



NEWS & VIEWS

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

MARCH 2009

EXECUTIVE VICE PRESIDENT'S REPORT

Managing Endowment Income

BY BARTLY J. MONDINO, MD

AS PART OF THE MANAGEMENT SYMPOSIUM at this year's Annual Meeting, I was asked to speak about managing endowment income, especially in times of financial crisis. After the talk, I received a number of questions and requests for additional information. Accordingly, I am providing a written description of this subject for inclusion in *News & Views*.

Endowments are gifts (money or other financial assets) donated to universities or colleges with the legal stipulation that the original contribution cannot be expended. Endowment income represents a permanent income stream from return on gifts that permit future planning. Return on the gift must be used for the purpose the donor desires.

An endowed fund's financial status depends on donor contributions, investment performance, inflation, and annual payout to endowment recipients. Prior to 1998, University of California endowment income was defined as ordinary income which includes rents, royalties, dividends, and interest. However, capital gains were excluded. Thus, long-term yield suffered as endowments were invested in vehicles that favored high income.

The Uniform Management of Institutional Funds Act and then the Uniform Prudent Management of Institutional Funds Act provided for two general principles:

1. Diversified investment of assets that sought growth as well as income
2. Appreciation of assets could be tapped prudently.

As a result of the above, many large educational and non-profit organizations invest their endowment using diversified portfolios of assets recognizing that while the equity markets can be volatile in short runs, over the long-term, they produce the greatest total return. In fact, approximately 75% of

all colleges and universities set a spending policy rate using an average value of the endowment, generally over a three to five year period, to compute annual spending.

Endowment funds may be unrestricted or restricted in purpose to various degrees. Obviously, relatively unrestricted endowments are more useful for a Department Chair, especially in times of financial uncertainty. Despite steering your donors to give broad, unrestricted support, most donors want specific people or programs to benefit from their legacy. Examples of restricted endowments include the following: professorships/endowed chairs, fellowships, scholarships, research funds with designated purposes. Institutions and Department Chairs have a fiduciary responsibility to ensure donors' wishes are carried out.

Before accepting an endowment, a good gift agreement is essential. The document should be broad and useful in scope in the long-term to ensure flexibility. It should contain an alternate use clause if a designated program becomes a priority

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EXECUTIVE VICE PRESIDENT'S REPORT

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no longer and have the option of returning the income back to principle if not needed or used. The alternatives to this include returning to the donors to revise gift agreements or if the donor is deceased, then seeking approval to change the gift agreement through lengthy court proceedings.

Endowments may be restricted in a number of ways, including its purpose, management, and annual approval of endowment return by Board of Trustees. In addition to the

above, it is easy to impose restrictions on endowment income by supporting infrastructure and personnel. Once positions and programs are funded, it may be very difficult to undo them so that endowment income may not be available in times of crisis.

In summary, endowments are invaluable resources that provide a permanent income stream and permit future planning. Endowments may be unrestricted or restricted to varying degrees with regards to purpose, management, and board approval. Relatively unrestricted endowments are important in all circumstances especially in times of economic instability. ■

Residency Education Symposium

BY MARIA M. AARON, MD

THE RESIDENCY EDUCATION SYMPOSIUM at this year's AUPO Annual Meeting was an opportunity for educators to learn some of the latest techniques in teaching and assessing residents.

The program started with a summary of the **Annual Heed Ophthalmic Foundation Residents Retreat**. Chairs were invited to nominate one or two first- or second-year residents to participate in the two day retreat in Chicago on September 24 and 25, 2009. The goal of the retreat is to promote academic careers in ophthalmology among residents of exceptional promise. The nominations should be submitted directly to Stuart Fine (The Scheie Eye Institute/Ophthalmology, 51 N 39th Street, Suite 530, Philadelphia, PA 19104) by April 1, 2009. The nomination should include six hard copies each of the following: the one-page recommendation, the resident's bio-sketch or CV, and the resident's one-page personal statement.

Kelly Mitchell from Texas Tech University Health Science Center described an innovative approach on **How to Audit Resident Charts in the Era of Electronic Medical Records**. The program partnered with the EMR vendor to develop chart analysis software that can query the EMR specific to date, attending, and resident. The software output highlights the differences in the resident and faculty EMR and allows the faculty to determine which differences are significant. A summary of these significant differences can be exported to other software for record keeping or graphical display. The program's initial impression with this chart analysis software has been positive with regard to the resident chart audit.

The need for a **Vision Rehabilitation Curriculum for Residents** was reinforced by Donald Fletcher who provided specific ex-

amples of how to best incorporate these into the learning environment. Dr. Fletcher emphasized the need for a multidisciplinary approach and encouraged faculty and residents to participate in low vision research.

Anthony Arnold introduced **NOVEL: Neuro-Ophthalmology Virtual Education Library**, which is a neuro-ophthalmology specific, open-access repository of digital materials (images, video, lectures, articles and animations), to be used for educational and research purposes by health care professionals, educators, patients, and students. The website is <http://library.med.utah.edu/NOVEL/> and is a valuable resource for all Ophthalmology Residency Programs.

The Practice Management Task Force has been led by Leslie Jones who presented the results of a survey regarding the need for education in Practice Management during residency. The survey found that a majority of residents did not feel adequately educated on this topic. The task force will now work toward identifying what teaching tools are available to best provide this education.

