

MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

N E W S & V I E W S

SEPTEMBER 2008

ENDANGERED OPHTHALMIC SUBSPECIALTIES**BY BARRETT G. HAIK, MD**

At the recent AUPO meeting, I chaired a symposium addressing the status of two endangered ophthalmic subspecialties: neuro-ophthalmology and ophthalmic pathology. This topic arose from the realization during a recent AUPO board meeting that fellowship applications for these two subspecialties fell significantly below available openings, and there would be an eventual manpower shortfall of trained neuro-ophthalmologists and ophthalmic pathologists.

The symposium addressed not only the importance of these subspecialties to ophthalmic practice, but how the current situation of potential manpower shortfall developed and possible solutions to the problem. Participants were: Drs. Louis B. Cantor, Chair of the Residency Review Committee (RRC), John Clarkson, Executive Director, American Board of Ophthalmology (ABO), Larry Frohman, Chairman of the Board, North American Neuro-Ophthalmology Society (NANOS), and David J. Wilson, President of American Association of Ophthalmic Pathologists (AAOP).

The essence of ophthalmology is understanding the structure and function of the eye and adnexa, the visual pathways and understanding the etiology and pathogenesis of histological, cellular, and molecular disease processes. Ophthalmic pathology defines these disease processes and the patient's response to their natural progression and treatment. Dr. Cantor stated that the Program Requirements for Residency Education in Ophthalmology issued by the ACGME clearly state that: "In addition to the structured series of lec-

tures and the clinicopathological conferences devoted to ocular pathology, the training experience in this area should include a minimum of 36 hours of experience in gross and microscopic examination of pathological specimens, include the residents' review of pathological specimens of their patients with a pathologist who has demonstrated expertise in ophthalmic pathology." Thus, ACGME recognizes that ophthalmic pathology is the foundation of understanding disease processes, and this tenet is emphasized in resident training. With reference to subspecialty training, Dr. Cantor remarked: ACGME does not decide if a subspecialty should be proposed, develop program requirements for that subspecialty, or discuss the financial impact of the subspecialty. Subspecialty programs can be accredited through ACGME, but this is accomplished after completion of the requirements of the core specialty.

Dr. Clarkson addressed the requirements of the American Board of Ophthalmology and how both neuro-ophthalmology and ophthalmic pathology play an integral role. On the ABO written examinations, both neuro-ophthalmology and ophthalmic pathology are included in the eight core examination areas. On the ABO oral examinations, neuro-ophthalmology and orbit is one of six core areas of examination, while assessment of knowledge of ophthalmic pathology is imbedded into all six topics of examination.

To emphasize the importance of ophthalmic pathology in ophthalmic knowledge and skills, members of ABO's Board of Directors have included numerous ophthalmic pathologists, and pathology continues to be

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an integral component of written and oral examinations and for Maintenance of Certification (MOC). Similar to oral Board examinations, neuro-ophthalmology is included with orbit, as one of the core areas of both the Periodic Ophthalmic Review Test (PORT) and the Evidence of Cognitive Expertise DOCK Examination, while ophthalmic pathology is imbedded in each of the core areas of examination. Thus, core knowledge of ophthalmic pathology is essential not only to training the complete ophthalmologist, but to career-long skills.

Drs. Frohman and Wilson, as leaders in their respective subspecialties, outlined the dilemma faced by current practitioners, and the challenges in attracting young ophthalmologists to their fields. Both of their comments addressed compensation issues and reported that average compensation for neuro-ophthalmologists and ophthalmic pathologists is significantly lower than comprehensive ophthalmologists and subspecialists. In fact, these two critical areas are compensated at an average of 33–50% compared to that of comprehensive ophthalmologists.

Thus, the leading cause of dwindling interest may have been identified. Trainees are receiving mixed messages from ophthalmic leadership. Performance-based compensation is becoming the most common methodology to reward academic physicians, as it is in the private sector. Procedure-based or surgical subspecialties have the greatest potential for revenue, upon which this compensation is based. This message is communicated to trainees, who may make decisions for career paths based upon potential compensation. Indeed, ophthalmology has long been characterized as “one of the most rewarding surgical subspecialties,” thus heightening the value of its surgical applications, and de-emphasizing the more cognitive, but less procedure-based (revenue-producing) subspecialties.

How can academic ophthalmology departments attempt to reverse this trend and attract physicians to these fields of concentration? It is doubtful that we could be successful in changing global reimbursement to these subspecialties in the current economic environment, so solutions lie in creative capture of reimbursement for the contributions these highly trained individuals make to the department’s mission.

Dr. Wilson summarized the use of different models in ophthalmic pathology, using as his basis the “legendary or mythical” model of the traditional academic pathologist, epitomized by Lorenz Zimmerman. This model, although immensely contributory to academics, is no longer viable, and various options suggested include the “clinician” model, where an ophthalmic oncologist serves the dual role of clinician and pathologist; incorporation of general pathologists into ophthalmic practice in the “pathologist” model; the “research” model, where ophthalmic pathologists also pursue research objectives and funding; and the “remote” model, an application of modern telecommunication techniques to provide the expertise of an ophthalmic pathologists to multiple institutions at a lesser cost than employing a full-time on-site faculty member.

A different tactic may be employed to increase the revenue-producing potential of neuro-ophthalmologists. This involves identification and capture of the revenues generated “downstream.” Diagnostic imaging and procedures, and eventual neuro-surgical interventions can be tracked and attrib-

uted to the clinician, and credit applied. An alternative approach is to increase the surgical training and scope of practice within the field of neuro-ophthalmology.

There is no doubt that any of these solutions are not as satisfying as recognizing the skills and expertise of these subspecialists on their merits alone, but they provide possible solutions in a constantly-changing environment. Each academic ophthalmology department

must seek unique solutions to this challenge and others which will arise. I am honored to serve the profession by supporting the critical academic mission of North American ophthalmology espoused by the Association of University Professors of Ophthalmology and by helping academic departments of ophthalmology face our complex environment and seemingly conflicting missions of academic excellence and financial viability.

