



NEWS & VIEWS

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

SEPTEMBER 2013

PRESIDENT'S PERSPECTIVE

Dissonance

BY STEVEN E. FELDON, MD, MBA



IN MUSIC, DISSONANCE GETS ATTENTION — it both hurts the ears and stirs the soul. In many ways, dissonance serves as an apt description for where academic ophthalmology finds itself. The promise of new diagnostic and surgical technologies clashes with the reality of declining reimbursement.

Our specialty is at the vanguard of outpatient medicine and surgery, but struggles to find relevance in the frenzied environment of optimizing interdisciplinary high acuity care. We are asked to train more ophthalmologists to meet the needs of the newly insured, even though federal graduate medical education dollars are being cut. And finally, we, as leaders in ophthalmology, want to promote our academic missions in the face of declining indirect cost recovery from federal grants used to fund our medical schools, jeopardizing the very survival of the academic medical center.

To meet the challenge of dissonance in our academic environment requires something more from us than business as usual. We need to concentrate not on the “hurt” but on the call that “stirs the soul.” The capacity to resolve the dissonant chord lies in our role as agents of change. The patient care mission can only be achieved through reduction in the cost of care. The research mission requires that new resources become available. The education mission needs to become more than training ophthalmologists in diagnostic and surgical skills.

Reducing the cost of care just by reducing fee-for-service reimbursement or outright rationing of resources is unacceptable in an aging population with increased expectations

for quality of life. The only real alternative is developing more efficient care. Principles that may be involved include better education of the community regarding the additional risks related to family history, environmental stressors, and unhealthy behaviors. Except for occasional screenings, most departments of ophthalmology have not ventured into more general education of our population. We have left this important task largely in the hands of others – primarily insurance companies and the government agencies. Academic ophthalmology is uniquely directed toward the educational mission. We need to be more proactive in getting the message out that will reduce the need for our most expensive diagnostic, medical and surgical services. In the context of an accountable care organization (ACO), this activity will become highly cost-effective. The challenge is in providing population education even in the absence of direct reimbursement.

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Gathering resources to pursue eye research may seem daunting in an era of mounting federal debt addressed by short-term fixes such as “sequestration” and across the board cost-cutting. Private foundations simply do not have the resources to substitute for the federal shortfall in research dollars, so how can the research mission be funded? Departmental dollars generated through faculty practice tithing, industry contracts and philanthropy offer some buffer, but such sources are already stretched. Efficient technology transfer offers an opportunity to generate new research funds through royalties and equity to the department. Not only do our medical centers need to offer fair policies and royalty distributions to the departments generating the intellectual property, but departments must bear the responsibility for educating faculty on appropriate identification and protection of patentable technologies. Some eye departments, including the Flaum Eye Institute and Moran Eye Center, have taken steps to become directly involved in protecting and licensing the intellectual property of its faculty.

Through the efforts of many of our organizations including the American Academy of Ophthalmology, the American Board of Ophthalmology, the Residency Review Committee of the Accreditation Council for Graduate Medical Education and AUPO, training of ophthalmology residents and fellows has evolved tremendously in both strength of curriculum and transfer of surgical skills. But training more ophthalmologists is highly unlikely to meet the manpower needs of population-based eye care. Has the time come for eye departments to work directly with multiple levels of providers to provide the most efficient mechanisms for dissemination of preventative health information, screening for early detection of disease, and treatment? Directing systems of eye care may be well within the purview of our academic mission.

The dissonance that pervades our daily struggles as leaders in academic ophthalmology needs to provoke us to action. I believe that AUPO is an ideal organization for sharing new ideas, some of which may strike a major chord as we compose our strategies for the future. ■

Past Decade

BY BARTLY J. MONDINO, MD

THE ASSOCIATION OF UNIVERSITY PROFESSORS of Ophthalmology (AUPO) represents and promotes academic ophthalmology in its three missions of research, education and patient care. In the past decade, AUPO has made substantial strides in achieving these goals and increased its relevance to academic ophthalmology.

There is no doubt that the Straatsma Award for Excellence in Residency Education has been important in providing recognition for outstanding program directors, and reinforces the value that AUPO and academic departments of ophthalmology place on this position. To date, ten outstanding program directors have been identified and awarded this recognition, which is highlighted at both the annual American Academy of Ophthalmology (AAO) and AUPO meetings. Financial support for this award was provided by AAO, AUPO, and a private donor in Los Angeles. In addition to the Straatsma award, the board and membership of AUPO did away with the provision permitting residency program

directors to attend our annual meeting only if their chair was in attendance.

Over the past ten years, the San Francisco Matching Program (SF Match) has become more electronic and less paper-driven. This has made the process much more efficient and convenient for all concerned.

AUPO completed two salary surveys, one in 2006 and one in 2012. These surveys represent the most comprehensive salary surveys in ophthalmology, taking into consideration region of the country, academic rank, subspecialty, as well as administrative, clinical and research positions. Both surveys achieved nearly break-even status so that substantial subsidies were not required.

In association with UCLA and endorsed by the Association for Research in Vision and Ophthalmology (ARVO), AUPO sponsored a biennial Introduction to Clinical Research

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Past Decade
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course. This course provides a comprehensive overview of issues pertaining to patient-based research, such as study design, pitfalls in data analysis, and interpretation of statistical tests. Three such courses have been held to date, in September 2006, March 2009, and March 2011, and a fourth is planned for September 2013. Evaluations of the course have been uniformly outstanding.

AUPO has provided a mentoring program for newly appointed chairs. In this program, newly appointed chairs are connected with former chairs and presidents of AUPO who are able to provide advice and guidance in a broad range of subjects, ranging from creating an institute or endowment, developing research and clinical programs, and recruiting and retaining faculty.

The AUPO Fellowship Compliance Committee (FCC) represents a major achievement of AUPO over the past ten years. Dr. John Keltner, chair of the AUPO FCC, has been critical in running this program. The goals and objectives of the AUPO FCC are to provide a system that will enhance patient care for ophthalmologic diseases by promoting uniform standards for fellowship training and educational programs. The AUPO FCC helps coordinate the establishment of fellowship requirements and monitors compliance of individual fellowship programs with these requirements. At its inception, the AUPO FCC threatened the financial viability of AUPO. The addition of a six-figure operational budget to the already strained resources of AUPO was challenging. A one-time loan from AAO, which was later forgiven, came at a very opportune time. However, it was necessary for AUPO to develop a funding mechanism to ensure the financial viability of the AUPO FCC. Funding for this important program is derived from three sources: the programs themselves, the subspecialty societies, and the Central Application Service (CAS), which was created by AUPO for fellows. The CAS was extremely important in and of itself because it made the fellowship application process so much more efficient and friendly for the applicants by requiring one, rather than multiple, applications.