David J. Wilson spoke about **Teaching Eye Pathology with a Short Supply of Ocular Pathologists** and the continued need to provide outstanding ocular pathology education even in a program that does not have a designated ocular pathologist. He mentioned the increasing utilization of distance learning and internet modalities including the educational program developed by Dr. Folberg and another by Dr. Grossniklaus.

The second half of the Symposium consisted of a discussion regarding **Extracapsular Cataract Extraction: Is it Necessary and When Should it be Done?** Mark Mifflin from the University of Utah and Preston Blomquist from UT Southwestern dis-

cussed the pros and cons of teaching ECCE including the importance of having this experience when the surgeon needs to convert from phaco to ECCE in times of a ruptured posterior capsule. The group agreed that with improvements in phaco techniques and equipment, ECCE experience is becoming less common in residency training programs.

Christopher Ta presented the results of a survey performed by Jason Ehrlich at Stanford University of us senior residents on **Residents Experience with ECCE**. The survey found that 55% began performing cataract surgery by ECCE, whereas 45% started with phacoemulsification cataract extraction. Of those who learned manual ECCE, most (77%) performed between 2 and 10 cases before transitioning to phacoemulsification. About 2/3 thought it was helpful to perform ECCE before transitioning to phacoemulsification. Approximately 1/2 of the residents wished they did more manual ECCE during residency. According to the most recent RRC data, residents performed an average of 6 nonphaco cataract surgeries dur-

ing residency. The study found that although residents want to learn manual ECCE, many do not have the opportunity.

Finally, a DVD entitled, **i2i: Conversations to Enhance Adherence** was distributed to all program directors. The program consists of three modules: (1) Detecting Nonadherence, (2) Identifying Barriers to Adherence, and (3) Addressing Barriers to Adherence, and can be easily used as a communication teaching tool. Finally, the results of a short survey on **Resident Selection** were presented. In summary, Ophthalmology Program Directors would like to see an electronic application with the ability to sort applications based on specific criteria. Additionally, 69% of program directors would be in favor of a standardized letter of evaluation which would replace the current letter of recommendation.

Overall, the Residency Education Symposium was educational and provided Chairs and Program Directors with some new ideas and educational tools that might be valuable at their own institutions. ■

AUPO/RPB Resident and Fellow Research Forum

BY DAVID L. EPSTEIN, MD

ON JANUARY 30, 2009, we conducted another outstanding AUPO/RPB Resident and Fellow Research Forum during the 2009 AUPO Annual Meeting. Thirty-five abstracts from 20 different institutions were submitted, and four were selected based on their relevance to the prevention of blindness. The awardees were Vincent S. Hau, MD, PHD, from the University of Utah, for Promoter Polymorphism of the Erythropoietin Gene in Severe Diabetic Eye and Kidney Complications; David M. Wu, MD, PHD, from the University of Michigan Kellogg Eye Center, for A New Mouse Model of Retinal Degeneration and its Role in Understanding Retinal Disease; Romulo J.C. Albuquerque, DDS, MS, from the University of Kentucky, for A Novel Endogenous Inhibitor of Corneal Lymphangiogenesis and Allograft Rejection; and Mark E. Kleinman, MD, from the University of Kentucky, for Toll-like Receptor-3 Activation in Geographic Atrophy: Deciphering Mechanisms and Developing Therapies.

We are grateful to the following reviewers: Oscar A. Candia, MD, Mount Sinai, Scott W. Cousins, MD, Duke University, Steve E. Feldon, MD, University of Rochester, Stuart L. Fine, MD, University of Pennsylvania, Michael A. Kass, MD, Washington University in St. Louis, Peter J. McDonnell, MD, Johns Hopkins, Jerry Y. Niederkorn, PHD, University of Texas Southwestern, and Joel S. Schuman, MD, University of Pittsburgh, and to the four program discussants: Mark S. Blumenkranz, MD, Stanford University, Pratap

Challa, MD, Duke University, Russell Van Gelder, MD, PHD, University of Washington, and Donald J. D'Amico, MD, Cornell University.

We would like to express our gratitude on behalf of AUPO to Research to Prevent Blindness, Inc. for its continuous support for the AUPO/RPB Resident and Fellow Research Forum. Also, a special thanks to the RPB Board of Directors, David Weeks, Chairman, and Diane Swift, President, for their generous grant that makes the Resident and Fellow Research Forum possible, and to Stuart Fine, MD for his past leadership of this AUPO/RPB Research Forum.

For next year's forum we would like to stress the following: the abstracts should contain a focused hypothesis, state the relevance to human ocular disease, and reflect current, not previously published, research. Residents and fellows, as well as medical students doing a full research year are eligible. Applicants should have conducted the majority of the research themselves "hands-on." There is no limit per department, but in general there should be only one scientific preceptor submission. Abstracts reflecting the broad spectrum of eye disease are encouraged. The goal is to help nurture and recognize a new generation of clinician scientists, which is of strategic importance to all Departments of Ophthalmology.