THE EVOLUTION OF THE AUPO CONSORTIUM OF MEDICAL STUDENT EDUCATORS

by Linda Lippa, MD

History

In February 2006, the AUPO held a pivotal symposium on Medical Education Reform, born out of the concern that ophthalmology medical education had been marginalized from the core medical school curriculum. At that time, only 8 schools in the United States required a clinical ophthalmology rotation, and only 25% of students took an elective. The consequences became clear: a new generation of generalist physicians unable to examine an eye, let alone recognize red-flag physical findings signifying actionable ocular or systemic disease, or criteria for a timely referral to an ophthalmologist (Ophthalmol. 2006: 113:136–139). Not only would the level of disease be more devastating by the time patients finally did reach an ophthalmologist, but there lurked the danger of further delay by misdirection of eye care, either by the primary physician or by the patients themselves. Preservation of patient access to quality medical care, as well as superlative ophthalmic care, would depend on the education of our future colleagues and referral sources, starting in medical school. Clearly, that exposure was sorely lacking.

Defining a practical, competency-based national standard was necessary to support restoration of ophthalmology in the medical school required core curriculum. To address that need for a national standard, an AUPO MedEd Task Force convened in February 2007. The result was a practical template for those core knowledge and skills deemed necessary *for best medical practices for the generalist physician*, incorporating core skills outlined in the Association of American Medical Colleges (AAMC) Clinical Skills Task Force

white paper of 2005. This document was ratified by the AUPO Board of Trustees in the early fall of 2007.

During this same period of time, the Task Force further assembled a list of interested ophthalmology medical educators identified from personal contacts and individuals suggested by the AUPO membership. This group, initially communicating via list-serve, was recognized officially by the AUPO as the Consortium of Medical Student Educators (CMSE) in the fall of 2007.

At the first meeting of the Consortium at the 2007 American Academy of Ophthalmology annual meeting in New Orleans, over 70 participants (approximately 80% of the membership) from the US, Canada, and South America attended. Leading the group were Linda Lippa, MD, Founding President; Hilary Beaver, MD, Founding Vice President; Lynn Gordon, MD, PhD, Founding Secretary; and members-at-large of the Executive Committee: Susan Forster, MD; Carlos Rosende, MD; and Shahzad Mian, MD. The CMSE mission was announced to:

1. advocate for restoring Ophthalmology to the mainstream core medical school curriculum in all US and Canadian schools
2. reaffirm at the dean's level the value of ophthalmology knowledge and skills to the generalist physician
3. provide a forum for cross-fertilization of ideas for curricular implementation
4. provide a unified voice for a standardized core of knowledge and skills for every graduate of US and Canadian medical schools

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Current Status

From the springboard of the first CMSE meeting at the Academy, a webmaster was appointed, Jake Waxman, MD, PhD, and a website was created: www.cmse.ophed.com. Center stage on the site is the new national standard for core ophthalmic knowledge and skills for all medical school graduates. General announcements for the group have also been posted on the website, for example, a call for ophthalmic reviewers by the AAMC MedEd Portal. CMSE Members have also used the site forums to exchange teaching strategies and skills assessment tools, and to access links such as the AAMC MedEd Portal for peer reviewed teaching tools, and other useful sites.

The challenge is to create flexible delivery mechanisms for the core knowledge and skills, compatible with multiple individual curricula, and utilizing best practices in education. Much progress has already been made. Among the strategies being undertaken by the Consortium members are the development of electronic ophthalmic patient encounters, to support the uniform experience in required curricula mandated by the Liaison Committee on Medical Education (LCME) for school accreditation. Another one addresses a new trend in medical education, the survival skills “boot camp” course, immediately preceding the clinical clerkship year. An embedded “Eye Alert: transitions to the clinical clerkships” was piloted by the author at UC-Irvine, aiming to: 1) proactively sensitize students (and by extension, house staff and faculty) to ophthalmic issues as applies to best medical practices in each of the core clerkships, 2) clarify criteria for appropriate ophthalmology consultation, and 3) explain eye examination notations. The Consortium will be collaborating on an illustrated manual based on this course for publication in the AAMC MedEd Portal, to promote widespread incorporation of ophthalmic issues in pre-clerkship orientation courses. Drawing on the collective resources of the Consortium member schools ensures a more robust product than any one school could develop on its own, and is in keeping with establishing a national standard for excellence in ophthalmic education.

The leadership is reaching out to other clerkship directors and medical education organizations through the AAMC. Negotiations are currently underway with the Alliance for Clinical Education (ACE), a national coalition of the core clerkship directors, for their endorsement of the AUPO Task Force core skills document. Gaining the buy-in of official groups of non-oph-

thalmic medical educators would enhance the impact of this document within the general medical education community. The ultimate goal is to have this document published in a high profile general medical education journal.

Future

As the Consortium matures, we can expect to see many more novel approaches emerge to the current challenges of medical student education in ophthalmology. For it to succeed, however, strong support must also come from within each academic ophthalmology department. Medical student education needs to be considered as a strategically important mission in the overall department educational plan. As medical schools move toward integrated longitudinal curricula, ophthalmologists must be actively involved in the school curriculum committees to protect against insidious “stealth attrition” of ophthalmic content within the new structure. Faculty development programs must be supported and collaborative interdepartmental education outcomes research should be encouraged. Junior educators must be mentored to assure that this revolution not only succeeds but continues to thrive in our departments over time.

Conferring associate AUPO membership upon undergraduate medical education directors would significantly enhance their status in the department, the medical school, and within the profession. Current difficulties with involving clinical faculty in student teaching might ease. Officially belonging would legitimize the efforts of the education director in the eyes of other department chairs and faculty, by demonstrating that the academic leaders of our profession value this mission. Ophthalmic educators’ influence would be strengthened both at the local school curricular committee level and in national medical education spheres. Ophthalmology representatives on education committees would be empowered to deal more effectively with medical school curriculum directors and deans. The message would be clearly transmitted at all levels, that there is a national standard to be seriously met for best practices of general medicine, one which both the National Board and Liaison Committee for Medical Education will appreciate as a gauge on the quality of our graduates.

Finally, associate membership would allow the Consortium the opportunity to interact with the nation’s medical student and residency directors in the unique

atmosphere of the AUPO annual meeting, united by their dedication to ophthalmology education. Access to—in fact, involvement in the panels of—the “Teaching the Teachers” workshops would enrich both the undergraduate and graduate education missions with a broader perspective, inspiring innovations in both spheres.

Last year, department research directors were given the opportunity to become associate members of AUPO,

recognizing the critical role of scientific investigations to our departments. It is time that the departments similarly recognize the pivotal roles of our Medical Student Education Directors. Acceptance to associate membership in AUPO is the ultimate acknowledgment of the legitimacy and critical importance of their professorial roles at the departmental, school and national level, and will help empower the Consortium members to effect this critical curricular reform.

ADMINISTRATOR'S UPDATE

by Jonathan Smith, MBA, MS

The 2008 Annual Meeting consisted of a slightly changed format from what we have experienced in recent years. This was to allow for guest speakers, as well as provide the membership an opportunity to join the Chairs in two symposia.

