as recommended by health coordinators, have been shown to promote health and save money in pilot studies in Camden, NJ. This is a far cry from the traditional care delivery system. Are there applications to ophthalmology, especially for managing chronic conditions like glaucoma, diabetic retinopathy, and others?

Leveraging technology and empowering triage officers could improve efficiency. Recently I received a phone call from a patient with a red eye that sounded like a sub-conjunctival hemorrhage. An e-photograph confirmed the diagnosis, enabling me to reassure the patient. At UCSF, a physician triages requests for GI consults to decide which can be e-consults and which require an appointment. The waiting time for an appointment has been reduced from several months to three weeks. Can we envision a retina specialist reviewing OCT images from outlying offices and making recommendations about anti-VEGF injections based on the presence or absence of fluid?

A featured guest speaker was Dr. Ian Morris, a futurist who makes his living by consulting with academic medical center leaders. Morris stated that much of the change in health care delivery will be driven by private equity and by the consolidation of hospitals and doctors into regional health care systems. Selection of physicians, choice of diagnostic tests and treatment protocols will be determined to some extent by economic considerations. Reference pricing — the comparative cost of various diagnostic and treatment services — will determine what insurance will cover. In one study, the cost of hip replacement surgery varied at different centers from \$30K to \$120K; a patient choosing a more expensive venue may be at risk for paying the difference out of pocket.

*continued on page 19*

Highlights from the AAMC Annual Meeting  
continued from page 18

What is the future of the academic medical center? Surveys have shown that most patients don't know what an academic medical center is. AMCs are better off referring to themselves as teaching hospitals. Morris quoted studies which reported that patients are willing to give up access to prestigious medical centers if they can keep monthly payments low, keep their current doctors, and have access to all necessary diagnostic equipment. These preferences do not vary by patient age or diagnosis. Surveys of employers who pay premiums for their employees show increasing acceptance of all the changes in health care delivery and financing that reduce costs. No surprise there!

A most enjoyable talk was given by Pulitzer Prize-winning author and journalist Anna Quindlen. Her talk was entitled, "Health Care in the Information Age: How Doctors, Nurses, and Patients Can Make One Another Better." Quindlen's plea was for the health care provider to get to "know the patient," to meet the patient "on their own turf." She cited examples of care given to her and to her parents and remarked how the interpersonal relationship with the provider was instrumental in determining the outcome of the illness or how the outcome was accepted. She asked that we all maintain "a spark of humanity, acknowledge uncertainty when it exists, and practice empathy."

Dr. Jeff Balsler, Dean at Vanderbilt University School of Medicine, suggested that AMCs capitalize, when possible, on the brand name of the University rather than the School of Medicine or the hospital. He also recommended that the AMC participate in community activities and publicize its involvement in the community. The Vanderbilt PR campaign has been successful in Nashville where Vanderbilt provides care to many uninsured patients and also supports a program that teaches reading to illiterate community residents. Such programs counteract the public perception of the AMC: wealthy institution populated by intellectual snobs!

Ed Rendell, former two-term governor of Pennsylvania, participated in a panel on marketing the AMC and its services. Some of his no-nonsense advice: to get more patients, advertise; to have more influence, get to know the political decision makers; use alumni to promote the organization; publicize how many locals are employed, how much the institutions pay in local and state taxes, the special services

provided, and the great cures; visit local pols and decision-makers regularly to inform them about what's going on at the AMC; physicians who provide medical care to politicians are the ones who can be most influential. And finally, he urged us not to make enemies because "today's enemies can be tomorrow's friends."

Last but not least was a talk by Dr. Jeff Brenner on "Innovative Approaches to Care for the Very Ill." As an introduction, I would encourage anyone who has not done so to Google and read the article entitled "Hot Spotters" which was published in *The New Yorker* on January 24, 2011. Hot Spotters refers to those outliers who account for a hugely disproportionate share of health care expenditures. In Camden, NJ, for example, in one year, 1% of patients accounted for 30% of health care expenses, 13% accounted for 80%, and 20% accounted for 90%. Determining how to keep outliers more compliant with their diets and meds, away from the ED, and out of the hospital saves zillions of dollars. There is no field in medicine that could not benefit from a program that identifies the hot spotters/outliers.