For the past ten years, there have been very positive trends for our annual meeting in terms of attendance and ratings. These reflect the quality and interactive nature of seminars as well as their relevance and importance to academic medicine. The AUPO Board of Trustees is to be congratulated for their outstanding contributions to the development and implementation of seminars and workshops, all of which are highly rated. These sessions are interesting, informative, timely and relevant.

Two more classes of associate membership were introduced in the past ten years: research directors and medical student educators. Both groups are on board and making significant contributions to the depth and relevance of our meetings and activities. The ability of residency program directors to attend our meeting with or without the presence of their chair also was extended to research directors and medical student educators.

A popular new feature that was introduced a number of years ago is the program wherein an Accreditation Council for Graduate Medical Education (ACGME) representative meets one-on-one with program directors. Priority is given to program directors who are facing imminent reviews. These meetings permit tailored advice on specific details rather than general principles applicable to all.

The leadership of AUPO has been very conscious of diversity in its board membership. Many factors are considered in the selection process: region of the country, subspecialty, size of program, etc. As such, our board is diverse and represents many different perspectives.

Throughout the past ten years, despite the trend towards cutbacks in industry support, AUPO has not just maintained, but actually enhanced, its funding and is doing very well financially. ■

CALL FOR CANDIDATES

AUPO Executive Vice President

Dr. Bartly Mondino will complete his second five-year term as AUPO's Executive Vice President (EVP) on December 31, 2014. The Board of Trustees is indebted to Bart for his outstanding service to the organization. Article VII, Section 7.4 of the bylaws states that no individual may serve more than 10 years as Executive Vice President; therefore, a task force has been established to begin the process of identifying a new EVP for a term beginning January 1, 2015. The task force consists of Steven Feldon, Chair, Julia Haller, Russell Van Gelder and Bartly Mondino, *ex officio*.

Eligible candidates must be a current or past Member of AUPO (i.e. Department Chair). Members interested in being considered, nominating a colleague, or obtaining more information about the EVP position should contact one of the task force members by October 15, 2013.

Program Directors Council Update

BY TARA UHLER, MD

AS MEMBERS OF THE PROGRAM DIRECTOR'S COUNCIL (PDC), we hope to provide ophthalmology program directors with information that will facilitate and enhance resident education. Contained in this report are upcoming PDC-sponsored symposia that may be of interest to you. We also strive to represent PD interests when liaising with other committees or organizations. To that end, we need your feedback and service. The PDC consists of seven program directors (listed below for 2013–2014) and Dr. Keith Carter, who serves as our liaison to the AUPO Board of Trustees. As the past-president rotates off the Council each year, a new member is elected. PDC members must have at least two years of experience as a PD and be prepared to serve a seven-year term. In the late fall, nominations for membership are solicited via email; I hope each program director will consider serving. If you are not on the PD listserv (eyepdnet@aaolistserver.aa.org), please contact the AUPO office at aupo@aa.org.

2013 AUPO-sponsored Teaching and Learning in Ophthalmology (TLO) Symposium: This year's TLO symposium, "Give Me Something to Make Me a Better Teacher," will be held at the American Academy of Ophthalmology (AAO) meeting in New Orleans on Monday, November 18 from 10:15–11:45 am. Dr. Andreas Lauer has prepared an excellent session with a new format this year. There will be seven modules offered; attendees will select the three that they would like to join. At the conclusion, the group will reconvene and the thought leaders for the individual modules will present brief summaries, so everyone will hear highlights from each module. The topics and leaders will be: "Engaging Residents to Participate and Successfully Complete Research Projects," Dr. Shahzad Mian; "EQUIPP (Education, Quality Improvement, and Patient Care Projects) for Ophthalmology Training," Dr. Laura Wayman; "Mentoring in Ophthalmology Training: Then, Now, Tomorrow," Dr. Natalie Kerr; "Just in Time — Electronic vs. Interpersonal Learning," Dr. Thomas Oetting; "The Aces in Promoting Professionalism in Training," Dr. Richard Harper; "iLearn: An Educational Experiment in Teaching Life-Long Learning," Dr. Timothy Olsen; and "The ART of Giving Structured Feedback & the PEARLS to Build Relationships," Dr. Douglas Fredrick. The symposium will conclude with the Straatsma Lecture; congratulations to Andreas Lauer who is this year's recipient! Planning for next year's TLO symposium is already underway; please submit topic suggestions to tuhler@willseye.org.

Educating the Educators (EE) 2014: The annual EE meeting will take place on Wednesday, January 29 immediately preceding the AUPO meeting. Drs. Shahzad Mian and Bhavna Sheth have developed an exciting program, including a workshop on mental skills training for ophthalmology residency programs and program directors, prepared by Travis Frazier and Eric Bean of the United States Army. This year, in addition to the free papers, a poster session will allow more program directors to share their best practices and models for resident education.

AUPO Residency Program Symposium 2014: The annual symposium will take place on Thursday, January 30 and will be divided into two sessions. The first, dedicated to ethics and professionalism, features a Redmond Center lecturer presenting an overview of EELP (Ethics Education Lecture Program) and practical ways to incorporate the AAO offerings into our training programs. The second, dedicated to the Milestones, includes an update on the Ophthalmology Milestones, the experience of beta testers, and advice from a Phase 1 program followed by a panel discussion. If your program is one of the pilots and you've not already contacted me about participating on the panel, please do; we'd appreciate everyone's input during the discussion.

AUPO Residency Review Committee (RRC) Workshop 2014: This annual program will take place on Saturday, February 1 at the AUPO meeting. The workshop will be chaired by Dr. Anthony Arnold and is an excellent forum for discussion of current Accreditation Council for Graduate Medical Education (ACGME) and RRC activities. The presentations and discussion will provide an opportunity for program directors to better understand and prepare for the new ACGME program requirements and the Next Accreditation System, and to adjust and administer the educational programs at their respective institutions.

Meetings with Dr. Patricia Levenberg: Dr. Levenberg, Executive Director of the Ophthalmology RRC, will continue her tradition of scheduling individual appointments during the 2014 AUPO meeting. This is a unique opportunity for program directors to discuss issues regarding the RRC, ACGME, and their respective programs. Appointment slots will be offered via email prior to the AUPO meeting. It is anticipated that these will fill quickly, so please make your reservations early.

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Program Directors Council Update
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I would like to take this opportunity to thank Andy Lauer for his outstanding leadership as president of the PDC. We have all benefitted tremendously from his efforts, and I am personally grateful for his continued assistance during this coming year and for the excellent guidance and support of Stephen Moss and Lisa Brown. The PDC is committed to supporting program directors and improving the quality of resident education. This has been possible over the years because of the valuable input from all program directors, and we appreciate everyone's continued participation. Your feedback is essential. We already have several ideas and projects which developed from PD communications on the listserv. Please contact me (tuhler@willseye.org) or any member of the PDC with additional questions, concerns, or suggestions.