The Administrators program officially began with a cocktail reception on Wednesday evening, January 30, 2008. This event was well attended and provided not only a chance to meet and interact with fellow administrators, but also to inform the group about the annual program.

On Thursday, January 31, the Administrators, Chairs, Program Directors, and Research Directors met together for the Management Symposium, entitled “How Physicians are Reimbursed for Professional Services: A Primer on RVU Methodology,” presented by George A. Williams, MD from William Beaumont Hospital in Royal Oak, Michigan; and “New Developments Specifically Impacting Ophthalmology in 2007-2008,” presented by Trexler M. Topping, MD who is the Medical Director of the Boston Eye Surgery and Laser Center. The symposium then continued with presentations by Gene Altus, administrator from the Cleveland Clinic Foundation, and Randall Olson, MD from the Moran Eye Center in Utah discussing experiences with their respective ASCs. Dr. Topping then concluded this session with a presentation on “Proposed New Changes in 2007-2008 of Payment Schedules for Cataract and Retinal Surgery.”

The Thursday morning program concluded with James P. Dunn, MD presenting the “Resident Applicant Survey Results,” as well as, receiving the Straatsma Award for Excellence in Resident Education and presenting the Straatsma Award Lecture.

The administrators then began their breakout sessions with a well attended “Listserv Live” with moderator Larry McGranahan from the University of Iowa. This session allows administrators the opportunity to ask questions similar to how they are presented via the administrators’ listserv and receive immediate feedback from their colleagues. Thursday evening ended with the administrators enjoying their “Evening Out” at the John and Mable Ringling Estate and Museum of Art.

Friday morning, February 1, the administrators program continued with guest speakers, Joseph F. Carroll III, Carol McDonald, and Byrd Evans from Advantage Administration, Inc. Their presentation focused on “Practice Assessment and Clinic Efficiency.” Immediately following, Wayne Imbrescia from the Moran Eye Center in Utah led the inaugurating session of “Harvest the Wins.” This session focuses on successful experiences administrators have enjoyed with various challenges they have faced. Much like Listserv Live’s inauguration last year, Harvest the Wins was immediately well received and enjoyed by all who attended.

“What’s Happening in My Backyard” was moved to Friday, which included presentations by Steve Alper from the Medical College of Wisconsin, Gene Altus from the Cleveland Clinic Foundation, and Timothy Thompson from Case Western Reserve University School of Medicine. On Saturday morning, February 2, the administrators rejoined the Chairs to attend two symposia regarding development and electronic records. The Saturday session then concluded with the Annual Business Meeting.

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We congratulate Sheri Farber from Washington University School of Medicine upon her election to the Board of Directors. We also want to thank all of the nominees who participated in this year's election, all of whom would have made fine additions to the board.

We also want to thank Cheryl Formes from the University of Texas Southwestern, who will conclude her tenure on the board on April 1, 2008, for her leadership in her roles of President and Vice President, and serving two years on the board as Past President. Her contributions

are greatly appreciated, and she has served this organization well. Finally, we also want to thank Thelma de Souza, from the University of California—San Francisco, who completed her tenure in the combined role of Secretary and Treasurer on April 1, 2007. Thelma has made and continues to make significant contributions to our organization. It is the contributions made by individuals such as these that build upon and further the mission of the University Administrators of Ophthalmology.

ADMINISTRATOR'S UPDATE

By Daniel K. Badgley, MBA

Our annual University Administrators of Ophthalmology Summer Board Meeting, held in July, was devoted to developing the program for the Annual Meeting, which will be held on January 28 – 31, 2009, in Indian Wells, California. A draft of the program is included in this publication, with a final program to be included in the meeting registration packet that will be sent later this year. As always, we carefully reviewed feedback from the 2008 Annual Meeting, noting those presentations and activities our members felt provided the greatest information or tools they could take back to their departments and use. We want to be certain our members continue to get unique value from being part of this organization and attending this meeting.

We will again be joining the Chairs for the Management Symposium on Thursday. This year's topic will be centered on Human Resources management, which consumes a good deal of most administrators' time and energy. Following that session will be "ListServ Live," which received high ratings from the 2008 Meeting. Just like the electronic ListServ, your questions can be submitted to the entire group at once, and get feedback from Ophthalmology Administrators from across the country, dealing with similar issues.

On Friday, our plan is to have outside speakers present to us on two topics. The first is a topic some of our members and their institutions are beginning to use, "Lean

Management Principles." This concept of streamlining processes has been successfully used in manufacturing, and is gaining popularity in healthcare. The second is a related topic, and focuses on implementing plans and strategies which is a key success factor once streamlining opportunities are identified. "Harvest the Wins," will round out the sessions for Friday. This workshop was very popular at our 2008 Meeting. It gave members a forum to share ideas and success stories, and gave other members the names of people they could consult with on those topics.

"What's Happening in My Backyard" will be moving back to Saturday morning this year. Several members have already volunteered to present an update on their department. In addition to the formal program, we will have our usual Wednesday and Thursday social events. New members are always impressed by the collegiality of our group, and the friendships formed at our meeting. Their meeting evaluations reflect their pleasure of how warmly the group welcomed them, and how comfortable they were made to feel as soon as they arrived. They leave the meeting knowing they have access to an entire group of seasoned professional Ophthalmology Administrators. We hope you plan to attend, and will encourage other Academic Ophthalmology Administrators to do so also.

PROGRAM DIRECTOR'S COUNCIL

by Maria Aaron, MD

It is our hope as members of the Program Director's Council (PDC) to provide Ophthalmology Program Directors information that will facilitate and enhance resident education nationally. The PDC consists of seven members (listed below for 2008-2009). The Past President rotates off the council each year and a new member is elected in the fall. PDC members must have at least two years experience as a PD and be ready to serve a seven year term on the Council. Nominations for membership will be solicited in October/November via email and I would encourage you to submit your nomination this fall. If you are not on the PD listserv (eyepdnet@aaolistserver.aa.org), please contact smoss@aaoo.org.

The following symposia are upcoming PDC sponsored educational events that may be of interest to you:

The annual AUPO-sponsored **Teaching and Learning in Ophthalmology (TLO) symposium** "Maximizing Teaching and Learning with Modern Technology" will occur at the AAO meeting in Atlanta on Tuesday, November 11, 2008 from 10:15-11:45am in Room A411 of the Georgia World Congress Center. This symposium will be chaired by Dr. Karl Golnik and will focus on how developments in technology have affected the way we teach and learn. The symposium will address the spectrum of new technology, including the World Wide Web, podcasts, streamed video, and other forms of distance learning. In addition, strategies for utilizing technology to enhance adult learning will be discussed.