Again, congratulations to all participants for an outstanding session. ■

Physician-Industry Relationships in the Academic Environment

BY SUSAN H. DAY, MD

PHYSICIAN-INDUSTRY RELATIONSHIPS in the Academic Environment was the symposium topic at the AUPO Annual Meeting's Friday morning session. In chairing this symposium, my goal was to deliver a balanced approach to this complex, timely topic. Results from my Chair survey of attitudes and practices toward this topic were presented. Over 75% of chairs responded. Virtually all acknowledged that this topic is regarded as an important one by the public. Approximately 2 out of 3 chairs viewed such relationships as favorable as long as funds were obtained in an unrestricted fashion. Yet, one of 3 chairs regarded such relationships as problematic. There was a strong consensus that organized medicine needed to provide better guidelines for appropriate individual as well as institutional relationships. Lee Jampol cited numerous specific circumstances where partnerships with industry have resulted in advances for our patients. Marco Zarbin stressed professional responsibilities not only to our patients but also to our academic mission. (Please note: Lee Jampol

and Marco Zarbin were expressly directed to discuss why academic departments *should* have relationships with industry and why they *should not*, in their respective presentations). Chris White reviewed the legal issues pertaining to such relationships and provided examples of relationships which have been featured in a negative light by the lay press. He emphasized a movement within industry that acknowledges the potential ethical and legal slippery slopes.

The presenters were then joined by panelists Steve Feldon, Paul Lichter, Russell Van Gelder, and David Wilson. Through a question and answer session, all concurred that this topic is one that deserves our attention, requires focused effort in order to clarify boundaries of appropriate behavior, and can best be characterized as having multiple shades of gray. The need to recognize our inherent conflicts of interest and to more fully disclose these conflicts, such as specific dollar amounts of gifts, consultation fees, etc., was strongly emphasized. ■

MANAGEMENT SYMPOSIUM

Financial Prudence During Uncertain Economic Times

BY RANDALL J. OLSON, MD

THE MANAGEMENT SYMPOSIUM, held on January 29th at the 2009 Annual Meeting, focused specifically on the difficult economic times in which we all find ourselves. The topics touched on different elements of our mission as well as different sources of funding. The subject of institutional funding was addressed by Barrett Haik. Nationally, drastic cuts have been announced, and there is great variability in our dependence on these funds. Unfortunately, those who are not present at key School of Medicine meetings are often the ones who receive the most drastic cuts, making it critical for us to be at the table, fighting for our fair share. Ophthalmology is not considered vitally important at many academic institutions, and, in some places, there has even been mention of cutting ophthalmology to a volunteer service. In spite of our

best efforts, the next budgetary cycle will most likely bring a decreased allocation for departments of ophthalmology.

Mark Blumenkranz spoke about dealing with the single biggest financial issue for the department: faculty salaries. Having a way to variably change salaries during times of decreasing revenue has never been more important. Departmental overhead also deserves careful scrutiny. In places where salary cuts are proposed, there should be a sense of shared pain on the part of everyone.

Bartly Mondino presented on managing an endowment. Virtually all endowments have taken a major hit with the recent fall of the stock market, in many instances as much as 40%. One way to smooth out these bumps is with a rolling average (quarterly results for the last 12-20 quar-

ters), which would smooth out the lows as well as the highs. Having one year of endowment money, already in place as a cushion, is also key in years such as this one. It is crucial to have reserve funds available for managing deficits across the department.

Randall Olson talked about clinical income. It is apparent that the number of cosmetic procedures, such as refractive and cosmetic plastics, is steadily decreasing. The number of refractive surgeries could dip by as much as 50% during this down cycle. Elective procedures are generally being performed at the same rate in most parts of the country but the amount of self-pay is likely to increase as patients lose their insurance. Managing the self-pay category so that some of that revenue is captured will be important so that overall collections on our activity do not drop drastically.

Randall Olson also spoke about maintaining a development effort in spite of the times. This is not a time to decrease our effort in any way. Many will give future commitments rather than donating right away. It is important to let them know that just because they are in financial difficulty does not mean

cultivation or stewardship will change. It is also important to remember that not everybody is in a down cycle. Some people are actually in a better position to help right now and require continued cultivation and stewardship. Also, those who cannot give at the same level as they have in the past may be willing to give a decreased amount. Every little bit helps.

Peter McDonnell talked about maintaining a research effort. Unfortunately, we are in the midst of a perfect storm. Flexible funding has decreased institutionally, fund endowments have imploded, fundraising is increasingly difficult, and NIH funding rates are poor. Now is the time to look for every possible funding opportunity, both inside and outside the institution (DOD, Pharma, etc). Tough decisions about faculty who have remained unfunded must be made. While flexible funds are provided to those who are worth saving, without the necessary reserves, the department may not be able to continue maintaining a viable research effort. In this case, decisions about overall cuts that come from a committee of researchers will be much easier to enact than those dictated by the Chair alone. ■



Stickler Involved People

BY JAN HELFER

STICKLER SYNDROME (a “zebra” syndrome affecting the eyes):

- is a genetic, autosomal dominant disorder caused by a collagen gene mutation
- is the leading cause of retinal detachment in children and the most common cause of inherited rhegmatogenous retinal detachment
- may possibly be the most common connective tissue disorder in North America and Europe but is frequently undiagnosed or misdiagnosed
- is a progressive disorder with incomplete penetrance, varied expression, and severity
- affects not only the eyes, but also causes auditory, skeletal and/or craniofacial abnormalities
- is often confused with other syndromes such as Wagner, Marshall, or Marfan
- does not affect lifespan or mental capacity

Dr. Gunnar B. Stickler (1965) originally termed the syndrome “hereditary progressive arthro-ophthalmopathy” because he associated severe sight deterioration with joint changes in several generations of one family.