My final thought relates to how few ophthalmologists attended this meeting. In response to the question, "Why should we?" I would say that our profession needs to know the players and to have a seat at the table when decisions are made affecting health care delivery and financing. A personal goal for this year is to encourage interested AUPO members and associate members to become involved in the AAMC so that they can be more visible when search committees are looking for deans and hospital CEOs. For years, ophthalmology has been recruiting many of the best and brightest medical students. More of us should be leaders at our institutions and on the national medical scene. ■

## Election Results

Congratulations to the following Members, Associate Members and Administrators that were recently elected to leadership positions:

### Board of Trustees – effective April 1, 2014

Julia Haller, MD – President-Elect  
Paul Sternberg, Jr., MD – Trustee-at-Large

### Program Directors Council – effective April 1, 2014

R. Michael Siatkowski, MD – Member-at-Large

### Administrators Board – effective April 1, 2014

Jeff Good – Member-at-Large  
Seena Salyani – Member-at-Large

# David Epstein – A Man of Great Stature

JUNE 23, 1944 – MARCH 4, 2014

BY STEVEN FELDON, MD, MBA



**DAVE EPSTEIN WAS MY** senior resident. In those days at Massachusetts Eye & Ear Infirmary, that meant he spent 3 months in a dark room with a bunch of patients on gurneys, teaching me indirect ophthalmoscopy and correcting my detailed drawings. As a Glaucoma Fellow and then a newly

minted Assistant Professor, Dave encouraged me to regularly attend glaucoma rounds in Morton Grant’s office surrounded by Paul Chandler, Richard Simmons, Tom Hutchinson, Robert Bellows, and David Campbell. These sessions were highlights in my training. As the consummate clinician, educator, and scientist, Dave was a blessing; someone who continued to encourage me throughout my professional career — not so much a mentor as a slightly older brother.

When I became a member of AUPO, Dave was already committed to the success of our organization. He spoke incredulously about the injustices heaped upon ophthalmology departments — the deprioritization of ophthalmology by academic medical centers. He had equal passion as a clinician-scientist committed to the AUPO/RPB Resident and Fellow Research Forum, serving as the moderator for several years. Dave used his experience in building a nationally ranked academic ophthalmology program to communicate his ideas on leadership and management. Perhaps there was some pre-science in titling his President’s Symposium — The Life Cycle of Chairs. Dave was a finalist for the position of Executive Vice President of AUPO. He will never function in that capacity he sought, but he will always guide us as the epitome of what a Department Chair and academic leader should be. Dave was truly a man of great stature. [Note: <https://sites.duke.edu/medschoolblog/2014/03/04/david-epstein-chair-of-ophthalmology-passes/>]

## AUPO – NEW MEMBER UPDATES

### CHAIR

Humayun, Mark S.	University of Southern California School of Medicine	Los Angeles, CA
Margolis, Todd P.	Washington University School of Medicine	St. Louis, MO
Rauser, Michael E.	Loma Linda University School of Medicine	Loma Linda, CA
Rhee, Douglas J.	Case Western Reserve University School of Medicine	Cleveland, OH
Stout, J. Timothy	Baylor College of Medicine	Houston, TX
Tuli, Sonal	University of Florida College of Medicine, Gainesville	Gainesville, FL

### PROGRAM DIRECTOR

Greenwald, Mark	University of Chicago, Pritzker School of Medicine	Chicago, IL
Khalifa, Yousuf	University of Rochester School of Medicine & Dentistry	Rochester, NY
Khoury, Albert S.	Rutgers, New Jersey Medical School	Newark, NJ
Wilkinson, Michael	Pennsylvania State University College of Medicine	Hershey, PA

### RESEARCH DIRECTOR

Steinle, Jena J.	University of Tennessee, Memphis, College of Medicine	Memphis, TN
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### MEDICAL STUDENT EDUCATOR

Ackert, Jessica	Drexel University College of Medicine	Philadelphia, PA
Cheeseman, Edward W.	Medical University of South Carolina College of Medicine	Charleston, SC
Correa, Zelia	University of Cincinnati College of Medicine	Cincinnati, OH
Djalilian, Ari R.	University of Illinois College of Medicine at Chicago	Chicago, IL
Shayesteh, Yasmin	Loyola University Chicago	Maywood, IL