Finally, please join us in welcoming the new program directors. Listed below are the individuals who have assumed this role since January. Once again, a breakfast for the new directors will immediately precede the EE meeting on

Wednesday, January 29. Drs. Natalie Kerr, Laura Wayman, and Tom Oetting are also spearheading an expanded mentorship program for new directors, and I encourage anyone interested to sign up for this opportunity. We look forward to seeing new and old friends and sharing ideas at the 2014 meeting in Miami.

New Program Directors 2013: Dr. Diana Do, University of Nebraska Medical Center; Dr. Surendar Dwarakanathan, John H. Stroger, Jr. Hospital of Cook County; Dr. Samuel Friedel, University of Maryland; Dr. Anita Gupta, University of Maryland; Dr. Hoon Jung, SUNY Buffalo; Dr. Lois McNally, SUNY Downstate; Dr. Divya Srikumaran, Johns Hopkins/Wilmer Eye Institute; Dr. Patrick Tsai, University of Arizona; Dr. Samantha Weller, Loma Linda University.

PDC Members 2013-2014: Past-President: Dr. Andreas Lauer, lauera@ohsu.edu; President: Dr. Tara Uhler, tuhler@willseye.org; President-Elect: Dr. Natalie Kerr, nkerr@uthsc.edu; At-Large Members: Dr. Thomas Oetting, thomas-oetting@uiowa.edu, Dr. Laura Wayman, laura.l.wayman@vanderbilt.edu, Dr. Shahzad Mian, smian@med.umich.edu, and Dr. Bhavna Sheth, bsheth@mcw.edu. ■

Administrators Update

BY SHERI L. FARBER, MBA CPA

AS I LOOK OUT MY WINDOW at this lovely summer day, it is hard to believe that planning for the annual meeting is already underway. Ophthalmology is a dynamic specialty and every year there seem to be new questions to ponder. The University Administrators of Ophthalmology (UAO) provides a wonderful resource. The richness of backgrounds and experiences that our members bring to the organization allows for a program which is not only interesting but timely as we address the questions, new and old, for which we seek answers.

Your board takes its responsibilities seriously and we strive to provide you with a program that is meaningful and contains useful nuggets of information that you can take home and implement. This year's program will kick off with the Administrators' Welcome Reception on Wednesday evening. Thursday's Management Symposium will be held jointly with the other meeting attendees and will focus on the Health Insurance Portability and Accountability (HIPAA) regulations. Following the Management Symposium and the

Straatsma Lecture, time will be dedicated to administrator networking. All will want to attend Friday's President's Symposium, for which the keynote speaker will be Donna Shalala. Following this will be a session titled "Transitions" which will address managing the many facets of change with which we are faced. Back by popular demand will be "Listserv Live" during which a boxed lunch will be provided, and "What's Happening in My Backyard?" Saturday's sessions will feature the hot topics of finances and cash flow, patient access, and clinic efficiency.

Next spring, two seats will be available on the UAO board. Elections for these seats will take place at the annual meeting in Miami. Information concerning nominations will be emailed this fall. Your input in this process is always appreciated. As I wrap up my vice-presidential term, I would like to thank all of you for your participation. The UAO is strong because of our spirit of sharing. I look forward to seeing everyone at the annual meeting. ■

Association of University Professors of Ophthalmology

2014 Annual Meeting, January 29–February 1; Doral Golf Resort & Spa, Miami, Florida

Preliminary Schedule for Members, Associate Members and Professional Guests

Wednesday, January 29

- 7:00 am – 8:00 am New Program Directors Breakfast
- 8:00 am – 4:00 pm Educating the Educators Meeting
- 5:00 pm – 6:30 pm Educating the Educators Reception

Thursday, January 30

- 8:00 am – 8:15 am Welcome
- 8:15 am – 11:30 am Management Symposium
- 11:30 am – 12:00 pm Straatsma Award Presentation and Lecture
- 1:30 pm – 4:30 pm Residency Program Symposium
 - Ethics and Professionalism
 - Overview of EELP and Incorporating it into Your Program
 - Milestones Rollout
 - Milestones Update
 - Tips and Pearls from a Phase 1 Program
 - Ophthalmology Pilot Experience
 - Panel Discussion/Q&A
- 6:00 pm – 7:30 pm Members & Guests Welcome Reception

Friday, January 31

- 6:45 am – 7:45 am Breakfast with Colleagues Networking Roundtables
- 7:45 am – 10:15 am President’s Symposium in Memory of Steven M. Podos: The Role of the Academic Medical Center in Population-Based Eye Health

Keynote speaker: Donna Shalala – President, University of Miami

Member presentations:

 - How should the residency training curriculum change to reflect a shifting emphasis from eye disease to eye health?
 - How will ACO’s increased level of insured population affect residency training opportunities?

- What new research opportunities are available related to population-based eye health?
- How should eye departments reorganize to prepare for population-based eye care?
- The role of telemedicine in eye care delivery
- Wait for just one femtosecond! The economic future of advanced cataract surgery, refractive and cosmetic surgery in academic medicine
- How to manage the transition from fee-for-service to risk pool economics

10:45 am - 11:45 am AUPO/RPB Resident and Fellow Research Forum

11:45 am - 12:25 pm Organization Reports (Part I)

12:25 pm - 1:00 pm AUPO Business Meeting

12:30 pm – 2:30 pm Research Directors Membership Meeting

1:30 pm – 3:00 pm Teaching Medical Students Ophthalmology: How Effective Are We?

3:00 pm – 5:00 pm Research Lab Tour at Bascom Palmer

3:00 pm – 5:00 pm Curriculum and Assessment Round Table

6:30 pm - 10:00 pm Reception and Banquet

Saturday, February 1

8:00 am - 9:45 am New Ways of Using Advocacy Symposium

10:00 am – 11:05 am Organization Reports (Part II)

- 11:15 am – 12:45 pm Workshops and Discussion Groups
1. RRC Update Workshop
 2. New Challenges for Chairs Workshop
 3. Key Philanthropy Skills for Research Faculty Workshop
 4. Medical Student Educators Membership Meeting

Educating the Educators Wednesday, January 29, 2014 Preliminary Schedule

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|--------------------|---|
| 7:30 am – 8:15 am | Registration and Continental Breakfast |
| 8:15 am – 8:30 am | Welcome |
| 8:30 am – 9:00 am | SF Match, JAO, OKAP and HUB |
| 9:00 am – 12:00 pm | Free Paper Session |
| 12:00 pm – 1:15 pm | LUNCH (included) |
| 1:30 pm – 4:15 pm | Workshop on Mental Skills Training for Ophthalmology Residency Programs and Program Directors Dr. Eric Bean and Dr. Travis Frazier, United States Army |
| 4:30 pm | Wrap-Up/Adjournment |
| 5:00 pm | Reception |

University Administrators of Ophthalmology January 29–February 1, 2014 Annual Meeting Preliminary Schedule