Three gene mutation locations are currently known—Stickler Type I (COL2A1), Stickler Type II (COL11A1) and Stickler Type III (COL11A2). Types I and II have distinctive ocular characteristics, with Type III affecting joints and hearing, but not vision. In addition, there is at least one other type of Stickler syndrome with an unidentified gene mutation location.

The prevalence of Stickler syndrome is 1 to 3 per 10,000. Early identification is critical, especially due to the high instance of retinal detachment in children (20% before age 10 as reported in Stickler, Hughes, Houchin, 2001) and the inability of children to identify and verbalize symptoms. Detachments may, therefore, be inoperable by the time they present to the physician.

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STICKLER SYNDROME

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Stickler syndrome may be diagnosed by either genetic testing or diagnostic criteria. The former is complicated by the genetic heterogeneity of the mutation. The diagnostic criteria, published by the National Institutes of Health in 2005, have been found to be 98% reliable for Type I Stickler syndrome (75% of all Stickler patients). The criteria evaluate characteristic ocular, auditory and skeletal abnormalities, molecular data, and family history. Common ocular features of Stickler syndrome include:

- high myopia (−5 to −18 diopters) often present at birth
- spontaneous retinal detachment, usually a giant tear
- congenital abnormality of the vitreous
- pre-senile cataracts (wedge or fleck)
- open-angle glaucoma (less common)
- chorioretinal degeneration—lattice formation, holes, tears
- strabismus/astigmatism

Patients with Stickler syndrome are likely to have the following needs related to eye care:

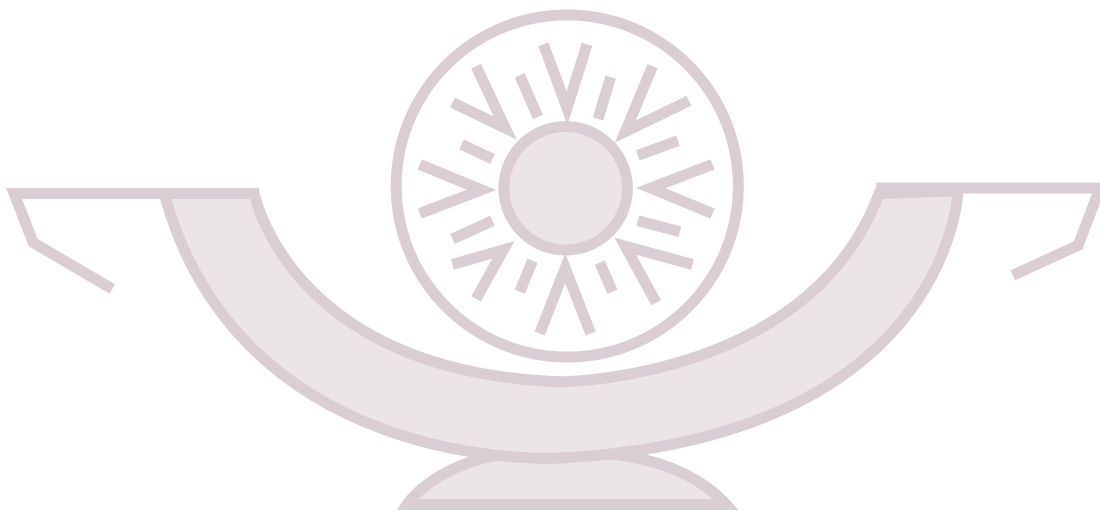
- corrective lenses
- frequent (at least annual) eye exams, including “evaluation under anesthesia” for infants and young children
- prophylactic laser or cryo treatment (see below)

- regular eye pressure readings and education of the patient as to normal range
- avoidance of contact sports

Dr. Martin P. Snead’s *Ophthalmology* article (Jan. 2008) outlined the long-term benefits of prophylactic surgery and recommendations for treatment technique. Snead recommends placement of the therapeutic lesions to be just posterior to the ora serrata. Lesions placed equatorially or too posterior are more likely to fail, thereby allowing a giant tear to progress to detachment. Prophylactic treatment is recommended early as Stickler infants have been known to experience a giant tear by 18 months of age.

Suspicion or diagnosis of Stickler syndrome should lead the physician to not only provide the appropriate treatments, but also to make a referral to a geneticist. Further patient information is available from Stickler Involved People (SIP), a not-for-profit volunteer organization with a mission to support those affected by the syndrome. SIP strives to raise the awareness of health care providers and increase their knowledge about this disorder. To that end, SIP sponsors an annual three-day conference with physician speakers who discuss the latest knowledge and treatment of the syndrome.

