



NEWS & VIEWS

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

SEPTEMBER 2009

PRESIDENT'S REPORT

How Will the Physician Workforce Work?

BY TRAVIS A. MEREDITH, MD

"DO THEY REALLY EXPECT US to work a 48 hour week?" the resident complained after he examined the new schedule. The program director and senior faculty silently rolled their eyes and prayed for patience.

Intergenerational differences in attitudes toward work and personal life are an important feature in the life of an Academic Health Center (AHC) in the twenty-first century. Dr. Ann Brown, Vice Dean for Faculty Development at Duke, led a symposium at the recent Annual Meeting highlighting lessons from her research on the different approaches to work between the newer and older generations of faculty. Younger faculty and residents see the balance between personal life and work very differently from senior faculty. The Boomer generation is probably the largest group in the AUPO and in the leadership of AHCs. Boomers grew up in the post-WWII era and approach life with the attitude that they are to make the world a better place. Boomers often "live to work." They respect authority and are ambitious. Rewards of job satisfaction and money are paramount. On the negative side, these priorities have often led them to invest inadequately in their family and personal development, a failure not lost on the Generation Xers, who are now the junior faculty and residents in AHCs.

Generation Xers, who are in early faculty careers, were born between 1961 and 1980. Often raised as latchkey kids, they want a different balance between personal life and work than they see in the Boomers. A fulfilling life is their focus, and work is only one contributor to that set of aspirations. They want a family-friendly, controllable environment. In the

workplace, they want a well-developed mentoring program, and they desire feedback to be specific. They feel free to challenge authority and believe they should be involved in all decisions that affect their work environment.

The youngest members of the AHC physician workforce are the Millennials who were born after 1980 and are, thus, the current medical students and youngest residents. They are accustomed to being raised with packed schedules and highly structured time. They are achievement-oriented and expect to enjoy work. They also respond to challenge but expect mentoring. They are accustomed to participating in social networks and are very tech savvy. Their communication styles reflect the world of technology. Speed of communication and interconnectivity trump grammar and face-to-

continued on page 2

INSIDE

Administrator's Update	3
Program Director's Council	3
Introduction to Clinical Research Course	5
AUPO Board Highlights	6
From the Council of Academic Societies	8
AUPO Policy Statements	12
New Member Updates	13
Faculty Positions Available	15

PRESIDENT'S REPORT

continued from front page

face communications. They expect the web to be a source of learning and information.

With these profound differences, there are many opportunities for misunderstanding. Dr. Brown provided a table devoted to what the generations say about one another. The Boomers look at the Gen Xers and see "slackers," an attitude not lost on the Xers. One Duke junior faculty member in her interview group said, "There's a tremendous generation gap between what the current generation of junior faculty want and the current generation of senior faculty perceive as correct." Not surprisingly, the younger members of the AHC workforce may look at the Boomer leaders as self-righteous.

The time required to become expert in the field of medicine may be a continuing issue for the Gen Xers who place life goals before work goals. The time commitment to attain expertise in medicine was highlighted by Paul Langer in his Straatsma Award lecture. Recent studies indicate that in highly complex fields such as musical performance 10,000 hours of practice are required to achieve excellence. Interestingly, it takes about 65 hours per week during a three year residency to accumulate 10,000 hours of reading and clinical experience. There is no alternative to the ancient observation by Hippocrates: "Art is long, life is short."

How medicine will be practiced in the next decades will rest largely on the adaptations younger members of the profession make to the new facts of the practice landscape. Workforce estimates suggest that the numbers of ophthalmologists per 100,000 patients of the Medicare population may drop significantly as the large group of baby boomers enters the Medicare pool. Changes in the health care system mandated by federal legislation potentially will have a profound impact on practice dynamics. As more patients present for care, the reimbursement for each patient may well decline. Ophthalmologists will be forced to seek ever more efficient ways to deliver care and may, by necessity or by fiat, need to work in large group settings. The Gen Xers will be required to choose between income and free time. While this is not a new dilemma, their priorities may dictate different solutions than those embraced by the Boomers. Many young faculty are part of two career families in which combined income is high, but they struggle with personal time issues. Many will

choose part time positions so they have time for family and personal pursuits.

For academic departments, a shortage of enthusiastic junior faculty is already a significant problem. Studies on attitudes in the current training environment indicate that during residency many trainees lose interest in an academic career. While money has always been an issue in this choice, a higher percentage cite the difficulties in dealing with the bureaucracy of the modern AHC as a disincentive. Lack of effective mentoring and role models was an important factor in one study as were financial considerations.