# AUPO Position Statement on Medical Student Education

**OPHTHALMIC KNOWLEDGE AND SKILLS** are an important part of medical practice. In order to provide optimal patient care all physicians should be able to:

- (1) Measure and record visual acuity.
- (2) Evaluate a red eye.
- (3) Evaluate a traumatized eye.
- (4) Detect strabismus and abnormal eye movements.
- (5) Detect abnormal pupillary responses.
- (6) Understand causes and implications of acute and chronic visual loss.
- (7) Perform direct ophthalmoscopy to detect abnormalities of the optic disc and posterior ocular fundus.
- (8) Recognize ophthalmic manifestations of systemic disease.
- (9) Initiate appropriate management and/or physician referral for detected or suspected abnormalities of the eye and visual systems.

Ophthalmology should be taught to all medical students and all medical schools should have a mechanism within their own curriculum to address the core knowledge and skills outlined in the AUPO Medical Student Educators' white paper.

## Background:

Ophthalmology content in the mainstream medical school curriculum has been steadily dropping over the past 20 years,

and multiple papers document the decline in ophthalmic literacy by primary care providers; yet vision and eye problems commonly present to non-ophthalmic practices.

Curricular organization has changed from the old subject "silo" model to an integrated modular one, centered around problem-based learning, and the development of critical thinking emphasizing interactive case-based small group sessions rather than lectures. While it is true that some ophthalmic knowledge and skills can be taught by experienced primary care providers, the general development of curricula should be led by experienced ophthalmic educators. Students should be instructed in the correct use of the pen light and direct ophthalmoscope and should gain familiarity with ophthalmic diagnostic equipment (e.g., portable ultrasound, fundus camera images) that is becoming increasingly available in non-ophthalmic learning environments, such as simulation skills centers, emergency departments and primary care community health facilities.

## Evaluation:

Many medical schools test outcomes of skills transfer with structured clinical examinations. With the marginalization of ophthalmology in the curriculum, ophthalmic knowledge and skills are being increasingly omitted. Some written national tests include a few very basic ophthalmic questions. In the new paradigm of competency-based education, ophthalmic skills and knowledge must necessarily be a part of these general milestones. Methodology must be developed for assessment of quality and longevity of knowledge and skills transfer.

Revised 6/21/2013

# AUPO Annual Meeting 2014



2014 Banquet Attendees



Bartly Mondino, Executive Vice President



Steven Feldon, President



Eduardo Alfonso, President-Elect



President-Elect, Eduardo Alfonso, addressing banquet attendees



Resident and Fellow Research Forum from left: Bartly Mondino, Brian Hofland, Guadalupe Villareal, Jr., Mohamed Abou Shousha, Glenn Yiu, Benjamin Fowler, Diane Swift, Steven Feldon



AUPO Board of Trustees from left: Eduardo Alfonso, Oscar Cruz, Bartly Mondino, Steven Feldon, Russell Van Gelder, Randall Olson (missing: Keith Carter and Julia Haller)



2014 Banquet attendees



**ASSOCIATION OF  
UNIVERSITY PROFESSORS  
OF OPHTHALMOLOGY**



**AMERICAN ACADEMY<sup>®</sup>  
OF OPHTHALMOLOGY**  
*The Eye M.D. Association*

## **Straatsma 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, M.D., J.D., 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 AUPO and a Member or Fellow of 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 (10 pt. font or greater)
  - A copy of the Nominee's current Curriculum Vitae (10 pt. font or greater)
  - 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 (10 pt. font or greater)
- The completed application packet must be compiled by the Department Chair and received by the AUPO office by **Thursday, May 1, 2014**, at:  
AUPO, Stephen Moss, 655 Beach Street, San Francisco, CA 94109
- All completed applications will be reviewed by a Selection Committee and a recommendation forwarded to the AUPO Board of Trustees for approval and subsequently to the Senior Secretary for Education of the AAO for approval.
- The awardee will be notified by July 14, 2014.





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*The Eye M.D. Association*

## **AUPO/AAO Award for Excellence in Medical Student Education CALL FOR NOMINEES**

### ***Description of Award:***

The AUPO/AAO Award for Excellence in Medical Student Education will provide national recognition for an outstanding medical student educator on an annual basis. It is established through funding from the Association of University Professors of Ophthalmology (AUPO) and the American Academy of Ophthalmology (AAO). The award will be presented annually and will carry a cash prize.