For more information, including a brochure, presentation, and 30-minute DVD, please visit www.sticklers.org. For a hard copy of these materials, e-mail sipbrochure@yahoo.com with your mailing address. Additional questions about the syndrome or SIP services can be directed to sip@sticklers.org or to jdhelfer@yahoo.com. ■



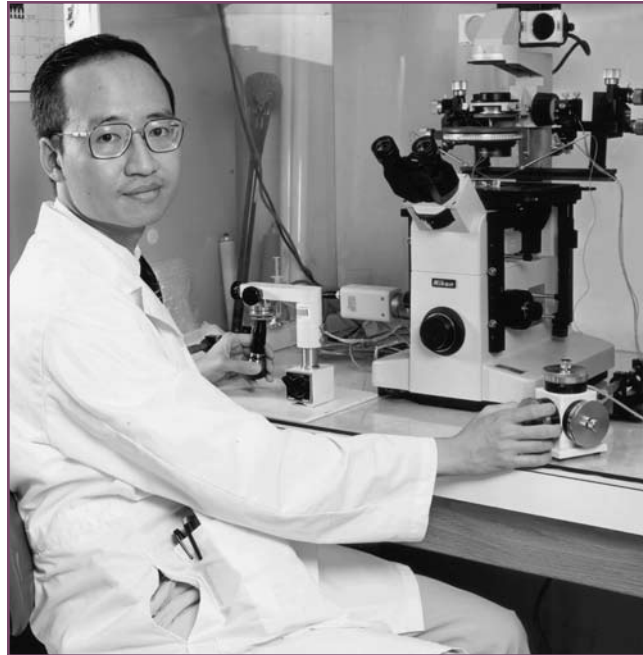
Second Becker/RPB/AUPO Career Development Award

STEPHEN H. TSANG, MD, PhD is the second recipient of the Becker/RPB/AUPO Career Development Award which provides \$100,000 of support for a young clinician-scientist for each of three years. The award honors Dr. Bernard Becker with contributions from RPB and AUPO. The first recipient, Dr. Russell Van Gelder, is now Chair of the Department of Ophthalmology at the University of Washington in Seattle.

Dr. Tsang, a native of Hong Kong, is an assistant professor in the Retina Division at the Edward S. Harkness Eye Institute and an assistant professor in the Department of Pathology at Columbia University College of Physicians and Surgeons. Dr. Tsang directs the electrodiagnostic service in the Department of Ophthalmology at New York Presbyterian Hospital. He participates in medical student and house staff training and received the 2007–2008 Resident Teaching Award. He has over 20 publications including two in *Science*.

Dr. Tsang graduated from Johns Hopkins University, where he began his genetics training under the tutelage of Professor Victor A. McKusick. He received his MD-PhD degrees from Columbia University in the NIH-National Institute of General Medical Sciences Medical Scientist Training Program (MSTP). Dr. Tsang then completed the EyeSTAR (Specialty Training and Advanced Research) Program at the Jules Stein Eye Institute, UCLA under the guidance of Professors Joseph L. Demer and Debora B. Farber in 2003.

A common theme in Dr. Tsang's program is the use of information from human disease manifestations to develop hypotheses that can be tested using genetically engineered mice. Dr. Tsang received the RPB/AUPO Ophthalmology Resident Award in 2000 and 2003 in recognition of his retinal degeneration research. The Becker/RPB/AUPO Career Development Award has enabled his team to explore new avenues



of research in gene and stem cell therapies to compliment his long-standing gene knockout (dys-thery) program. His laboratory was recently awarded R01EY018213-01, which was dependent on the preliminary data funded by the AUPO grant.

In collaboration with Professors Debora Farber and Gordon Fain at UCLA, he discovered two novel functions of the gamma subunit of cGMP-phosphodiesterase (PDE6) in activation and deactivation of the light response; provided the definitive evidence that PDE6 inactivation determines the rate

limiting step of shut off of the photoreceptor light response; developed the first genetically engineered mouse model for a recessive form of retinitis pigmentosa (RP); and demonstrated that inhibiting the cell death program can improve visual function in a RP model.

Most importantly, his laboratory and clinical facility has attracted a talented pool of scholars. Irena Tsui, MD, and Suzanna Airiani, MD, two recent graduates of the Harkness residency program, have made important discoveries in novel disease mutation and phenotype-genotype correlations. With Becker/RPB/AUPO Award support, his laboratory provides genetic research opportunities to international retina fellows, Wener Cella, MD, Brazil, Joaquin Tosi, MD, Argentina, and Nan-Kai Wang, MD. Xining He, a second year medical student at Columbia, has just completed a successful NIH Summer Research Scholarship with his team employing proteomics to elucidate retinal degenerative diseases. Results from the residents' and fellows' studies were featured recently in *Journal of Neuroscience*, *Ophthalmology*, *Investigative Ophthalmology & Visual Science*, *American Journal of Ophthalmology*, *Current Eye Research* and *Journal of Physiology*. Many of Dr. Tsang's accomplishments would not have been possible without the seed money provided by AUPO. ■

SCENES FROM THE 2009



Susan Day (Industry Symposium)



David Parke addresses audience at the Industry Symposium



Mark Blumenkranz (Management Symposium)



AUPO/RPB Resident Research Forum—
Standing: David Epstein, Mark Blumenkranz, Pratap Challa, David Weeks, Donald D'Amico, Russell Van Gelder, Bartly Mondino, Barrett Haik; *Seated:* Romulo Albuquerque, Vincent Hau, Diane Swift, Mark Kleinman, David Wu