Dr. Brown suggests multiple approaches and changes that will be necessary to attract the best and brightest to the AHCs of the future. The senior faculty must recognize that their approach to career is not the same as the younger generations'. Senior leaders should "forget about the glories of yesterday" and focus on the expectations of the current generations. They must adopt more structured mentoring and not expect that "leading by example" will be effective since their example may be rejected. Dr. Brown suggests that styles which integrate information sharing and engagement in problem solving will have a greater chance of success. Changes in work policies must be made to attract the young two career family academician. These will include flexible and controllable hours, leave for family changes such as pregnancy, and a rethinking of the traditional tenure policy. The work place environment will become progressively more team-oriented and less hierarchical than that of the Boomer generation. For the Millennials, who are both achievement-oriented and accustomed to group activities, such an academic environment should be attractive.

The current economic crisis may have long lasting implications for the younger generations. Accustomed to being raised in a "horn of plenty" era, they may find the material rewards from work shrinking. The only way to compensate may be to increase work hours, leading to trade-offs which cause frustration and disappointment. The AHC leader will need to constantly emphasize that it is not the academic environment alone but the economy which forces these changes if such a scenario unfolds.

As Yogi Berra said, "The future ain't what it used to be," but as long as talented, compassionate people are attracted to medicine, we should be optimistic that working in an AHC will be a rewarding career. ■

Administrator's Update

BY DANIEL K. BADGLEY, MBA

OUR ANNUAL UNIVERSITY ADMINISTRATORS of Ophthalmology Summer Board Meeting in July was again devoted to developing the program for the Annual Meeting, which will be held January 27-30, 2010 in Sarasota, Florida. A draft of the program is included later in this publication, with a final program to be included in the meeting registration packet later this year. Feedback from the 2009 Annual Meeting clearly expressed that your reason for attending this meeting is to gain valuable information and ideas that can be applied in your work after leaving the conference. We believe we have designed a program for 2010 that will once again demonstrate real value!

We will be joining the Chairs for the Management Symposium on Friday. This year's topic will be titled "Dealing with your Boss(es)!", which reflects the multiple masters we all serve in our professional lives. Following that session will be ListServ Live, which always receives high ratings on the meeting evaluations. Just like the electronic ListServ, your questions can be submitted to the entire group at once and

feedback provided by Ophthalmology Administrators from across the country dealing with similar issues.

On Friday, we will have two sessions we believe are very relevant to the challenges we face daily as Ophthalmology Administrators. The first, "Managing in Times of Economic Difficulty," will be a solution-sharing session, where members will discuss challenges they have faced and the solutions they have implemented. The second, "Maintaining Strategic Focus during Difficult Times," will address the larger issue of keeping an eye on longer term goals while dealing with daily crisis issues. This session will have a book discussion format, based on the book "**Good to Great and the Social Sectors**," which will be sent to you in advance of the meeting.

The always popular "What's Happening in My Backyard" session will be on Saturday morning this year. Several members have already volunteered to present an update on their departments. In addition to the formal program, we will have our usual Wednesday and Thursday social events. We look forward to seeing you in January. ■

Program Director's Council

BY STEVEN GEDDE, MD

THE PURPOSE OF THE PROGRAM DIRECTOR'S Council (PDC) is "to improve ophthalmology resident education by increasing the available resources to residency programs while enhancing the quality, stature, skills and effectiveness of program directors." The PDC was established as an outgrowth of the continued commitment to program directors by the AUPO Board of Trustees and Executive Vice President and because of the recognition of the need for improved structure to the program directors group. The 2009-2010 council consists of seven members, including Maria Aaron—Immediate Past President, Richard Harper—President-Elect, Mark Juzych, Andreas Lauer, Tara Uhler, and Natalie Kerr—Members-at-Large, and myself—President.

Each year, the Past President rotates off the PDC and a new member is elected. Therefore, the duration of service is seven years for each member, guaranteeing a continuity of leadership and mature guidance, while also allowing the influx of new ideas. A PDC member must have at least two years of experience as a program director. Nominations for membership will be solicited via email in October/November, and I encourage all program directors to participate in the nomination and selection process.