Wednesday, January 29

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

Thursday, January 30

8:00 am – 8:15 am Welcome
8:15 am – 11:30 am Management Symposium
11:30 am – 12:00 pm Straatsma Award Presentation and Lecture
2:00 pm – 8:00 pm Administrators' Networking and Outing

Friday, January 31

8:00 am – 10:15 am AUPO President's Symposium
10:30 am – 12:45 pm Transitions
1:00 pm – 2:30 pm Listserv Live
2:30 pm – 4:00 pm What's Happening in My Backyard?
6:30 pm – 10:00 pm Reception and Banquet

Saturday, February 1

8:00 am – 9:00 am Hot Topics: Facilitated Discussions — Cash Business/Finance
9:00 am – 9:30 am UAO Business Meeting
9:45 am – 12:00 pm Hot Topics: Facilitated Discussions — Patient Access, Clinic Efficiency

Program Coordinators January 29–January 31, 2014 Annual Meeting Preliminary Schedule

Wednesday, January 29

8:00 am – 4:30 pm Educating the Educators Coordinated by AUPO Program Directors Council
6:30 pm Coordinator Dinner*

Thursday, January 30

8:00 am – 8:30 am Welcome/Overview
8:30 am – 9:00 am RRC Update
9:00 am – 9:15 am NAS & Milestones- Anthony Arnold, MD
9:15 am – 10:00 am RRC Panel Discussion/Q&A
10:15 am – 11:15 am Where do I Begin: The Coordinator Timeline
6:00 pm – 7:30 pm AUPO Welcome Reception

Friday, January 31

8:00 am – 9:00 am New Coordinator and PD
9:00 am – 10:00 am Building Your Networking and Mentoring: Helping New Coordinators Transition into Their New Role
10:00 am – 11:00 am Lecture by Tara Uhler, MD
11:15 am – 11:45 am SF Match Update
11:45 am – 12:15 pm AUPO FCC Compliance
1:30 pm – 1:45 pm Lecture by Laura Green, MD
1:45 pm – 2:45 pm Personal & Professional Development
3:00 pm – 3:45 pm Quality Improvement
3:45 pm – 4:30 pm Round Table Discussion
4:30 pm – 5:00 pm Tagme – Update and Recruiting for Certification
6:30 pm – 10:00 pm Reception and Banquet

**not included in registration fees*

2014 Annual Meeting IMPORTANT DATES

October 2013*

Advance Registration Opens

November 2013*

Housing Opens to Advance Registrants

January 8, 2014

Advance Registration Closes

**Specific dates will be announced to the membership by email and posted on the AUPO website.*

The View from RPB

Last January, Research to Prevent Blindness, Inc. (RPB) named Brian F. Hofland, PhD as the sixth president in its 52-year history. Since then, he has embarked on a series of site visits to departments of ophthalmology across the country, met with thought leaders in vision research, and is exploring new strategies to expand the reach of RPB's Grants Program and leverage the organization's resources. Following is an introductory Q&A with Dr. Hofland.

Describe the path that brought you to RPB and vision research.

I have worked extensively in the foundation world, primarily in the area of aging. For over 15 years, I was at the Retirement Research Foundation, a sister foundation to the John D. and Catherine T. MacArthur Foundation. Then I moved to The Atlantic Philanthropies where I directed the International Aging Program for over eight years. Thus, I bring experience in grant making and foundation management to RPB. Also, my experience and strength in the area of aging research are relevant to vision research at the current time given the huge impact the aging of the baby boomers is having on the prevalence of the four major eye diseases: macular degeneration, glaucoma, cataract and diabetic retinopathy (which is also surging as the result of the diabetes epidemic). The rapidly rising rate of vision impairment and blindness in the U.S. is, increasingly, an age-related story.

What immediate challenges and opportunities do you perceive in your new position?

The work of the vision research community has never been more important. And there are some interesting challenges in the vision research field in terms of funding, especially as dollars from the National Eye Institute will either be plateauing or decreasing due to budget constraints. RPB is very cognizant of its tradition and history and the organization wants to build on that intelligently so we can continue to lead as the catalyst in vision research. And of course, Diane Swift, RPB's Chair, is a tremendous source of knowledge about RPB's history as well as the vision science network.

Are there any plans in the works in that regard?

RPB has been, and is, committed to expanding the field of ophthalmic research and to nurturing departments of ophthalmology within medical schools. That's not only a source of achievement, but also a resource for RPB to build on. We have developed special relationships with department chairs, who have been important stakeholders and intermediaries for RPB. We want to build on those strengths as we evolve.

In that vein, RPB will be convening a special advisory group, which includes many chairs of departments of ophthalmology. The group will develop a set of preliminary recommendations, which will then go to RPB's Scientific Advisory Panel, and finally on to RPB's Board of Trustees for approval.

In addition to this special advisory committee, RPB plans to gather key information from major stakeholders through a qualitative survey study that will be undertaken by Dr. Kevin Frick, a health economist at Johns Hopkins University, who has done important work in the past on vision needs and vision research. FYI: He will be contacting many department chairs, and we would ask that AUPO members cooperate with him fully.

In a sense, with this study, RPB will be revisiting a role we played shortly after our launch. In 1962, RPB sponsored Dr. Thomas Duane to assess vision research needs in the U.S., which led to the publication of "Ophthalmic Research U.S.A." The study was crucial to making the argument for the creation of the National Eye Institute, developing more stand-alone, independent departments of ophthalmology and creating an academic environment that induced more researchers to enter the science of sight.

Dr. Frick will be looking at gaps regarding vision research needs. His will be an independent perspective that we may not otherwise get from speaking with stakeholders ourselves. The study results will be helpful to us in evolving strategies to address the changing vision research landscape.

Is RPB considering any strategies to address already known needs?

RPB is developing a new orientation toward partnerships. We have recently collaborated with the Eye Sight Foundation of Alabama (ESFA) for an endowed chair in vision research at the University of Alabama at Birmingham. The idea is for ESFA and RPB to contribute equal amounts, with a third party contributing that same amount to create a significant endowed chair. We also are exploring partnerships with some other foundations in the vision research space.

The key for RPB is to leverage its significant, but limited, resources so that we can maximize our impact. We feel that RPB can accomplish even more by working in partnership with others, and we see AUPO as a core organization in our efforts. We are extremely pleased with our longstanding partnership with AUPO. ■

An Audacious Goal for NEI

BY PAUL A. SIEVING, MD, PHD, DIRECTOR, NATIONAL EYE INSTITUTE

ONE YEAR AGO, I asked the vision research community and specifically AUPO members to submit their best ideas to the *National Eye Institute (NEI) Challenge to Identify Audacious Goals in Vision Research and Blindness Rehabilitation*, a prize competition that was part of a larger effort called the NEI Audacious Goals Initiative. The aim of the Initiative is to catalyze innovation in vision research over the next 10 to 15 years. After consulting several hundred scientists and clinicians, I am now pleased to announce that the NEI has set its audacious goal: to *Regenerate Neurons and Neural Connections in the Eye and Visual System*. We have also established two high priority research areas: the *Intersection of Aging and Biological Mechanisms of Disease and Molecular Therapy for Eye Disease*.