2008-2009 AUPO Board of Trustees—
Standing: Travis Meredith, Randall Olson, David Epstein; *Seated:* Susan Day, Bartly Mondino, Barrett Haik, Mark Blumenkranz



Cocktail Reception



Banquet

ANNUAL MEETING



Bartly Mondino recognizing Dunbar Hoskins, on behalf of AUPO, for his service to AAO, AUPO, and ophthalmology



Barrett Haik (President)



Travis Meredith (President-Elect) and Barrett Haik (President)



David Weeks, Barrett Haik, and Diane Swift



Adrienne Graves, James Jorkasky, and Paul Kaufman



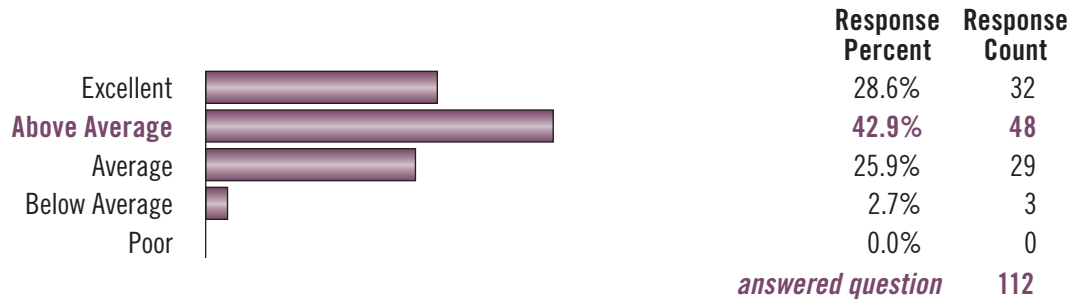
Bartly Mondino and David Pyott



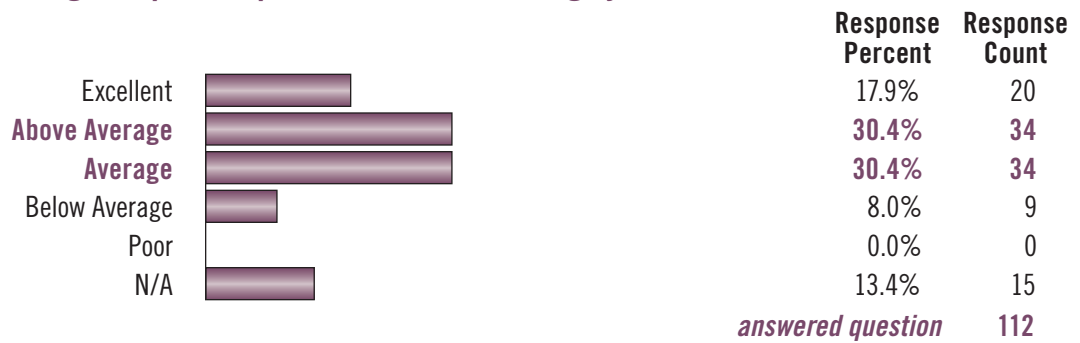
Bartly Mondino, Susan Day, Dunbar Hoskins, Ann Hoskins, David Pyott, and Mark Blumenkranz

AUPO 2009 Annual Meeting Survey

Your overall evaluation of this AUPO Annual Meeting



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



Please rate Thursday's sessions

	Excellent	Above Average	Average	Below Average	Poor	Did Not Attend	Response Count
Management Symposium	17.1% (18)	33.3% (35)	26.7% (28)	6.7% (7)	0.0% (0)	16.2% (17)	105
Residency Program Symposium	21.0% (21)	29.0% (29)	21.0% (21)	1.0% (1)	0.0% (0)	28.0% (28)	100
<i>answered question</i>							106

Please rate Friday's sessions

	Excellent	Above Average	Average	Below Average	Poor	Did Not Attend	Response Count
Physician/Industry Relationships in the Academic Environment	25.2% (26)	31.1% (32)	22.3% (23)	1.9% (2)	0.0% (0)	19.4% (20)	103
AUPO/RPB Resident & Fellow Research Forum	22.0% (22)	29.0% (29)	24.0% (24)	0.0% (0)	0.0% (0)	25.0% (25)	100
Hot Topics	20.2% (20)	33.3% (33)	21.2% (21)	0.0% (0)	0.0% (0)	25.3% (25)	99
<i>answered question</i>							103

Please rate the following Saturday sessions

	Excellent	Above Average	Average	Below Average	Poor	Did Not Attend	Response Count
Attract, Retain and Mentor Academic Ophthalmologists	30.6% (30)	24.5% (24)	9.2% (9)	1.0% (1)	0.0% (0)	34.7% (34)	98
RRC Workshop	10.6% (9)	16.5% (14)	7.1% (6)	2.4% (2)	0.0% (0)	63.5% (54)	85
School for New Chairs II Workshop	7.3% (6)	2.4% (2)	2.4% (2)	0.0% (0)	0.0% (0)	87.8% (72)	82
CMSE Workshop	5.3% (4)	1.3% (1)	2.6% (2)	0.0% (0)	0.0% (0)	90.8% (69)	76
						answered question	101

This year we divided the organizational reports into two sessions instead of one. Should we continue this format?