There are several PDC sponsored educational activities during the upcoming year that should be of interest:

continued on page 4

Program Director's Council
continued from page 3

Teaching and Learning in Ophthalmology (TLO)

Symposium: "Teaching and Learning Beyond Medical Knowledge and Surgical Skills" will be held on Monday, October 26 at the 2009 AAO Annual Meeting in San Francisco. Maria Aaron will chair the TLO Symposium, and it will focus on teaching professionalism, communication skills, practice management, and working within the medical system to optimize patient care. Mark Juzych will conclude the symposium with the Straatsma Lecture. Congratulations to Dr. Juzych for the well-deserved honor of receiving the Straatsma Award for Excellence in Resident Education this year.

Educating the Educators (EE) 2010: The annual EE Meeting will occur on Wednesday, January 27 immediately preceding the AUPO Meeting in Sarasota. Richard Harper and Andreas Lauer will co-chair the meeting, and they have prepared an excellent program focusing on the development of competency-based educational milestones for ophthalmic training. Additionally, a free paper session will provide a forum for program directors to present their work in areas such as surgical simulation, assessment of cognitive knowledge acquisition, and curriculum development.

Residency Program Symposium: The annual Residency Program Symposium will take place on Thursday, January 28 at the AUPO Meeting. I will chair the session, and it will provide practical recommendations for complying with the ACGME Outcome Project. Program Directors who wish to share best practices or novel approaches for implementation of the ACGME mandate should contact me at sgedde@med.miami.edu.

RRC Workshop: The AUPO Meeting will also include a workshop on Saturday, January 30 addressing RRC issues. The workshop will be co-chaired by Maria Aaron and Patricia Levenberg. This annual session will discuss the ACGME accreditation process, including common areas of program noncompliance. The workshop will conclude with a question and answer session conducted by a panel of members from the Ophthalmology RRC.

Meetings with Patricia Levenberg: Dr. Levenberg, Executive Director of the Ophthalmology RRC, will continue her tradition of scheduling individual appointments with program directors at the annual AUPO Meeting to discuss issues regarding the RRC, the ACGME, and their respective programs. Appointment slots will be made available via email prior to the AUPO Meeting.

The Program Directors Medical Education Research Group (PDMERG) was founded by Karl Golnik and remains active in conducting collaborative research among program directors. The AUPO-sponsored pdnet continues to provide a valuable means for program directors to communicate and exchange ideas. The AAO's Ophthalmic News and Education (ONE) Network is an important reservoir of clinically relevant information for ophthalmologists worldwide. The Resident Education Center (REC) offers additional resources for residency programs at a nominal fee, including access to the BCSC, Eye Movies, Focal Points, Provision, and Wills Eye Manual. Natalie Kerr has established a mentoring group in which new program directors are paired with experienced program directors to help them transition into their new roles.

I would like to thank Maria Aaron for her outstanding leadership as President of the PDC during this past year. We have all benefited from her hard work, and I have greatly appreciated her assistance in assuming my new responsibilities. The PDC remains committed to supporting program directors and improving the quality of resident education, and your input is extremely valuable. Please do not hesitate to contact me at sgedde@med.miami.edu with any questions or concerns. ■

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

UCLA/AUPO Introduction to Clinical Research Course

BY ELLEN HAUPT

The UCLA/AUPO Introduction to Clinical Research Course, held March 13–15, 2009, was organized by Jules Stein Eye Institute faculty members, **Gary N. Holland, MD**, and **Bartly J. Mondino, MD**, and the Administrator of the Clinical Research Center, **Ellen Haupt**. The course was co-sponsored by AUPO and endorsed by ARVO. This second biennial course was attended by over 115 ophthalmology residents, clinical fellows, and faculty from 29 different programs across the United States and Canada.

The course provided a comprehensive overview of research methods, interpretation of statistical tests, regulatory issues and manuscript preparation, specifically within ophthalmology. It was designed to assist investigators who are beginning their academic careers in becoming familiar with all aspects of research. As Dr. Holland explained, “the goal of the course is to instill an appreciation for research; to stimulate interest in becoming involved in research; and to foster an understanding of the research process and all of its related aspects.” Recently, the NIH has encouraged young investigators to enter the research field. **Neeraj Agarwal, PhD**, NEI Training Officer, spoke to attendees about the opportunities available to new investigators and how to pursue them.