The Audacious Goals Initiative has provided a platform to discuss and consider the most pressing needs in eye health and to build a consensus on how to harness the most promising trends in vision research to revolutionize the way we treat eye diseases and vision disorders. We used the prize competition to attract input from the broader scientific community, and that strategy proved successful. We received roughly 500 ideas, about half of which came from people who had never received an NIH grant. The ideas were reviewed and consolidated into six broad topics for discussion by leading vision scientists and clinicians at the Feb. 2013 Audacious Goals Development Meeting. Themes from this three-day meeting coalesced into the NEI audacious goal and high-priority areas.

We chose to pursue this audacious goal for a variety of reasons. The most compelling justification is that diseases that affect retinal neurons also happen to be the most disabling and costly eye conditions in the United States.¹ Age-related macular degeneration (AMD), glaucoma, and diabetic retinopathy are the most common causes of permanent vision loss in the U.S. and many other developed countries, and all affect the retina. These diseases are also age-related, which is why we have given high priority to areas of research that seek to understand how the aging process intersects with eye disease.

Another major reason we chose this audacious goal is because the pace of discovery in regenerative medicine has rapidly increased over the past decade. The ability to regenerate neurons and neural connections is within our grasp.

In 2011, researchers created an optic cup in 3-D culture from mouse embryonic stem cells.² That same year, another research group showed that induced pluripotent stem cells could be modified to correct for gene defects without introducing mutations.³ Cells in this study were taken from a patient with gyrate atrophy. In 2012, one research group initiated the first clinical trial using embryonic stem cell therapy for degenerative retinal diseases,⁴ and several more groups anticipate launching the first clinical trials using induced pluripotent stem cells as early as 2014.⁵

Several research groups have already demonstrated in clinical trials proof-of-concept for gene therapy for eye disease.⁶⁻⁸ As we witness the convergence of gene and stem cell therapies, we believe high priority should be given to molecular therapies to hasten the refinement of proven strategies and encourage the development of novel and synergistic approaches.

Now that we have identified our destination, our next step is to chart a course to get there. In Oct. 2013, a panel consisting of National Advisory Eye Council members and other key scientific advisors will meet to identify research targets. To help predict and navigate through the inevitable twists and turns that will surely arise along the way, the NEI will subsequently assemble a standing working group to help guide the Audacious Goals Initiative. When rounded out, the group will comprise about a dozen leading scientists and clinicians. Its membership will change as the needs of the Audacious Goals Initiative change. The group will help establish and monitor milestones and anticipate needs and challenges.

Although we are gearing up for a long haul, we have already begun the journey. This past summer, the NEI issued two funding opportunity announcements related to the high priority research areas, and we expect to issue more in the coming months.

I thank AUPO members for your continuing support of the Audacious Goals Initiative. We have a long way to go, but thanks to your input, I believe we are positioned to make major (dare I say “audacious”?) progress in vision research and the treatment of eye disease.

For more information about the Audacious Goals Initiative, please visit the NEI website at <http://www.nei.nih.gov/audacious/>. ■

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1. Rein DB, Zhang P, Wirth KE, et al. The economic burden of major adult visual disorders in the United States. *Arch Ophthalmol.* 2006; 124(12):1754-1760.
2. Eiraku M, Takata N, Ishibashi H, et al. Self-organizing optic-cup morphogenesis in three-dimensional culture. *Nature.* 2011;472(7341):51-56.
3. Howden SE, Gore A, Li Z, et al. Genetic correction and analysis of induced pluripotent stem cells from a patient with gyrate atrophy. *Proc Natl Acad Sci U S A.* Apr 19 2011;108(16):6537-6542.
4. Schwartz SD, Hubschman JP, Heilwell G, et al. Embryonic stem cell trials for macular degeneration: a preliminary report. *Lancet.* Jan 24 2012.

5. Cyranoski D. Stem cells cruise to clinic. *Nature.* Feb 28 2013;494(7438): 413.
6. Cideciyan AV, Aleman TS, Boye SL, et al. Human gene therapy for RPE65 isomerase deficiency activates the retinoid cycle of vision but with slow rod kinetics. *Proc Natl Acad Sci U S A.* 2008;105(39):15112-15117. Epub 2008 Sep 15 2008.
7. Hauswirth WW, Aleman TS, Kaushal S, et al. Treatment of leber congenital amaurosis due to RPE65 mutations by ocular subretinal injection of adeno-associated virus gene vector: short-term results of a phase I trial. *Hum Gene Ther.* 2008;19(10):979-990.
8. Maguire AM, Simonelli F, Pierce EA, et al. Safety and efficacy of gene transfer for Leber's congenital amaurosis. *N Engl J Med.* May 22 2008; 358(21):2240-2248.

San Francisco Match Update

BY DENNIS THOMATOS AND TIM LOSCH

NOW IN OUR 36TH YEAR of partnership with the ophthalmology residency match, the San Francisco Matching Program (SF Match) continues to engage program directors and applicants in improving the matching experience for both programs and applicants.

This year, new programs are able to provide multiple users with the centralized application service application notices through a new match communication permissions interface which is included on each program's portal.

SF Match is currently developing an in-house solution for online application storage that will further increase the speed and options for programs with application downloads. We will also be continuing development of our website portal with the interface update for medical schools and applicants.

SF Match staff is available to answer your questions and provide assistance from 8:30 am – 5:00 pm (PST), Monday through Friday.

The planned timeline for Match Day is as follows:

Tuesday, January 14, 2014

4:00 am PST — Applicants and Medical School Deans' offices receive a YES/NO (MATCHED/UNMATCHED) email informing them of their match result status but NOT where they matched.

5:00 am PST — Each program receives a list of its matched applicants via email.

8:00 am PST — Medical School Deans' Offices access student match results online via the SF Match Medical School Portal.

9:00 am PST — Program Rank List results become available online. Log in to SF Match account to view results.

Wednesday, January 15, 2014

8:00 am PST — Applicants' results available online.

Thursday, January 16, 2014

8:00 am PST — Full match results of all applicants who have applied to programs will be available online.

9:00 am PST — Programs with unfilled positions will be listed as having vacancies on the website unless otherwise requested by the respective unmatched programs. ■

Association of Veterans Affairs Ophthalmologists (AVAO)

BY JOY DIXON ROBINSON, MD, PRESIDENT, AVAO

AVAO IS A NON-PROFIT ORGANIZATION that represents the interests of Veterans Affairs (VA) Ophthalmologists. VA ophthalmologists provide outstanding clinical care, are actively involved in the education of residents, fellows and students, and engage in a variety of research activities. The AVAO Executive Board officers are Dr. Joy Dixon Robinson, President; Dr. Millicent Palmer, Vice-President; Dr. Andrew Thliveris, Treasurer; Dr. Linda Wedemeyer, Secretary, and Drs. Francisco Garcia-Ferrer and Linda Margulies, Past-Presidents. Recent changes in national VA Ophthalmology Leadership include the appointments of Dr. Glenn Cockrham as National Program Director of Ophthalmology, Dr. Amy Chomsky as Chair of the Surgical Advisory Board, Dr. Mary Lynch as Chair of the Field Advisory Committee, and Dr. Mary Lawrence as Interim Director of the Department of Defense (DOD)/VA Vision Center of Excellence.