	Response Percent	Response Count
Yes	61.5%	59
No	18.8%	18
Did Not Attend	19.8%	19
	answered question	96

This year we moved the workshops to Saturday. Should we continue this format?

	Response Percent	Response Count
Yes	43.1%	44
No	34.3%	35
Did Not Attend	22.5%	23
	answered question	102

For several years the Residency Review Committee (RRC) has offered appointments during the Annual Meeting. Please answer the following questions regarding the RRC appointments.

	Yes	No	Not Applicable	Response Count
Has your program ever scheduled an RRC appointment during the meeting?	48.5% (47)	29.9% (29)	21.6% (21)	97
If you scheduled an appointment this year or in the past, did you find it helpful to offer this opportunity during the meeting?	45.5% (40)	2.3% (2)	52.3% (46)	88
			answered question	98

Meeting Attendee

	Response Percent	Response Count
Member	32.7%	35
Associate Member	39.3%	42
Professional Guest	12.1%	13
Administrator	15.9%	17
	answered question	107

CALL FOR NOMINEES

Straatsma Award for Excellence in Resident Education

Description of the Award

The Straatsma Award for Excellence in Resident Education (the “Straatsma Award”) was established through the generosity of the American Academy of Ophthalmology (AAO), the Association of University Professors of Ophthalmology (AUPO) and private funds to recognize and celebrate an outstanding Program Director in ophthalmology. The award carries the name and honors the accomplishments of Bradley R. Straatsma, MD, JD; former Chairman of the Department of Ophthalmology at UCLA and former Director of the Jules Stein Eye Institute. The award will be presented annually at both the Annual Meetings of the AAO and of the AUPO and will carry a cash prize.

Criteria for Nomination

Nominees for the Straatsma Award must fulfill the following criteria:

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

Special consideration in the selection process will be given:

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

- To achievement in mentoring other educators/future educators

Nomination Process

- Candidates must be nominated by their Department Chair
- The Application Packet must include the following items:
 - A letter (not to exceed three pages) from the Chair summarizing the Nominee’s special qualifications for the Award and verifying that, if awarded
 - The cash prize will be awarded directly to the Awardee and not counted against normal compensation or deposited in Department accounts
 - The Awardee will attend both the Annual Meetings of the AAO and of the AUPO to receive the Award
- Two (2) supporting letters (each not to exceed two pages) from faculty, current residents, or past residents who trained under the Nominee
- A copy of the Nominee’s current Curriculum Vitae
- A signed letter from the Nominee (not to exceed two pages) summarizing the Nominee’s accomplishments as Program Director and plans for future activities. The Nominee must also agree in the letter to address the Program Director’s Meeting at the AAO and AUPO Annual Meetings on a topic(s) related to residency training if chosen as the Awardee
- Two (2) copies of the completed application packet must be compiled by the Department Chair and received by the AUPO office by **Monday, May 4, 2009** at AUPO, P.O. Box 193030, San Francisco, CA 94119
- 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 1, 2009. ■

Annual Business Meeting Highlights

- Approved the 2008 Annual Business Meeting minutes as written
- Announced that the AUPO Fellowship Compliance Committee is fully operational now with seven participating ophthalmic subspecialties
- Thanked The Cornea Society and the American Academy of Ophthalmology for their financial support of the AUPO FCC
- Noted that the second Becker Award concluded at the end of 2008 and the winner, Dr. Stephen Tsang, presented a brief review of his research during Thursday's program
- Encouraged members to send individuals from their institutions to the second UCLA/AUPO Introduction to Clinical Research Course scheduled for March 2009; participation is free to attendees
- Announced collaboration between AUPO and ARVO on a new program. "So You Want to be a Chair of Ophthalmology?" which will debut at the ARVO Annual Meeting in 2009 and is being coordinated by Dr. David Epstein
- Added a central application service for ophthalmology fellowships to the San Francisco Matching Program this year
- Approved the revision to Article III, Section 3.2 of the Bylaws allowing medical student educators to join as Associate Members
- Approved the list of new members and Associate Members as read
- Approved Dr. Susan Day as President-Elect for a term beginning April 1, 2009
- Approved Dr. Dmitri Azar and Dr. Steven Feldon as Trustees-at-Large with terms beginning April 1, 2009
- Approved a recognition statement in honor of the NEI's 40th Anniversary
- Reminded the members that their Research Directors may join the AUPO as Associate Members
- Encouraged Chairs to nominate their Program Directors for the AUPO/AAO Straatsma Award for Excellence in Resident Education; the next deadline for applications is May 2009

AUPO Board Highlights

- Reviewed plans for the AUPO/ARVO workshop "So You Want to be a Chair of Ophthalmology?"
- Reported that approximately 50 individuals are pre-registered as of January for the AUPO/UCLA Introduction to Clinical Research course
- Approved the fiscal year 2009 budget
- Received a report from the AUPO auditors about the ophthalmology residency matching process
- Approved a strategic planning session with the Match
- Approved a policy on international professional guest attendance at Annual Meetings
- Appointed Dr. Mondino as the liaison to the Consortium of Medical Student Educators
- Accepted proposed recommendations for bylaws revisions
- Approved a second five-year term for Dr. Bartly Mondino as the AUPO Executive Vice President
- Discussed future plans for the Research Directors' participation in the AUPO
- Reviewed the criteria for the Resident and Fellow Research Forum
- Discussed topics for the 2010 Annual Meeting presentations

Salary Survey

The AUPO ophthalmology compensation survey conducted by Sullivan, Cotter and Associates, Inc. in 2006 is still available to AUPO members for purchase.