Fredrick L. Ferris III, MD, NEI Clinical Director, and **Curtis Meinert, PhD**, of the Johns Hopkins University School of Public Health, opened the course with a general review of research and the role of an investigator. **Thomas Leitman, MD**, of the Proctor Foundation at UCSF, continued with this topic and discussed the types of projects best suited for residents and early stage investigators. Attendees were provided with an understanding of the investigators’ responsibilities in research.

Much emphasis throughout the course was placed on improving the quality of research and the results obtained. Sessions were held on statistical analysis and interpretation of data, choosing the correct study design and eliminating bias. **Douglas A. Jabs, MD, MBA**, of Mt. Sinai School of Medicine, provided guidance on how to improve the quality and integrity of a research project. Faculty from the School of Public Health discussed how to ensure that the proper statistical analysis techniques are chosen prior to initiating research.

Drummond Rennie, MD, Deputy Editor West of *JAMA*, and **Thomas J. Leisegang, MD**, Editor-in-Chief, *American Journal of Ophthalmology*, discussed publication of research results and the responsibilities of the investigator. Both speakers provided an editors’ perspective on the final preparation processes and how to successfully publish.

In addition to the guest speakers, faculty from UCLA’s Jules Stein Eye Institute, School of Public Health, Office of Protection of Human Subjects, Office of Intellectual Property, Biomedical Library, and Department of Biostatistics provided instruction for small group discussions and course material. Due to the overwhelming support, attendees were able to have small group workshops with statisticians and investigators to discuss pitfalls of research and successful techniques. The workshops allowed participants to obtain guidance from investigators who had years of successful research experience and to discuss their own ideas for research projects.

The course addressed the need for a comprehensive review for those starting out in research but was also applicable to those already involved in clinical investigation. It provided a forum for residents and fellows to discuss their research interests with experienced researchers. The course was an overwhelming success in providing valuable knowledge and motivating residents, fellows, and faculty to become involved in research. ■

AUPO Chair Mentoring Program

The Board of Trustees of AUPO has established a chair mentoring program for chairs or about-to-be chairs.

Mentoring is an important element in the academic way of life and is currently mandated in many universities.

A mentor provides to his or her mentee advice, guidance, perspective, wisdom, counsel and perhaps even inspiration.

Chairs and about-to-be chairs are invited to participate in AUPO’s Chair Mentoring Program. Mentors include retired

chairs who have been presidents of AUPO. If you are interested in having a mentor, please contact

Irene Chen at ichen@jsei.ucla.edu.

AUPO Board Highlights

July 17-18, 2009, San Francisco, California

- Received a demonstration of the new SF Match software.
- Participated in a strategic planning and business development session with the SF Match staff.
- Accepted the Straatsma Award Committee's selection of Mark Juzych as the 2009-2010 Straatsma Award winner.
- Approved the 2010 Annual Meeting Symposia topics "Dealing with Your Boss(es)," "How to Reverse the Deprioritization of Ophthalmology Departments by American Medical Schools," and "What's Going on in Medical Schools Now?"
- Approved Annual Meeting workshops on topics relevant for new chairs, Residency Review Committee issues, and resident research.
- Reviewed revisions to the Resident and Fellow Research Forum criteria.
- Requested site visits at two properties in the Phoenix/Scottsdale, Arizona area for the 2011 Annual Meeting.
- Accepted the 2008 fiscal year-end audited financial reports.
- Appointed Dr. Steven Feldon to the Finance Committee.
- Voted to allow the Program Directors Council to select one Council member to participate in one Board meeting per year in a non-voting capacity.
- Voted to give two programs 30 days to pay their dues or face removal from membership.
- Agreed that members who serve in more than one capacity should only pay dues and be recognized in one dues category. [Note: members who serve in multiple capacities are welcome to participate in the ListServes of all related membership categories.]
- Supported offering a second "Do you want to be a Chair?" course at the 2010 ARVO meeting.
- Reviewed a summary of the 2009 Introduction to Clinical Research course at UCLA, noting an increase of attendance in the number of participating individuals (115) and programs (29).
- Updated committee and representative assignments.
- Nominated Dr. Keith Carter to a second term on the Advisory Council for Ophthalmic Surgery.
- Discussed the importance of fellowships not beginning before July 7th to allow adequate time for residents to complete residencies and travel to fellowship site and recommended the AUPO Fellowship Compliance Committee add this information to each participating subspecialty's fellowship program requirements. ■

San Francisco Matching Program Update

THE SAN FRANCISCO MATCHING PROGRAM is in the process of updating its software for all specialties. In the present match cycle, both the Ophthalmology Residency as well as the Fellowship have been moved to a new distribution platform for viewing applications which allows for more flexibility in sorting and downloading the files. Beginning in