Congratulations to Dr. Paul Langer who is the recipient of the Straatsma Award this year. He will conclude the TLO symposium with the Straatsma Lecture. Next year's TLO symposium must be submitted prior to this year's AAO meeting. Topic suggestions should be submitted to Maria Aaron at mmendic@emory.edu.

Educating the Educators (EE) 2009 will take place on Wednesday, January 28, 2009 immediately preceding the annual AUPO meeting. Tara Uhler, MD, and Andy Lauer, MD, have developed an excellent program focusing on, "Skills for Program Directors to be More Effective in their Roles: Leadership, Communication Skills, and Emotional Intelligence."

The meeting will also provide PDs with updates on a number of topics including: RRC requirements, OMP, USMLE, PDMERG, Surgical Simulation and the REC. In addition, a free paper session will allow program directors to share their best current practices and models for resident education. Please note the deadline for abstract submissions for this meeting is September 1, 2008. Please submit your medical education research abstracts (introduction, methods, results, and conclusions, maximum 300 words) to meded@willseye.org.

For those that have not yet participated in the EE meetings, you will find that this meeting is extremely valuable in enhancing your skills as a Program Director, as well as improving your residency program and networking with other Program Directors. Registration materials will be included with your AUPO registration.

AUPO Residency Education Symposium will be held on Thursday, January 29, 2009 at the Renaissance Esmeralda in Indian Wells, CA and will provide information on the following topics:

- Curriculum Related to Vision Rehabilitation for Residents: Web Course
- NOVEL: An introduction to a web-based repository of neuro-ophthalmology teaching material developed by the NANOS group
- Teaching Eye Pathology with a Short Supply of Ocular Pathologists: How I do it in my program and still meet the ACGME requirements
- Teaching ECCE: Is it necessary and when should it be taught? Pros and Cons and Debate
- Practice Management Task Force: Survey Results
- News and Updates on Resident Education

If you are interested in speaking on the ECCE or Pathology education topics or if you have additional topic suggestions, please contact Maria Aaron at mmendic@emory.edu.

In other related news, the AAO's Ophthalmic News and Education (ONE) is currently providing clinically relevant information to ophthalmologists around the world. The Resident Education Center (REC) will be of tremendous value to you and your residents by provid-

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ing easy access to the BCSC, Focal Points, Wills Eye Manual, Provision, Cases presentations, Eye Movies, and much more.

Finally, the PDC was formed to provide Program Directors with information and as a means to exchange ideas. Over the years, this has been possible because of the valuable input from all ophthalmology program directors nationally and we greatly appreciate your continued participation. If you have any comments or questions related to resident education, please feel free to contact me at mmendic@emory.edu or any members of the PDC.

PDC Members 2008–2009

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

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

President Elect: **Steven J. Gedde, MD**
(Bascom Palmer Eye Institute, University of Miami)

At Large Members:

Richard A. Harper, MD (University of Arkansas)

Mark S. Juzych, MD (Wayne State University)

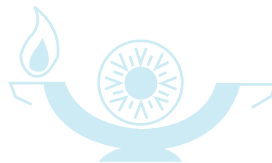
Andreas K. Lauer, MD

(Casey Eye Institute, University of Oregon)

Tara Uhler, MD (Wills Eye Institute)

AUPO BOARD HIGHLIGHTS JULY 18–19, 2008

- Approved minutes of January 30th and February 2nd Board meetings.
- Received update by SF Match staff about new technology and current statistics for Central Application Service for residents and fellows.
- Assessed investments.
- Finalized symposia topics for 2009 Annual Meeting.
- Assigned review of bylaws and policies to Dr. Day and Dr. Meredith.
- Acknowledged selection of Straatsma Award winner, Dr. Paul Langer.
- Noted that the third and final installment of the 2nd Becker Award was mailed to recipient, Dr. Stephen Tsang.
- Agreed to develop a joint ARVO-AUPO Chair Development Workshop at the 2009 ARVO meeting moderated by David Epstein.
- Implemented a policy requiring Board members to complete a conflict of interest statement annually.
- Reviewed letter written opposing SB 1406 that would expand the scope of practice of optometrists in California.
- Discussed relationships with industry.



THE VIEW FROM RPB 2008

RPB’s Research Program produced another year of significant advances in ophthalmic science. None of those developments garnered more public attention than the announcement that researchers had used gene therapy to safely restore useful vision in three young adults with Leber’s congenital amaurosis (LCA). Grant support from RPB was integral to this promising approach from start to finish.

Jean Bennett, MD, PhD, University of Pennsylvania, one of the lead researchers on the international team of scientists, has received RPB funding for 16 years in the form of four awards, totaling \$350,000, all toward the advancement of gene therapies. In 1992, she received the **RPB Career Development Award** (CDA—\$160,000) to develop techniques for retinal genetic therapy. Her work under the CDA was crucial in establishing the molecular ophthalmology program at the Scheie Eye Institute.

By 2000, Dr. Bennett was internationally recognized as a pioneer in developing gene therapy and she received **RPB’s Special Scholar Award** (\$60,000) to extend her work on the treatment of retinitis pigmentosa to investigate gene therapy approaches to treat choroidal neovascularization. In 2004, she received **RPB’s Lew R. Wasserman Merit Award** (\$55,000) to generate new animal models of retinal degenerative diseases as part of her expanded application of viral vector technology.

Throughout her pursuit of safe gene therapies, Dr. Bennett has worked with her husband, Albert M.

Maguire, MD, who received a 2001 **Physician-Scientist Award from RPB** to bring the couple’s LCA gene therapy approach to the human clinical trial that produced the encouraging news recently covered by national media.

Today, Dr. Bennett is using her 2007 **RPB Senior Scientific Investigator Award** (\$75,000) to optimize gene therapy for a second, more prevalent form of LCA, involving more complicated delivery of larger genetic material. She will be collaborating with Edward N.

Pugh, Jr, PhD, recipient of **RPB’s prestigious Jules and Doris Stein Research Professorship**. Dr. Bennett believes that strategies emerging from this study could be applied to a number of additional retinal diseases that initiate in photoreceptor cells.

“This is a prime example of RPB’s role as a catalyst for eye research,” says David F. Weeks, RPB Chairman.