Recent AVAO activities involve sponsoring an ophthalmology resident from the University of Pittsburgh to attend the American Academy of Ophthalmology (AAO) Mid-Year Forum and Advocacy Program. This opportunity provided an ophthalmology mentorship in advocacy, which is important to resident education and leadership development. AVAO President Dr. Joy Robinson and AVAO Councilor Dr. Mary Lawrence attended the AAO Ophthalmic Advocacy Leadership Group meeting in Washington, D.C. in January 2013. This meeting for ophthalmic subspecialty and special interest groups provided a forum for discussion of important issues facing the ophthalmology profession. Dr. Lawrence gave an informative presentation on the VA and the DOD/VA Vision Center of Excellence at this meeting. At the February 2013 AUPO meeting, Dr. Laura Wayman, (Nashville VA and Director for Resident Education and Vice Chair for Education at Vanderbilt University) gave a PowerPoint presentation on current aspects of the VA.

From a surgical standpoint, this year the VA has been a leader in the implementation of national ophthalmology safety policies to insure correct site and correct cataract implant surgery. The VA has continued an Ophthalmic Surgical Outcomes Pilot Program involving 4000 patients enrolled over

several years. Data collected from these sites in a cataract surgery registry will be of benefit in determining target elements for quality measures which could later be implemented across the VA. The VA also served as one of the Age-Related Eye Disease Study 2 (AREDS2) research clinical study sites under the direction of Dr. Linda Margulies. With macular degeneration being the most common cause of vision loss in the veteran population, the study results will impact the care provided to our patients.

The AVAO invites AUPO members to attend our annual events at the American Academy of Ophthalmology Meeting in New Orleans. On Monday, November 18, the AVAO will host its Annual Business Meeting for active members at the New Orleans Marriott at the Convention Center. This meeting will take place from 7:00 am to 9:30 am to update VA ophthalmologists on key issues in the VA. The AVAO social will take place at the Hampton Inn and Suites New Orleans Convention Center from 5:30 pm to 7:00 pm on Monday evening. These events provide an excellent opportunity for AVAO members to network with each other and with representatives from the AAO. The VA and DOD AAO Noon-time Symposium will also take place on Monday, November 18. The title of this year's symposium is "VA and DOD Leading the Way in Simulation in Eye Care." Many VAs across the United States have purchased ophthalmology surgical simulators and have actively integrated their usage into the residents' surgical education. In this special session, VA and DOD representatives will discuss how the VA and DOD healthcare systems are advancing the use of simulation technologies in eye care. Topics include residency training, skills transfer, trauma training, patient safety, competency maintenance and the future of simulation technology. AUPO members with joint VA appointments may request AVAO membership information by emailing Stephen Moss at smoss@aa.org. For individuals interested in joining the AVAO Executive Board, we are currently soliciting nominations for the Secretary position. For information on this position, please contact Stephen Moss. ■

AAO Mid-Year Forum 2013, Washington, D.C.

BY JOEL S. SCHUMAN, MD

I ATTENDED the American Academy of Ophthalmology (AAO) Mid-Year Forum in Washington, D.C. from April 10-13, 2013, in my role as AAO Councilor representing the Association of University Professors of Ophthalmology (AUPO). This was the 21st Annual Mid-Year Forum, which includes a council meeting for all state representatives and all representatives of the subspecialty organizations. Prior to the start of the Mid-Year Forum, there was the Congressional Advocacy Day at the U.S. Capitol.

There are three primary components of the Mid-Year Forum: Congressional Advocacy Day, Mid-Year Forum sessions and the council meeting.

During Congressional Advocacy Day, ophthalmologists, including many of the record 160 registered Advocacy Ambassadors, visited members of Congress and their staff. Priority messages were delivered on fair and stable Medicare reimbursement and on support for new electronic health records legislation that would make changes that could improve physician adoption of electronic health records.

The Mid-Year Forum included an opening session, a general session, two hearings and a closing session. The opening session featured, “Eyes Wide Open . . . What Ophthalmologists Need to Know to Navigate Integrated Healthcare.” This session provided an overview of Clinically-Integrated Networks (CINs) and Accountable Care Organizations (ACOs), real-world examples and actionable advice for a successful future in ophthalmology. High priority objectives revealed by the session included that the Academy should continue to provide advocacy, education and information about the evolving CIN and ACO environment, and that ophthalmologists must educate themselves on the various forms of integration, evaluate their options and make informed decisions about the future of their businesses and careers. Factors to be considered include quality of care, financial impact, and professional and lifestyle choices.

The general session included, “The Workforce Puzzle: Uses and Abuses of Mid-Level Practice Extenders.” There were 83,466 practicing physician assistants (PAs) in 2010, with growth to 104,000 projected in 2018. PAs are increasingly being viewed as a mechanism to provide attention to the expected growing number of people in need of eye care, in addition to ophthalmologists and optometrists, but come with their own special advantages and challenges.

There were two hearings: “EHRs: Improve Quality, Cost-Effectiveness and Your Headaches,” and, “The Confounding Situation with Compounded Drugs: The Risks and Impact for Ophthalmology.” The closing session, “Patient-Centered Care: I Can’t Get No Satisfaction,” focused on the meaning of patient-centered care and the importance of the patient’s point of view in addressing issues of safety and quality. The session also provided tools for the clinician in incorporating patient-centered care and partnering with patients in organizations and practices.

The Council Meeting. The council functions as the Policy Advisory Body (102 state, subspecialty and specialized interest leaders) to AAO’s Board of Trustees. Councilors represent ophthalmologists in the states and in national subspecialty/specialized interest societies. Councilors met in a general session, in nine regional meetings, in a state section and also in a subspecialty/specialized interest section. In addition, there was a Council Advisory Recommendation (CAR) hearing where councilors introduced various issues to AAO’s Board to consider and prioritize. The council produces CARs, which are recommendations to the AAO Board about the specific issues, programs, and/or products on which to focus. There was much discussion on the importance of state ophthalmology society membership and collaborative programs with state ophthalmology societies.