February 2010, Ophthalmology specialties will be migrated to the new database which will allow for online ranking and viewing of match results and online tracking of the interview process for the 2010/2011 match cycle. Contact the San Francisco Matching Program for further assistance: (415) 447-0350, email: help@sfmach.org. ■

THE VIEW FROM RPB

AS THE NATIONAL EYE INSTITUTE celebrates its 40th anniversary, it is worth noting that RPB stimulated the creation of AUPO, which played a dominant role in convincing Congress to establish the NEI in 1968 over the strenuous objections of the NIH and the Johnson Administration. The RPB/AUPO relationship has remained vibrant and the two organizations have been pivotal, along with the NEI, in sustaining the healthy productivity of the vision research community.


Though a public foundation, RPB has kept a low national profile and has never conducted large-scale, country-wide fundraising campaigns. However, in the present economic climate, it has endeavored to enhance its public image through the development of a new web site.

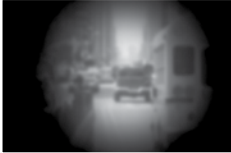
An ad similar to the one shown on the right has been carried in a recent edition of the large print *Reader's Digest*, and other ads are expected to be published in national consumer-related magazines this Fall.


RPB encourages Departments of Ophthalmology to link to www.rpbusa.org and would be grateful if AUPO members would surf the site and offer constructive suggestions to mlevine@rpbusa.org to help make it more effective and user friendly. ■

Eye research can save your sight!

Examples of late symptoms of eye diseases affecting more than 80 million Americans.


Macular Degeneration ▶ 


Glaucoma ▶ 

Diabetic Retinopathy ▶ 

Contact RPB for the latest scientific information regarding the prevention and treatment of any visual disorder... or to find an eye care specialist.

Preserving vision.
and restoring sight
through research.





FOR INFORMATION REGARDING BLINDING DISEASES

- ✓ Macular Degeneration
- ✓ Glaucoma
- ✓ Cataract
- ✓ Diabetic Retinopathy
- ✓ Corneal Disease
- ✓ Dry Eye
- ✓ Retinitis Pigmentosa
- ✓ Uveitis
- ✓ Amblyopia
- ✓ Myopia
- ✓ Ocular Cancers

VISIT
www.rpbusa.org
 1-800-621-0026

Research to Prevent Blindness
 645 Madison Avenue
 NY, NY 10022-1010

Congratulations

The Association of University Professors of Ophthalmology extends congratulations to the National Eye Institute in recognition of the NEI's 40th Anniversary. As the first scientific organization to endorse the concept of the NEI, AUPO, under the auspices of Research to Prevent Blindness, is proud to have played an initiating role in the U.S. government's commitment to vision research.

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 Charleston, South Carolina on March 5-7, 2009. The theme of the meeting was “Assessing the Forces of Change: Finding Allies in Turbulent Times.”

I was asked to address workforce trends, challenges and opportunities for our specialty. Other specialties included on the program were internal medicine, surgery, pharmacology and endocrinology. Common challenges and trends identified across all of these specialties included the aging of the population (by 2011, there will be 10,000 new Medicare enrollees per day), the obesity epidemic, and the increased number of women physicians. Internal medicine faces increasing specialization and decreasing interest in primary care. In addition, the lack of interest in general surgery threatens the very existence of hospitals in rural communities.

Ophthalmology faces trends and challenges common to all specialties and some that are unique.

- 88% of all ophthalmic surgery is performed on persons over age 65.
- 42% of ophthalmology residents are women, the highest of any surgical specialty except OB-GYN.
- Over the past 10 years, ophthalmology has been the fourth slowest growing specialty in terms of the number of practicing physicians after general surgery, pathology, and preventive medicine.
- Effective new treatments for common blinding eye diseases (e.g., anti-VEGF injections for AMD) are being discovered but increase demands on the existing workforce.

There have been dramatic changes in the eye and vision care workforce over the past 35 years. In 1974, there were 475 entry positions into ophthalmology residency training programs. By 1999, that had declined to 437 due largely to voluntary reductions by program directors after the Rand study (based on the now-failed promise of managed care) predicted a vast surplus of ophthalmologists. Ophthalmology remains an attractive career choice with 92% of all residency positions filled by US medical school graduates, one of the highest of all specialties. Today, there are 459 entry positions, and this is unlikely to increase in time to meet demand.