“Our rigorous vetting process allows us to identify scientists with high success potential and our Grants Program is designed to provide a continuum of support for scientists at every stage of their careers. The flexible nature of our awards allows a researcher to solidify a proposal for a larger NEI grant, and Dr. Bennett was able to leverage that aspect of our grants as well.”

“The bottom line here,” adds Diane S. Swift, RPB President, “is that peoples’ lives have been positively affected. We at RPB are gratified to have been part of such a meaningful outcome.”

In other RPB news, the organization renewed its commitment to public education with the launch of a user-friendly web site that is rich with information on eye diseases and research discoveries. www.rpbusa.org includes the first online self-test for color blindness (developed for RPB by one of RPB’s grantees), along with a host of other advancements: state-of-the-art animations that explain eye diseases; a search tool that looks back years into RPB’s extensive research archives where every article is linked by its title to the article’s abstract; researcher biographies; and an e-newsletter coupled with the web site, allowing RPB to communicate breaking research news.

THE VIEW FROM THE NEI

by Paul A. Sieving, MD, PhD, Director, National Eye Institute

NIH/NEI Budget

The Senate Appropriations Committee approved its Fiscal Year (FY) 2009 Labor, Health and Human Services, and Education (LHHS) appropriation bill. The bill would provide about \$30.2 billion for the National Institutes of Health (NIH), an increase of \$1.0 billion or 3.5% over the FY2008 funding level and the administration's FY2009 budget request. Senate LHHS Chairman Tom Harkin (D-IA) and Ranking member Arlen Specter (R-PA) have both given support to the goal of keeping the NIH budget increase in line with the biomedical inflation rate of 3.5%. The Senate bill would fund the National Eye Institute (NEI) at \$687.3 million, an increase of \$20.2 million or 3% over the FY2008 funding level, and \$19.5 million over the administration's FY2009 budget request.

The House LHHS appropriations bill calls for about \$30.4 billion for NIH, an increase of \$1.2 billion or 3.9% percent over the FY2008 funding level and the FY2009 administration's budget request. The bill's draft Report Language includes NEI funding at \$690.7 million, an increase of \$23.6 million or 3.5% over the FY2008 funding level, and \$22.9 million over the President's FY2009 budget request.

Because the House and Senate budget levels are very close, it is anticipated that the bills would be relatively easy to reconcile in conference. However, the President has indicated that he will veto any spending bills that exceed his original budget request. Given this scenario, many think Congress will take no further action on the LHHS spending bill until after the fall elections.

Jack McLaughlin to Retire from Federal Service

Dr. John A. (Jack) McLaughlin, deputy director of the National Eye Institute (NEI), will retire from federal service later this summer. He has been at NIH since 1976, and has served the NEI for the past 28 years.

Dr. McLaughlin began his NIH career as a research associate in what is now the National Institute of Neurological Diseases and Stroke. He served for many years as an extramural program director and as director of the NEI's Division of Extramural Research. Dr.

McLaughlin was named deputy director in 1998, and served as acting director of the Institute prior to Dr. Sieving's arrival in 2001. He is the recipient of the Presidential Rank Award for Meritorious Executives for his sustained superior accomplishments in the management of federal programs.

The Institute has prospered under Dr. McLaughlin's careful attention, and the many capable people that he mentored will help ensure that the Institute continues to move forward. Dr. Loré Anne McNicol, the director of NEI's Division of Extramural Research, will assume the role of acting deputy director.

NIH Enhances Peer Review

National Institutes of Health has announced critical changes to enhance and improve the NIH peer review system. Collaborative teams of participants worked to tackle challenges of the system and discover solutions. This marks the end of a year-long effort to determine ways to further enrich the process. A comprehensive framework was created and implementation will be carried out over the next 18 months.

The Implementation Plan Report consists of four main priorities and highlights include:

- **Priority 1**—Engage the Best Reviewers: Increase flexibility of service, formally acknowledge reviewer efforts, further compensate time and effort, and enhance and standardize training
- **Priority 2**—Improve Quality and Transparency of Reviews: Shorten and redesign applications to highlight impact and to allow alignment of the application, review and summary statement with five explicit review criteria, and modify the rating system
- **Priority 3**—Ensure Balanced and Fair Reviews Across Scientific Fields and Career Stages
- **Priority 4**—Develop a Permanent Process for Continuous Review of Peer Review

For more information about enhancing peer review at NIH and to learn about the implementation plan, please visit <http://enhancing-peer-review.nih.gov>.

FROM THE COUNCIL OF ACADEMIC SOCIETIES

by Robert E. Kalina, MD

The Council of Academic Societies (CAS) of the Association of American Medical Colleges (AAMC) met in New Orleans on March 6-9, 2008. The theme of the meeting was “Enhancing Academic Values in a Time of Change and Opportunity.”

Darrell Kirch, AAMC President, described the ongoing review of AAMC governance. Composed of three councils, two organizations, and myriad groups, the AAMC is perceived as having become unwieldy. Although still under consideration, an expected change is the creation of an approximately 17 member Board of Directors including public member(s), at least 5 deans or former deans, and 2 CAS representatives. The CAS represents faculty members who are not deans, especially chairs and program directors, and at this time CAS structure and governance is not expected to change greatly.

Other AAMC issues include:

- Financial hurdles for students. The past 5 years have seen annual tuition increases up to 18% and now 80% of medical students come from the top 2 quintiles of family income.
- Workforce. Enrollment increases in existing medical schools together with the planned opening of 14 new schools in the US and Canada will result in a 21% enrollment increase by 2012. No increase in graduate medical education (GME) slots currently is anticipated other than those funded by the Veterans Administration or directly by institutions. US graduates are likely to displace international medical graduates for available GME positions.
- Federal support for teaching hospitals and faculty faces an unprecedented assault.
- NIH funding has suffered the greatest ever decline in purchasing power over the past 5 years.
- Faculty members express lack of career satisfaction. In many cases lack of satisfaction appears to be related to an often poorly managed institutional transition from a culture emphasizing individual competitive achievement to one of collaboration.

The United States Medical Licensing Examination (USMLE) is being revised after more than 20 years and could be rolled out early enough to affect the 2010 entering class. The current iteration anticipates two primary “gateways” to eligibility for licensure (entry to GME and full licensure). Both examinations would test basic science and clinical knowledge. Although eligibility for licensure is intended to be the primary function of the USMLE, it also is used as a promotion requirement in more than 50% of US schools and commonly is used for screening residency applicants. It is possible to set a USMLE score filter in the Electronic Resident Application Service of the National Resident Matching Program and some more competitive specialties do so. Program directors generally acknowledge that while good USMLE scores may not predict a good resident, poor scores or multiple attempts often predict a struggle in the residency. Some liken the USMLE for residency to the MCAT for medical school admission.