The AAO Council met for the final two days of the meeting. The council meeting provides state council representatives and subspecialty organizations an opportunity to submit CARs to AAO regarding issues of concern to AAO members. At the April 13 CAR hearing, nine CARs were referred to the AAO Board of Trustees (BOT) for determination of next steps. The CAR Hearing Report can be reviewed at <http://www.aaopt.org/about/governance/council/upload/2013-CAR-Hearing-Report.pdf> for the outcomes of the discussions. The BOT met to discuss the referred CARs, all of which were approved. Progress of the CARs throughout the year can be followed via the CAR online database at <https://secure.aaopt.org/apps/Default.aspx?tabid=409>. 2014 CAR submissions will be available January 1. Special appreciation is extended to Dr. Melissa G. Toyos, Missouri, and Dr. Thomas M. Aaberg, Retina Society, who commendably served as chair and co-chair, respectively, for the CAR hearing. Congratulations are due to Dr. Ann A. Warn, and Dr. Mathew W. MacCumber, elected council

continued on page 13

AAO Mid-Year Forum 2013, Washington, D.C.
continued from page 12

chair and vice-chair, respectively, during the April meeting in Washington, D.C.

The council meeting proper included an AAO BOT update, a discussion of the Medicare Resource-Based Relative Value Scale Committee (RUC) process, an update on Federal Affairs Issues, a session reviewing AAO's Task Force on Centers for Innovation, an AAO Registry Update, and a conversation on AAO's Choosing Wisely® campaign.

The importance of support from organizations representing the needs of ophthalmologists was emphasized at the meeting. In addition to being active members at the state and national levels, it was stressed that all AAO members should contribute to AAO's Surgical Scope Fund, their State Eye

Political Action Committee and the AAO Political Committee (OPHTHPAC), and this support should be viewed as the "cost of doing business." One area of particular note has been the critical role of the Surgical Scope Fund. AAO, in concert with state ophthalmology societies, has been able to reject optometry surgical initiatives, this year in particular in Louisiana.

AUPO was strongly represented at this meeting by Drs. Paul Sternberg, Jr., AAO President, Russell N. Van Gelder, outgoing Chair of the Council, John Sutphin, Councilor for the American Board of Ophthalmology, and James Tsai, Councilor for the American Glaucoma Society. Finally, while my term as Section Representative to the AAO Nominating Committee ends on December 31, 2013, I have been asked and have agreed to serve a second term as AUPO Councilor to the AAO, ending December 31, 2016. ■

Time Management Symposium

BY JULIA A. HALLER, MD

SATURDAY MORNING AT THE 2013 AUPO Meeting featured a special symposium on time management. The symposium began with a panel titled, "Time/Life Management: Tips from the Front Lines," with each speaker focusing on one aspect of work "outside the office of the chair" that they have found compelling enough to find time for in their busy schedules, and have developed some expertise in. Dr. Paul Sternberg discussed his volunteer commitments in Nashville in "Finding Time for Leadership in the Arts and the Community," and Dr. Joan O'Brien clued us in on her strategies for maintaining a busy research endeavor and laboratory while chairing the University of Pennsylvania's ophthalmology program in "Research Time: Focusing Your Strengths to Benefit Your Department." Dr. Randall Olson talked about keeping up a busy clinical practice while serving as chair in "Can I Find Time to Still Be a Surgeon?" Dr. Dan Martin addressed the topic "Institutional Leadership Too? The Cleveland Clinic and Me," which focused on his role in the overall Cleveland Clinic Foundation operations. The final topic was Dr. George Williams', which dealt with adding to his busy schedule "The Big World of Medicine and Governmental Affairs," as he has accomplished so successfully.

The morning continued with a special lecture by Wayne Pepper, Senior Coach with the David Allen Company, famous for "GTD," the shorthand brand for "Getting Things Done®," the work-life management system. GTD describes

itself as providing "concrete solutions for transforming overwhelm and uncertainty into an integrated system of stress-free productivity." Taking as his topic, "Keys to Getting Things Done," Pepper spoke from his vantage point of many years of consulting, private coaching, and running training and organizational programs. In a very interactive format, specific organizational steps were outlined, including:

- Managing your workflow seamlessly (the steps being Collect, Process, Organize, Review, and Do)
- Making clear decisions on your projects and actions
- Creating your draft GTD system for managing your projects and actions
- Getting your email to zero on a regular basis
- Organizing your projects and related pieces
- Efficiently dealing with filing
- Overcoming procrastination
- Prioritizing

Members departed with David Allen's original *Getting Things Done* paperback, and new insights into surmounting time management obstacles, resolved to really organize their lives once and for all! ■

Update: Special Interest Group on Ambulatory Surgery

BY ERIC POSTEL, MD

THE SPECIAL INTEREST GROUP on Ambulatory Surgery convened on January 31, 2013 to discuss ophthalmic operating room (OR) safety and efficiency in academic medical centers (AMCs). Drs. Randall Olson and Eric Postel framed and led the discussion. The panel included Drs. Roger Steinert, Daniel Martin, and Carolyn Kloeck. As a result of the extremely positive feedback and interest among the many participants, an ad-hoc Committee on OR Safety and Efficiency (ORSEC) was formed. The members of the committee include the following ophthalmologists: Drs. Daniel Martin, Roger Steinert, Carolyn Kloeck, and Oscar Cruz; an anesthesiologist, Dr. Joseph Bayes; an administrator, Ms. Sigrid Button; and registered nurses, Ms. Bella Almario and Ms. Carol George. It is chaired by Dr. Postel.

The committee was tasked to:

1. Create a white paper outlining the problems and general stance of AUPO;
2. Create or determine appropriate benchmarks;
3. Examine best practices, both inside and outside of academia, and share lessons learned;
4. Enhance mentorship and alignment among ophthalmology perioperative care in AMCs to improve overall OR safety and efficiency;
5. Advocate for ophthalmology at all levels.

ORSEC completed and submitted the draft white paper to the AUPO Board of Trustees in July and is currently collecting metrics for analysis. The white paper was well received by the board, in particular the emphasis on safety and efficiency in an educational/academic environment. A rough timeline for the committee's tasks has been suggested, culminating in a workshop at the AUPO meeting in 2015. A brief summary of the white paper follows:

Ophthalmic surgical care delivery in AMCs can be safer and more efficient. While the healthcare industry is appropriately concerned with safety and outcomes, the downward pressure on costs and reimbursement mandates more efficient care delivery.

Appropriate infrastructure, care models, and support are frequently not provided to departments (or divisions) of ophthalmology due to marginalization of the specialty and competing hospital/health system priorities.

Ophthalmic care is vital to help address ongoing national healthcare challenges in our aging population, and plays an

important role in the treatment of common systemic diseases such as diabetes. Visual function has profound bearing on quality of life, and loss of vision has marked socioeconomic effects. For these reasons and more, departments of ophthalmology in AMCs should be positioned to deliver the safest and best care, while providing exemplary customer service and fostering staff satisfaction and fiscal responsibility, all in an academic environment.