Contrast the workforce change in ophthalmology with that of optometry over the past 35 years. In 1974, there were nine schools of optometry with 475 entry positions, the same

number as ophthalmology. In 2008, 17 schools and colleges of optometry admitted 1454 students (more than triple ophthalmology), and two more schools will open later this year. Legislation has expanded the scope of practice of optometry, and co-management encouraged by Medicare law can alter referral practices between the professions.

Meeting the future needs for eye care will require a team where each player does what he or she is best qualified to do for the benefit of the patient. Most academic departments of ophthalmology and many practices already include optometrists, nurses, technicians, and other physician extenders. This eye care team approach offers the best hope to meet the needs of the public in the years to come.

I noted several other items of possible interest to AUPO:

- A Consumer Union (CU) survey found that affordability trumps cost (80% are satisfied with their doctors but only 40% are satisfied with the cost).
- 10% of the population consumes 70% of health care. This ratio has not changed since CU was founded in 1929.
- The concept of tenure is changing and now rarely includes full financial guarantee and often no guarantee at all. Tenure clock stopping is available at 79% of schools and part time tenure at 35%.
- The AAMC has established an inter-professional education working group that includes nursing, osteopathy, pharmacy, public health, and dentistry in the belief that cooperation between the professions must be fostered before rising to the professional society level.
- Medical student debt continues to rise and now tops \$200,000 for 20% of graduates. Some believe that the key to encouraging students toward primary care is debt forgiveness. Others believe that mentorship and lifestyle are the most important influences on specialty choice. Students who enter medical school to be specialists never become generalists. Osteopaths and physician assistants also are moving away from primary care fields.
- The Institute of Medicine has recommended to the AC-GME that resident work hours be modified further to allow only 16 consecutive hours. The weekly limit of 80 hours would not change at this time but is believed excessive by those who point out that the weekly limit in Britain is 56 hours and that soon will be reduced to 48 hours, the European standard. ■

Association of University Professors of Ophthalmology Preliminary 2010 Annual Meeting

January 28 - 30
The Ritz-Carlton
Sarasota, Florida

Wednesday, January 27

8:00 am – 5:00 pm Educating the Educators

Thursday, January 28

8:00 am – 8:15 am Welcome

8:15 am – 9:30 am Management Symposium: Dealing with Your Boss(es)!

9:30 am – 10:00 am BREAK

10:00 am – 11:30 am Management Symposium (continued)

11:30 am – 12:00 pm Straatsma Award Presentation and Lecture

12:00 pm – 1:30 pm LUNCH (On Your Own)

1:30 pm – 4:30 pm Residency Program Symposium: Practical Recommendations for
Complying with the ACGME Outcome Project

6:00 pm – 7:30 pm Members & Guests Welcome Reception

Friday, January 29

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

8:00 am – 10:00 am Symposium: How to Reverse the Deprioritization of Ophthalmology
Departments by American Medical Schools

10:00 am – 10:15 am BREAK

10:15 am – 11:15 am Resident and Fellow Research Forum

11:15 am – 12:00 pm Organization Reports (Part I)

12:00 pm – 1:00 pm Business Meeting

1:00 pm LUNCH (On Your Own)

6:30 pm – 10:00 pm Reception and Banquet for Members, Administrators and Registered Guests

Saturday, January 30

8:00 am – 9:00 am Organization Reports (Part II)

9:00 am – 9:15 am BREAK

9:15 am – 10:45 am What's Going on in Medical Schools Now?

10:45 am – 12:15 pm Workshops and Discussion Groups

1. RRC

2. New Chairs

3. Resident Research

12:15 pm Meeting Adjourns

University Administrators of Ophthalmology Preliminary 2010 Meeting Schedule

Wednesday, January 27, 2010

7:30 pm – 9:30 pm Administrators' Welcome Reception

Thursday, January 28, 2010

8:00 am – 8:15 am Welcome

8:15 am – 9:30 am Management Symposium: Dealing with Your Boss(es)!

9:30 am – 10:00 am BREAK

10:00 am – 11:30 am Management Symposium (continued)

11:30 am – 12:00 pm Straatsma Award Presentation and Lecture

12:00 pm – 12:15 pm BREAK

12:15 pm – 1:30 pm ListServe Live

4:30 pm – 8:00 pm Administrators Outing and Dinner

Friday, January 29, 2010

8:00 am – 9:30 am Managing in Difficult Times

- Four administrators from different regions of the country share the impact that the recession has had on their finances and operations and methods they have used to respond.