Faculty conflicts of interest continue to attract media attention and invite public scrutiny. Institutions including NIH now are under the microscope. Professional organizations, which thrive on public trust, are likely to be next.



**ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY
2009 ANNUAL MEETING—JANUARY 29–31
THE RENAISSANCE ESMERALDA • INDIAN WELLS, CALIFORNIA**

Wednesday, January 28

8:00 a.m. – 5:00 p.m. Educating the Educators (Uhler and Lauer)

Thursday, January 29

8:00 a.m. – 8:15 a.m. Welcome (Haik)

8:15 a.m. – 9:30 a.m. Management Symposium (Blumenkranz, Olson)

9:30 a.m. – 9:45 a.m. BREAK

9:45 a.m. – 11:15 a.m. Management Symposium (continued)

11:15 a.m. – 11:30 a.m. Residency Match Results (Dunn)

11:30 a.m. – 12:00 p.m. Straatsma Award Presentation and Lecture (Langer)

12:00 p.m. – 1:30 p.m. LUNCH (On your Own)

1:30 p.m. – 4:30 p.m. **Symposium:** Residency Program (Aaron)

6:00 p.m. – 8:00 p.m. Members & Guests Buffet Reception

Friday, January 30

7:00 a.m. – 7:45 a.m. AUPO/RPB New Chairs Breakfast (by invitation only)

7:45 a.m. – 8:45 a.m. **Symposium:** Department Relationships with Industry (Day)

8:45 a.m. – 9:45 a.m. AUPO/RPB Resident and Fellow Research Forum (Epstein)

9:45 a.m. – 10:00 a.m. BREAK

10:00 a.m. – 10:45 a.m. **Organization Reports (Part I)**

1. AAO (Hoskins)
2. FFS (Kardon)
3. FFB (Rose)
4. RPB (Swift)

Friday, January 30 *(continued)*

10:45 a.m. – 11:45 a.m. Hot Topics

1. FCC (John Keltner)
2. Scope of Practice (Cynthia Bradford)
3. Chair Tenure Survey Results (Oscar Cruz)

11:45 a.m. – 12:45 p.m. Business Meeting

6:30 p.m. – 10:00 p.m. Reception and Banquet for Members, Administrators and Registered Guests

Saturday, January 31

8:00 a.m. – 9:00 a.m. **Organization Reports (Part II)**

1. ARVO (Abrams)
2. SF Match (Christopher)
3. ABO (Clarkson)
4. NEI (Sieving)
5. NAEVR/AEVR (Jorkasky)
6. Heed Foundation (Fine)

9:00 a.m. – 9:15 a.m. BREAK

9:15 a.m. – 10:45 a.m. **Symposium:** Attract, Retain, and Mentor Academic Ophthalmologists (Meredith)

10:45 p.m. – 12:15 p.m. Workshops and Discussion Groups (Day)

1. RRC/Program Directors
2. New Chairs Workshop
3. Consortium of Medical Student Educators

12:30 p.m. – 2:30 p.m. Board of Trustees Meeting (Lunch)

2:30 – 5:00 p.m. FCC Board of Managers Meeting

UNIVERSITY ADMINISTRATORS OF OPHTHALMOLOGY PRELIMINARY 2009 MEETING SCHEDULE

Wednesday, January 28, 2009

7:30 p.m. – 9:30 p.m. Welcome Reception

Thursday, January 29, 2009

8:00 a.m. – 11:00 a.m. Management Symposium: Principles of Human Resource Management

11:00 a.m. – 12:00 p.m. Resident Application Survey
Stratsma Award Presentation

12:15 p.m. – 1:45 p.m. ListServe Live (Lunch provided)

3:30 p.m. – 8:30 p.m. Local Tour and Dinner

Friday, January 30, 2009

8:00 a.m. – 9:30 a.m. Lean Management Principles (Toyota) and their Application to Health Care—
Serving Your Patients Efficiently and Effectively.

9:45 a.m. – 11:15 a.m. Disciplined Implementation—Following Through on Your Plans
and Strategies

11:45 a.m. – 1:15 p.m. Harvest the Wins/New Uses of Technology

1:15 p.m. Lunch on Own

6:30 p.m. – 10:00 p.m. Reception and Banquet

Saturday, January 31, 2009

8:00 a.m. – 10:00 a.m. What's Happening in My Backyard?

10:15 a.m. – 11:00 a.m. Business Meeting



EDUCATING THE EDUCATORS PRELIMINARY 2009 PROGRAM

Wednesday, January, 28, 2009

7:00 a.m. – 8:00 a.m. Registration and Continental Breakfast
Panel of Recent Site Visit Survivors and RRC members available for Q&A
(Informal session for interested PDs/those with upcoming site visits)

8:00 a.m. – 8:10 a.m. Welcome & Overview—Andreas Lauer and Tara Uhler

Session One: The Year in Review and What's New

8:10 a.m. – 8:25 a.m. RRC Update—Preston Blomquist

8:25 a.m. – 8:40 a.m. OMP Update—Linda Christopher

8:40 a.m. – 8:55 a.m. USMLE Update

8:55 a.m. – 9:10 a.m. Q&A

9:10 a.m. – 9:55 a.m. Free papers

9:55 a.m. – 10:15 a.m. Break

10:15 a.m. – 10:30 a.m. PDMERG Update—Karl Golnik

10:30 a.m. – 11:15 a.m. Free Papers

11:15 a.m. – 11:35 a.m. Surgical Simulation Update and Current Experience Panel

11:35 a.m. – 11:55 a.m. REC Update and Current Experience Panel

11:55 a.m. – 12:15 p.m. Q&A


12:15 p.m. – 1:40 p.m. Lunch (Some tables arranged by topic/interest with a “moderator/expert”)

Session Two: Program Director Development: Survival Skills

1:40 p.m. – 1:45 p.m. Introduction of Guest Speakers
Skills for Program Directors to be more effective in their roles

1:40 p.m. – 4:45 p.m. Leadership, Communication Skills, and Emotional Intelligence
Inspiration Works, LLC
Lectures and interactive sessions

4:45 p.m. – 5:00 p.m. Wrap-up

THINGS YOU

 SHOULD KNOW

P.O. BOX CHANGE

Please be reminded that the AUPO P.O. Box address and zip code has changed. Shortly, mail sent to the old P.O. Box will not be forwarded. The new P.O. Box address and zip code is:

**P.O. Box 193030
 San Francisco, CA 94119**

DUES NEWS

- **Renew your dues!** Renewing AUPO Members and Associate Members may pay dues online using either a Visa or MasterCard. The link for renewing online is located in the Membership Section on the AUPO web site. Please note that new members must contact the AUPO office and may not join online.
- **Research Directors** may now join AUPO as Associate Members. A membership application is located on the AUPO web site in the Membership section. Please encourage your Research Directors to get involved with this growing part of our membership.
- Annual Meeting registration will open in October. If your 2008–2009 dues are still outstanding, Members and Associate Members will not be able to register for the Annual Meeting and Administrators will need to register as nonmembers. Contact the San Francisco office at 415.561.8548 or aupo@ao.org if you have questions regarding your Member or Associate Member dues status. Contact Kathy Austin at 402-559-5379 or keAustin@unmc.edu about your Administrator dues status.