### ***Criteria for Nomination:***

Nominees for the Excellence in Medical Student Education Award must fulfill the following criteria:

- Be an associate member of AUPO and a member or fellow of the AAO
- Have served as a medical student educator at an ACGME-accredited AUPO member program for a minimum of two years.
- Currently serve as the medical student educator.
- Embody the qualities of:
  - commitment to medical student education;
  - dedication to the medical student education training process;
  - active engagement in medical student education program leadership;
  - innovation in and/or advancement of medical student education at the local and/or national level;
  - a 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 medical student 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;
  - Two supporting letters (each not to exceed two pages) from faculty, current medical students, or past medical students 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 Medical Student Educator and plans for future activities. The Nominee must also agree in the letter to provide a presentation at one or both Annual Meetings of AUPO and AAO on a topic(s) related to medical student education training if chosen as the Awardee.
- The completed application packet must be compiled by the Department Chair and received by the AUPO office by **Thursday, May 1, 2014**, at:  
AUPO, Attention: Stephen Moss, 655 Beach Street, San Francisco, CA 94109

All completed applications will be reviewed by a Selection Committee and a recommendation forwarded to the AUPO Board of Trustees for approval and subsequently to the Senior Secretary for Education of the AAO for approval.

The Awardee will be notified by July 2014.

## THINGS YOU SHOULD KNOW

### Compensation Survey

THE RESULTS OF THE 2012 AUPO compensation survey are available for purchase. To order the report, please contact the AUPO office for an order form. The signature of the Department Chair as confirmation of knowledge of the request for the report and agreement to maintain confidentiality is required. Contact AUPO at [aupo@aa0.org](mailto:aupo@aa0.org) or call (415) 561-8548.

### Dues News

**Don't Forget to Pay Your Dues!** According to the AUPO Bylaws, membership dues are considered delinquent after June 30th, which coincides with the end of the AUPO dues period. Not sure if your dues have been paid? Please login to the My Profile section of the AUPO website or contact Ket Tapia ([ktapia@aa0.org](mailto:ktapia@aa0.org)) or Stephen Moss ([smoss@aa0.org](mailto:smoss@aa0.org)) to confirm your current status. Renewing AUPO Members and Associate Members may pay dues using either a Visa, MasterCard, or check. Online dues renewal is encouraged! To pay online login to My Profile located on the Membership page of the AUPO website. Please contact the AUPO office at 415-561-8548 if you need to reset your username and/or password.

### Associate Membership

**Medical Student Educators** and **Research Directors** are invited to join AUPO as Associate Members. Information about the activities of the Medical Student Educators Council can be found on their dedicated website, [www.aupomse.org](http://www.aupomse.org). Please call the AUPO office at 415-561-8548 for an application. Encourage your Medical Student Educator and Research Director to get involved with this growing part of our membership!

### University Administrators of Ophthalmology (UAO)

According to the UAO Bylaws, membership dues are payable by January 1 of each year. A \$25 late fee must accompany payments made after January 1. Members who pay their dues by December 31 qualify for the member's reduced registration rate for the following annual meeting. UAO dues payments should be made by check to the UAO Treasurer and payable to UAO. UAO is not able to accept credit card payments. A membership renewal form and a new member application form can be located on the AUPO web site: <http://www.aupo.org/about/ua0.html> UAO Dues payments should be mailed to:

Larry McGranahan  
UAO Membership  
Ophthalmology and Visual Sciences  
200 Hawkins Drive 11136 PFP  
Iowa City, IA 52242-1091

### Member Directory

The 2014–2015 edition of the AUPO/UAO Member Directory will be mailed in September. Members can expect to receive a request for updates via email in May. You may also submit directory updates at any time by sending an email to Ket Tapia ([ktapia@aa0.org](mailto:ktapia@aa0.org)). The deadline for receiving updates for inclusion in the 2014-2015 issue is July 15th. As always, the accuracy of the directory is dependent upon information supplied by the membership. Keep AUPO and UAO informed! ■

#### Alfonse A. Cinotti, MD, FACS, Honored by JCAHPO



The Joint Commission of Allied Health Personnel in Ophthalmology (JCAHPO) presented its highest honor of recognition, the 2013 Statesmanship Commissioner Award, to Alfonse A. Cinotti, MD, FACS, during its 2013 Annual Meeting in New Orleans. The Association of University Professors in Ophthalmology (AUPO) was one of six ophthalmology societies that founded JCAHPO and Dr. Cinotti was AUPO's appointed Commissioner to JCAHPO from 1969 to 1992. During his tenure as AUPO's representative to the Commission, he served in many positions.