9:30 am – 9:45 am BREAK

9:45 am – 10:45 am Managing in Difficult Times

- Question, Answer and Comment session- An opportunity for members to ask questions of the panelists and to share their experiences and responses to the difficult economic times.

10:45 am – 11:00 am BREAK

11:00 am – 12:30 pm Maintaining Strategic Focus in Difficult Times

- Panelists will review strategies to continue to strive for greatness as an organization. Prior to the meeting registrants will receive copies of Jim Collins' "Good to Great and the Social Sectors" to provide a basis for discussion.

12:30 pm LUNCH (On Your Own)

6:30 pm – 10:00 pm Reception and Banquet for Members, Administrators and Registered Guests

Saturday, January 30, 2010

8:00 am – 9:30 am What is Happening in My Backyard?

- Three administrators share information about their Departments and recent major events and successes.

9:30 am – 9:45 am BREAK

9:45 am – 10:30 am Business Meeting

Educating the Educators 2010 Preliminary Program

7:30 am – 8:15 am	Registration and Continental Breakfast
8:20 am – 8:30 am	Welcome & Overview (Richard Harper & Andreas Lauer)
8:30 am – 10:00 am	<ul style="list-style-type: none"> • Residency Review Committee Update • Ophthalmology Match Update • Feedback from EE 2009 Program Director Development: Leadership & Communication Skills, and Emotional Intelligence Workshop ; Inspiration Works, LLC • Correlation of Standardized Testing with American Board of Ophthalmology WQE pass rates • Professionalism Vignette Project • Development of a Standardized 360 Degree Assessment Tool
10:00 am – 10:25 am	BREAK
10:30 am – Noon	<ul style="list-style-type: none"> • Validation of Neuro-ophthalmology Pre and Post Rotation Testing • Surgical Simulation • Basic Training for Vitreoretinal Surgery • ACGME Update: Duty Hours Task Force
Noon – 1:15 pm	LUNCH
1:30 pm – 4:30 pm	<ul style="list-style-type: none"> • Framework for Milestones in Ophthalmology Residency Training • Presentation and Workshop
4:45 pm	Wrap-up / Adjourn

2010 Annual Meeting Important Dates

October 1, 2009 – Advance Registration Opens

November 2, 2009 – Housing Opens to Advance Registrants Only

January 5, 2010 – Advance Registration Closes

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. ■

Dues News

Renew your dues! Renewing AUPO Members and Associate Members may pay dues using either a Visa, MasterCard, or check. Online dues renewal will be available before the end of the year!

- Medical Student Educators** may now join AUPO as Associate Members. Information about the AUPO's Consortium of Medical Student Educators can be found on their dedicated Web site, www.cmse.ophed.com. Please call the AUPO office at 415-561-8548 for an application. Encourage your Medical Student Educator to get involved with this growing part of our membership!
- Annual Meeting registration** will open October 1st. If your 2009 – 2010 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 non-members. Contact the San Francisco office at 415-561-8548 or aupo@aao.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 in the "What's New" section.

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.

AUPO – New Member Updates

Chairman

Cantor, Louis	Indianapolis	IN
Cheeseman, Edward W.~	Columbia	SC
Christiansen, Stephen P.	Boston	MA
Erie, Jay	Rochester	MN
Feldman, Robert M.	Houston	TX
Hejkal, Thomas~	Omaha	NE
MacDonald, Ian	Edmonton	AB
Serrano, Luis	San Juan	PR
Skuta, Gregory~	Oklahoma City	OK

Program Director

Cheeseman, Edward	Columbia	SC
Conway, Brian	Charlottesville	VA
Domeracki, Gary	Philadelphia	PA
Khan, Amir	Rochester	MN
McCole, Shannon	Norfolk	VA
Naseri, Ayman	San Francisco	CA

Research Director

Koulen, Peter	Kansas City	MO
Petrash, J. Mark	Aurora	CO

* (acting) ~ (interim)