COMPENSATION SURVEY

Limited quantities of the compensation survey report produced in 2007 are still available for purchase through the AUPO office. The order form is located on the AUPO web site.

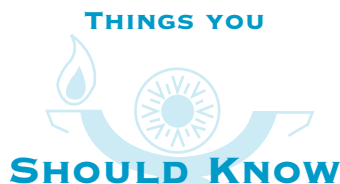
ANNUAL BUSINESS MEETING

- The membership is invited to submit agenda items to the Executive Vice President for consideration at the Annual Business Meeting. Submissions of items of business in advance will allow full discussion of issues of concern by all AUPO members.
- **Future Annual Meeting Dates**
 January 29–31, 2009
 Renaissance Esmeralda Resort & Spa—
 Indian Wells, California
 January 28–30, 2010
 Ritz Carlton—Sarasota, Florida

AUPO POLICY STATEMENTS

AUPO Ophthalmology Matching Program Policy Reminders

- All applicants participating in the Ophthalmology Matching Program (OMP) must use the Universal Application form and the Central Application Service (CAS) to apply to all programs in the match.
- Programs wishing additional information (photographs, hand-written materials, etc.) prior to interviews or prior to signing contracts may request it from applicants in accordance with institutional guidelines.
- So called “Audition Electives” by medical students at institutions other than their own are discouraged.
- Residency programs participating in the Ophthalmology Matching Program are not to distribute additional application material prior to July 1 each year.
- Residency programs are not to initiate contact with applicants after the interview until the match has been completed. This policy has been promulgated in the ophthalmology matching program directory in order that candidates will know if this policy is violated by programs.



- Fellowships should not be required to begin prior to July 7 in order that residents may complete training on June 30.
- The AUPO discourages its members from charging applicants fees for applying to residency training programs.
- AUPO policy strongly discourages any representative of a residency program from entering into discussions with a resident from or matched to another program prior to consultation with that resident's residency program director.
- The AUPO and its member departments recognize the costs and logistical difficulties borne by applicants in the fellowship interview process. Departments will endeavor to select interview dates which will mitigate these difficulties without negatively impacting the quality of the process.

AUPO Policy Statement—Match Violations

The membership of the AUPO is committed to the integrity of the Ophthalmology Matching Program and the Ophthalmology Fellowship Match process. Policies exist governing this process. In the event that a violation of this policy is reported to the AUPO Board of Trustees, the Board will investigate. If a violation has clearly occurred, the Board at its sole discretion, and as the responsible Match authority, will have the option of notifying the membership of this violation, and/or

notifying all Match participants of the violation, and/or de-listing the program from the Match.

AUPO Policy Statement— Transfer of Resident Training Venue

Whereas, residency training in ophthalmology is an educational continuum featuring gradually increasing responsibility; and

Whereas, residency programs may be structured differently so that completion of an equivalent duration of training in multiple programs may not provide the same educational continuum as would that time period in a single program; and

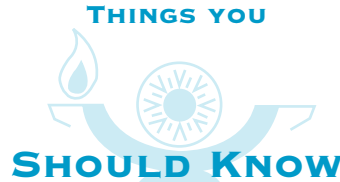
Whereas, transfer of a resident from one training program to another may affect adversely the education of other residents in one or both programs; and

Whereas, a residency program director has exceptional knowledge of the progress of any resident including those who might wish to transfer to another program, now, therefore, be it

Resolved, that AUPO policy strongly discourages any representative of a residency program from entering into discussions with a resident from or matched to another program prior to consultation with that resident's residency program director.

2008 Straatsma Award Recipient PAUL D. LANGER, MD, FACS

AUPO wishes to congratulate Paul D. Langer, MD, FACS, as the recipient of the 2008 Straatsma Award for Excellence in Resident Education. Dr. Langer is currently the Ophthalmology Program Director, Assistant Professor of Ophthalmology, and Chief of the Division of Ophthalmic Plastic and Reconstructive Surgery at the University of Medicine and Dentistry of New Jersey, New Jersey Medical School. This award is sponsored by the American Academy of Ophthalmology and AUPO, and Paul Langer will make presentations at both Annual Meetings.



AUPO—NEW MEMBER UPDATES

Chairman

Udell, Ira J., MD
Great Neck, NY

Holck, David E. E.
Lackland AFB, TX

Olsakovsky, Leslie A.
Charlottesville, VA

Nussdorf, Jonathan D.
New Orleans, LA

Greve, Mark
Edmonton, ALB

Charlton, Judie
Morgantown, WV

Madu, Assumpta
Bronx, NY
(Acting)

Program Director

Tomsak, Robert L., MD, PhD
Cleveland, OH

Yoo, David, MD
Maywood, IL

Lane, Richard G., MD
Lackland AFB, TX

Hofmeister, Elizabeth
San Diego, CA

Bradford, Geoffrey
Morgantown, WV

Research Director

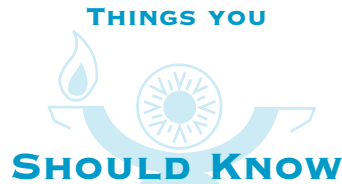
Porciatti, Vittorio, DSc
Miami, FL

**AUPO/RPB RESIDENT AND FELLOW RESEARCH FORUM
ABSTRACT SUBMISSION DEADLINE:
OCTOBER 1, 2008**

The AUPO Board of Trustees is proud to announce the **AUPO/RPB Resident and Fellow Research Forum**. AUPO was founded to promote excellence in ophthalmic education. The AUPO Board of Trustees believes strongly that skills learned by participating in research are an invaluable component of the education of an ophthalmologist. The establishment of the AUPO/RPB Resident and Fellow Research Forum is an acknowledgment by the AUPO of the importance of research in ophthalmic education. The Forum is intended to encourage the most promising house officers to pursue a career in academic ophthalmology and vision research.