The Statesmanship Commissioner Award is a special award given in recognition of a JCAHPO Commissioner who has greatly contributed to the organization and allied health during his/her career. Dr. Cinotti is truly worthy of this respect and appreciation for his many years of service to JCAHPO and his commitment to technicians and quality patient care. He is still practicing today volunteering his time at free eye care clinics.

In 1963, Dr. Cinotti was appointed Director of the Department of Ophthalmology at New Jersey Medical School, a position he held until his retirement in 1993. Dr. Cinotti also directed the ophthalmology programs in the three largest hospitals in New Jersey, and had overall responsibility for the training of more than 300 ophthalmologists. In 2008, the Lions Club and the Eye Institute of New Jersey endowed a Chair of Ophthalmology in Dr. Cinotti's name at the New Jersey Medical School.

# FACULTY POSITIONS AVAILABLE

## MARCH 2014

For the most complete, up-to-date listing of faculty positions, with full descriptions, please visit the "Faculty Positions" section of [www.aupo.org](http://www.aupo.org).

**Case Western Reserve University  
Department of Ophthalmology and  
Visual Sciences**

Neuro-Ophthalmologist

**Drexel University College of Medicine  
Department of Pediatrics**

Pediatric Ophthalmologist

**Henry Ford Hospital  
Department of Ophthalmology and  
Eye Care Services**

Pediatric Ophthalmologist

**Ochsner Health System  
Department of Ophthalmology**

Neuro-Ophthalmologist  
Oculoplastics-Oncologist

**Oregon Health & Science University  
Casey Eye Institute,  
Department of Ophthalmology**

Comprehensive Ophthalmologist

**Saint Louis University School of Medicine  
Department of Ophthalmology**

Glaucoma

**SUNY Downstate Medical Center  
Department of Ophthalmology**

Retina Specialist  
Vision Scientist (PhD or MD, PhD)

**University of California, San Diego,  
School of Medicine  
Department of Ophthalmology**

Cornea & Refractive Surgery  
Glaucoma  
Neuro-Ophthalmology  
Retina

**University of Florida, Gainesville  
Department of Ophthalmology**

Vitreoretinal Specialist

**University of Florida, Jacksonville  
Department of Ophthalmology**

Cornea & Refractive Surgery

**University of Maryland School of Medicine  
Department of Ophthalmology and  
Visual Sciences**

Glaucoma  
Ocular Oncology  
Oculoplastics  
Pediatric Ophthalmologist  
Surgical Retina

**University of Michigan  
School of Medicine Health System  
The Kellogg Eye Center**

Clinician-Scientist  
Comprehensive Ophthalmologist  
Glaucoma  
Medical Retina Surgeon  
Oculoplastics  
Pediatric Ophthalmology & Strabismus  
Vitreoretinal Surgeon

**University of Missouri  
Department of Ophthalmology**

Comprehensive Ophthalmologist  
Glaucoma Specialist  
Neuro-Ophthalmologist  
Vitreoretinal Specialist

**University of North Carolina at Chapel Hill  
Department of Ophthalmology**

Oculoplastics/Orbital Surgeon

**University of Rochester  
Department of Biomedical Engineering**

Senior Faculty in Vision Restoration

**University of Texas  
Southwestern Medical Center  
Department of Ophthalmology**

Glaucoma Faculty  
Pediatric Ophthalmologist  
Vitreoretinal Faculty

**Virginia Commonwealth University  
Medical Center  
Department of Ophthalmology**

Glaucoma Specialist  
Pediatric Ophthalmologist  
Vitreoretinal Specialist

**West Virginia University School of Medicine  
WVU Eye Institute**

BC/BE Cornea/Refractive Specialist

# SAVE THE DATE

*for the 2015 AUPO Annual Meeting*  
**January 28–31, 2015**



**JW Marriott Tucson Starr Pass**  
**Tucson, Arizona**



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