CMSE

Bogorad, David	Augusta	GA
Cantore, William	Hershey	PA
Dickinson, John	Halifax	NS
Feiz, Vahid	Sacramento	CA
Giegengack, Matthew	Winston-Salem	NC
Giligson, Ari	Delta	BC
Graubart, Emily	Atlanta	GA
Guo, Suqin	Newark	NJ
Hainsworth, Dean	Columbia	MO
Hindman, Holly	Rochester	NY
Lee, Michael	Minneapolis	MN
Lippa, Linda	Irvine	CA
Longmuir, Reed	Iowa City	IA
Madu, Assumpta	Bronx	NY
Metzinger, Rebecca	New Orleans	LA
Park, Lisa	New York	NY
Ruttun, Mark	Milwaukee	WI
Sankar, Prithvi	Philadelphia	PA
Slavens, Robert L.	Syracuse	NY
Strominger, Mitchell	Boston	MA
Ventura, Lori	Miami	FL
Whitson, Jess	Dallas	TX
Yung, Rudy	Indianapolis	IN
Zane, Ernest	Loma Linda	CA

Association of University Professors of Ophthalmology

AUPO/RPB RESIDENT AND FELLOW RESEARCH FORUM ABSTRACT SUBMISSION DEADLINE: OCTOBER 1, 2009

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 in any approved residency training program in the United States and Canada may apply to participate in the forum. Medical Students doing a full year of research may also apply. Research content should reflect ongoing or very recent research that has not yet been published or accepted for publication at the time of submission. Abstracts of research carried 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 and a one-page curriculum vitae. The abstract should indicate the percent of "hands-on" effort of the abstract work actually performed by the candidate. 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. In general there should be only one submission from the laboratory or program of an individual scientific faculty preceptor. Applications across the full spectrum of ophthalmic diseases are encouraged. 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 candi-

dates 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 2010 Forum will be held at The Ritz Carlton in Sarasota, Florida, on Friday, January 29, 2010. 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, Chairman, 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 website at www.aupo.com/awards. ■



2009 Straatsma Award Recipient

Mark S. Juzych, MD

AUPO wishes to congratulate Mark S. Juzych, MD, as the recipient of the 2009 Straatsma Award for Excellence in Resident Education. Dr. Juzych is currently the Ophthalmology Program Director at Kresge Eye Institute, Wayne State University School of Medicine. He is also a Member-at-Large of the AUPO Program Directors Council. This award is sponsored by the American Academy of Ophthalmology and AUPO, and Mark Juzych will make presentations at both Annual Meetings.

FACULTY POSITIONS AVAILABLE

SEPTEMBER 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 Arkansas for Medical Sciences, Little Rock

- Cornea/External Disease Specialist
- Retina/Vitreous Specialist
- Glaucoma Specialist
- Plastic/Reconstructive Ophthalmologist
- Pediatric Ophthalmologist

West Virginia University Eye Institute, Morgantown

- Pediatric Ophthalmologist
- Cornea Specialist

University of Oklahoma Health Sciences Center, Oklahoma City

- Clinician Scientist, Pediatric Ophthalmology & Strabismus

Washington Hospital Center, Washington, DC

- Chairman, Department of Ophthalmology and President, Washington National Eye Center, Inc.

The University Of Texas Medical Branch, Galveston

- Assistant Professor or Associate Professor

USC School of Medicine, Los Angeles

- Clinician Scientist

VA North Texas Health Care System, Dallas

- Physicians

Albert Einstein College of Medicine, Bronx

- Pediatric Ophthalmologist

- Vitreo-Retinal Surgeon

University of Rochester Medical Center, Rochester

- Comprehensive Ophthalmologist

Indiana University School of Medicine, Indianapolis

- Director of Basic Science Research
- Neuro Ophthalmologist
- Comprehensive Ophthalmologist
- Vitreo-Retinal Ophthalmologist

University of Kansas Medical Center, Kansas City

- Oculoplastic Surgeon
- Comprehensive Ophthalmology - Full-Time Tenure or Non-Tenure Clinical Track Faculty Member
- Glaucoma Specialist

University of Michigan, Ann Arbor

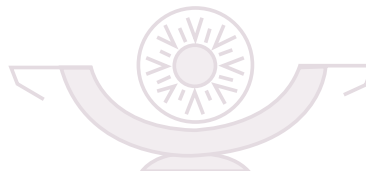
- Pediatric Ophthalmology and Strabismus
- Oculoplastic Surgeon

University of South Carolina, School of Medicine

- Glaucoma Specialist
- Oculoplastics

Virginia Commonwealth University

- Vitreo-Retinal Ophthalmologist
- Glaucoma Specialist
- Oculoplastic Surgeon





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