The survey is \$300 for participants and \$1000 for non-participants.

To purchase the survey, please contact the AUPO office at (415) 561-8548 or aupo@aao.org, or complete the form located on the AUPO Web site.

Advance payment is required.

FACULTY POSITIONS AVAILABLE

MARCH 2009

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

**University of Missouri-Kansas City (UMKC)
School of Medicine**

- Two Assistant/Associate Professor positions in Vision Research

**University of Kansas Medical Center
Department of Ophthalmology**

- Full-Time Tenure Or Non-Tenure Clinical Track Faculty Member in Comprehensive Ophthalmology
- Glaucoma Specialist
- Oculoplastics Surgeon

**University of Washington
Department of Ophthalmology**

- Comprehensive Ophthalmologist
- Vitreo-Retinal Ophthalmologist

**VA North Texas Health Care System
Dallas Veterans Affairs Medical Center**

- Full-Time Optometrist
- Chief of Ophthalmology

**Columbia University
Department of Ophthalmology**

- Oculoplastics/Orbit Sub-Specialist in Ophthalmology

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

- Oculoplastics Specialist

**Oregon Health & Science University
Casey Eye Institute**

- Glaucoma Specialist

University of Iowa College of Medicine

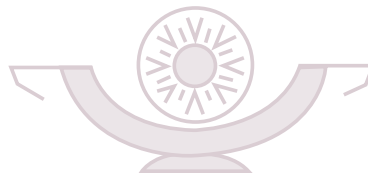
- Full-Time Tenure Or Non-Tenure Clinical Track Faculty Member in Neuro-Ophthalmology
- Full-Time Tenure Or Non-Tenure Clinical Track Faculty Member in Comprehensive Ophthalmology

**Texas Tech University Health Sciences Center
Paul L. Foster School of Medicine
Department of Ophthalmology**

- Clinician-Scientist, Assistant/Associate Professor
- Saint Louis University School of Medicine

**St. Louis University School of Medicine
Department of Ophthalmology**

- Pediatric Ophthalmologist



The Heed Foundation Merit Award Fellowship Program

The Heed Ophthalmic Foundation designates the Heed Fellowship as a Merit Award of \$10,000. This annual Award is granted to individuals pursuing postgraduate studies in ophthalmology or the related visual sciences. Applicants for the Award must be citizens of the United States, graduates of either accredited medical schools or schools of osteopathic medicine and the postgraduate studies must be conducted in the United States. Deadline for receipt of applications is January 15th for fellowships beginning in the same year. For information, please contact:

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

American Academy of Ophthalmology News

Interested in serving on an Academy committee?

In early summer, the Academy president-elect, and the committee chairs begin the process of identifying volunteer leaders to serve on Academy committees for the following year. Please let them know if you're interested. From their Web site, you can review the Academy's various committees and submit your personal information.

Link: http://www.aao.org/aao/member/volunteer/volunteer_form.cfm

Academy now accepting nomination forms for its highest honor, the Laureate Award.

The Laureate Recognition Award recognizes individuals from around the world who have made exceptional scientific contributions to the betterment of eye care, leading to the prevention of blindness and restoration of sight worldwide. Deadline for submissions is March 31, 2009.

Link: http://www.aao.org/about/awards/laureate/call_for_nom.cfm

DO YOU WANT TO BE A CHAIR OF OPHTHALMOLOGY?

A new workshop at the ARVO 2009 Annual Meeting
Co-sponsored by ARVO and the Association of
University Professors of Ophthalmology
Sunday, May 3, 12-1:30pm
Fort Lauderdale, FL

Are you thinking about your future? Hear eight current clinical ophthalmology chairs present their "top 10" lists of what they wish they knew before they became a chair, as well as what they consider key factors to their success.

- Why become a chair?
- What you need to know first?
- Assess win-win negotiation strategies
- Recognize departmental strengths and weaknesses
- What is necessary for success?
- Plus a Q&A session

**Registration is free and lunch
is included, but you must book
ahead to secure a place.**

Register now

**[http://www.arvo.org/EWEB/
dynamicpage.aspx?site=
am2009&WebCode=RegistInfo](http://www.arvo.org/EWEB/dynamicpage.aspx?site=am2009&WebCode=RegistInfo)**



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***Send feature articles and
correspondence to:***

Bartly J. Mondino, MD

Department of Ophthalmology

Jules Stein Eye Institute

100 Stein Plaza, UCLA

Los Angeles, CA 90095-7000

Ph: 310.825.5053 | Fax: 310.206.7488

E-mail: mondino@jsei.ucla.edu

Associate Editor

Daniel Badgley

***Send announcements, association
news, and address changes to:***

AUPO Administration Office

P.O. Box 193030

San Francisco, CA 94119

Ph: 415.561.8548 | Fax: 415.561-8531

E-mail: aupo@aao.org

Production

Gina Minato

AUPO Administration Office

E-mail: gminato@aao.org