The AUPO/RPB Resident and Fellow Research Forum will be held during the annual meeting of the AUPO. Residents or fellows, carrying out research on a full or part-time basis, or medical students doing a full year of research, in any approved residency training program in the United States and Canada may apply to participate in the forum. Abstracts of research car-

ried out by candidates should be submitted to David L. Epstein, M.D., AUPO/RPB Forum Chair, at the address listed on the application. **The deadline for receipt of abstracts is October 1 each year.** Abstracts should be in ARVO format. **Please note: the introduction should contain a single sentence statement of the hypothesis, and the conclusion a single sentence statement of the relevance of the work to the prevention of blindness (why the study is therefore important).** The abstract must be accompanied by a supporting letter from the candidate's Department Chair. No candidate may submit more than one abstract, although there is no limit to the number of abstracts that may be submitted from any department. A winning presenter is eligible to present only once at an AUPO Annual Meeting. A committee of the AUPO will review the abstracts and notify successful candidates by November 30. A maximum of 4 candidates will be chosen to present their research at the annual meeting.



Each year, AUPO schedules a session for the Resident and Fellow Research Forum as an integral part of the AUPO annual meeting. The 2009 forum will be held at The Renaissance Esmeralda in Indian Wells, California, on Friday, January 30, 2009. AUPO will be responsible for all travel-related expenses in keeping with AUPO reimbursement guidelines. The winners who present their research will receive a cash award of \$500 plus a commemorative certificate.

The AUPO Trustees and members wish to express their appreciation to Research to Prevent Blindness, to its Board of Directors, and to David Weeks, Chair-

man, and to Diane Swift, President, for the generous grant to AUPO that has made possible the Resident and Fellow Research Forum. The AUPO Trustees hope that this forum will continue to promote excellence in research by residents and fellows and to identify and support those individuals considering a career in ophthalmic research. Additionally, this forum will serve to familiarize AUPO members with ophthalmic residents and fellows who show unusual promise for productive careers in academic ophthalmology.

The abstract form is available on the AUPO web site at www.aupo.org/awards.

THE HEED FOUNDATION MERIT AWARD FELLOWSHIP PROGRAM

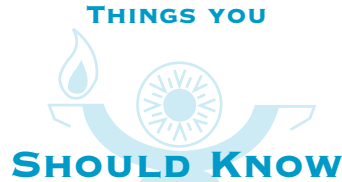
The Heed Ophthalmic Foundation designates the Heed Fellowship as a Merit Award of \$12,000. This annual Award is granted to individuals pursuing postgraduate studies in ophthalmology or the related visual sciences. Applicants for the Award must be citizens of the United States, graduates of either accredited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

Froncie A. Gutman, 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

AUPO/ARVO WORKSHOP FOR FUTURE CHAIRS

For many years AUPO has been committed to new Chair development and has held a focused session for new Chairs at the annual meeting. In addition, AUPO has sponsored special courses for aspiring Chairs-to-be. This year, on Sunday, May 3rd at Noon, something further and new will be attempted as a joint ARVO-AUPO special SIG/Workshop: "Do You Want to be a Chair of Ophthalmology?" The format will be experimental with up to ten current clinical Chairs presenting their "top 10 list" of what they wish they had known before they became a Chair and/or were critical factors for success. This will be followed by an open question and answer session. David Epstein will moderate the program.

Subjects will include the right and wrong reasons to become a Chair, how to assess a potential department's strengths and weaknesses, how to negotiate with the Dean and for what, and common "entry" problems. It was felt important to provide such information to aspiring Chairs early in their career, and that the ARVO meeting might provide a forum for meaningful input to clinician-scientist attendees who might desire to integrate research goals into their future ophthalmology chair programs. If the workshop program proves successful, current AUPO Chairs might wish to invite some of the interested attendees as their guests at subsequent AUPO meetings.



**FACULTY POSITIONS AVAILABLE
SEPTEMBER 2008**

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

THE UNIVERSITY OF ROCHESTER EYE INSTITUTE

Cornea Clinician/Scientist
Glaucoma Clinician/Scientist

UNIVERSITY OF VIRGINIA

Administrative Director

UNIVERSITY OF WASHINGTON

Pediatric Ophthalmologist

EMORY UNIVERSITY SCHOOL OF MEDICINE

Vitreoretinal Specialist
Pediatric Ophthalmologist
Director of Vision Research

UNIVERSITY OF KANSAS MEDICAL CENTER

Vitreo-retinal Faculty Position
Glaucoma Faculty Position

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

Full-Time Tenured Faculty Position in Pediatric Ophthalmology and Adult Strabismus
Full-Time Tenured Track Faculty Position

UNIVERSITY OF MICHIGAN, KELLOGG EYE CENTER

Comprehensive Ophthalmologist

PRE-2008:

**THE INSTITUTE OF
OPHTHALMOLOGY & VISUAL SCIENCE
UMDNJ—NEW JERSEY MEDICAL SCHOOL**

Associate Director, Glaucoma Division

SAINT LOUIS UNIVERSITY EYE INSTITUTE

Comprehensive Ophthalmologist
Glaucoma Specialist
Pediatric Ophthalmologist

UNIVERSITY OF MINNESOTA

VitreoRetinal Surgeon

UT SOUTHWESTERN MEDICAL CENTER

Comprehensive Ophthalmologist

HOWARD UNIVERSITY HOSPITAL

Retina-Vitreous Specialist

UNIVERSITY OF VIRGINIA HEALTH SYSTEM

Cornea-Refractive Specialist
Glaucoma Specialist

UNIVERSITY OF ILLINOIS EYE AND EAR INFIRMARY

Retina Service
Director of Clinical Research and Trials
Director of Glaucoma Service

MEDICAL COLLEGE OF WISCONSIN

Pediatric Ophthalmologist

UNIVERSITY OF WASHINGTON

Vitreo-Retinal Ophthalmologist

MEDICAL COLLEGE OF GEORGIA

Cornea Faculty Position Available
Retina Faculty Position Available

EMORY UNIVERSITY SCHOOL OF MEDICINE

Seeking a full-time faculty member to join our Cornea, External Disease, and Refractive Surgery Section at the Assistant or Associate Professor level

TULANE UNIVERSITY HEALTH SCIENCES CENTER

Seeking a sub-specialist in the field of vitreoretinal disease and surgery for a full-time tenure track faculty position