Optimal delivery of ophthalmic surgical care should be a centerpiece of best practice/care models at major AMCs because health care evolution, financial pressure, patient and caregiver well-being demand it. Ophthalmology represents a mature, fast-paced medical/surgical care system for patients of all ages that can serve as a model for medical care delivery, as care transitions from the inpatient to outpatient arena, nationally. ■

AUPO Board Meeting Highlights July 18, 2013

- Approved audited financial statements and tax filing documentation.
- Approved Dr. Andreas Lauer as the 2013–2014 Straatsma Award winner.
- Recommended minor bylaws revisions for approval by the membership in 2014.
- Appointed Dr. Joel Schuman to a second term as AUPO's representative to the AAO Council.
- Finalized Annual Meeting program plans for the 2014 meeting.
- Identified potential sites for the 2015 and 2016 Annual Meetings; 2015 — Arizona; 2016 — Florida.
- Reviewed the report and draft white paper produced by the OR Efficiency and Safety Task Force.
- Agreed not to increase dues next year.
- Approved revisions to the Program Directors Council role and responsibility document.
- Updated policy statements for AUPO and the residency and fellowship matches.
- Established a task force to explore residency training models.



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



THE AUPO FELLOWSHIP Compliance Committee (FCC) and the compliant fellowship programs were very active during the summer months. During the months of June – August, the AUPO FCC monitors the compliance of individual fellowship programs using each of the subspecialty program requirements. As part of the monitoring process, graduating fellow exit surveys and program triennial reviews were conducted. In 2013 there were 63 reviews conducted

and 278 exit surveys submitted; this represents an increase of six reviews and five exit surveys over 2012. Results of continued compliance will be shared with each individual program and posted on the AUPO FCC website during the month of October. All AUPO FCC compliant fellowship programs are listed on the website www.aupofcc.org and on the San Francisco Fellowship Match website, www.sfmach.org.

| 2013 Triennial/Quadrennial Reviews Conducted | |
|--|----|
| CORNEA | 10 |
| GLAUCOMA | 20 |
| NEURO-OPHTHALMOLOGY | 0 |
| ONCOLOGY & PATHOLOGY | 0 |
| PEDIATRIC OPHTHALMOLOGY | 21 |
| SURGICAL RETINA | 6 |
| UVEITIS | 0 |

| 2013 Exit Surveys Completed | |
|-----------------------------|----|
| CORNEA | 78 |
| GLAUCOMA | 53 |
| NEURO-OPHTHALMOLOGY | 23 |
| ONCOLOGY & PATHOLOGY | 3 |
| PEDIATRIC OPHTHALMOLOGY | 47 |
| SURGICAL RETINA | 57 |
| UVEITIS | 12 |

Are you letting your residents know about the AUPO FCC process? In August, the AUPO FCC reached out to first- and second-year ophthalmology residents via an email blast to inform them early in their ophthalmology education about subspecialty fellowships and the AUPO FCC process. We shared the current

list of AUPO FCC-compliant programs and emphasized that by choosing a compliant program, residents could be assured that oversight of educational standards, accountability, and enforcement are being applied, with the primary objectives being protection of the public and protection of trainees.

AUPO FCC OFFERS:

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

Please let your residents know about the AUPO FCC process!

For more information, visit www.aupofcc.org or send us an email at aupofcc@aao.org.

THINGS YOU SHOULD KNOW

Dues News

RENEW YOUR DUES! Renewing AUPO members and associate members can pay dues using either a Visa, MasterCard, or check. Online dues renewal is encouraged! To pay online please login to My Profile located on the membership page of the AUPO website. Please contact the AUPO office at 415-561-8548 if you need to reset your username and/or password.

Medical student educators and research directors may join AUPO as associate members. Information about the activities of the Council of the Medical Student Educators can be found on their dedicated website, www.aupomse.org. Please call the AUPO office at 415-561-8548 for an application. Encourage your medical student educator and research director to get involved with this growing part of our membership!

Annual meeting registration will open in October 2013. If your 2013–2014 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 dues status. Contact Larry McGranahan at 319-356-2866 or larry-mcgranahan@uiowa.edu about your administrator dues status. The information needed to reserve a hotel room at the AUPO-negotiated rate will only be provided after registering for the annual meeting.

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

CHAIR

| | | |
|-------------------------|----------------|---|
| Barker-Griffith, Ann E. | Syracuse, NY | SUNY Upstate |
| Gross, Ronald L. | Morgantown, WV | West Virginia University |
| Jeng, Bennie | Baltimore, MD | University of Maryland |
| Maberley, David | Vancouver, BC | University of British Columbia |
| Nguyen, Quan Dong | Omaha, NE | University of Nebraska Medical Center |
| Sidoti, Paul A. | New York, NY | New York Medical College/New York Eye & Ear Infirmary |

PROGRAM DIRECTOR

| | | |
|-------------------------|----------------|---|
| Do, Diana | Omaha, NE | University of Nebraska Medical Center |
| Dwarakanathan, Surendar | Chicago, IL | John H. Stoger, Jr. Hospital of Cook County |
| Friedel, Samuel D. | Baltimore, MD | University of Maryland |
| Gupta, Anita | New York, NY | New York Eye and Ear Infirmary |
| Jung, Hoon | Buffalo, NY | SUNY Buffalo |
| McNally, Lois | Brooklyn, NY | SUNY Downstate |
| Srikumaran, Divya | Baltimore, MD | Johns Hopkins/Wilmer Eye Institute |
| Tsai, Patrick | Tucson, AZ | University of Arizona |
| Weller, Samantha | Loma Linda, CA | Loma Linda University |

MEDICAL STUDENT EDUCATOR

| | | |
|-------------------|-----------------------|---|
| Bourne, Carla | Tampa, FL | University of South Florida |
| Cook, Laura D. | Charlottesville, VA | University of Virginia School of Medicine |
| Ewald, Mark D. | Nashville, TN | Vanderbilt Eye Institute |
| Goldman, David J. | Grosse Point Park, MI | Henry Ford Hospital |
| Kodsi, Sylvia | Great Neck, NY | North Shore LIJ Health System |
| Priti, Batta | New York, NY | New York Eye & Ear Infirmary |

RESEARCH DIRECTOR

| | | |
|-------------------|--------------|---------------------------------------|
| Bartoli, Manuela | Augusta, GA | Georgia Regents University |
| Goldberg, Jeffrey | La Jolla, CA | UC San Diego/Shiley Eye Center |
| Thoreson, Wallace | Omaha, NE | University of Nebraska Medical Center |
| Wong, Agnes | Toronto, ON | University of Toronto |



Association of University Professors of Ophthalmology

AUPO/RPB Resident and Fellow Research Forum

ABSTRACT SUBMISSION DEADLINE: OCTOBER 1, 2013

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 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 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 Oscar A. Cruz, MD, 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 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. An AUPO Committee 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 2014 Forum will be held at the Doral Resort & Spa, Miami, Florida, on Friday, January 31, 2014. 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, and to its Board of Directors, 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.org/awards/awards.html

FACULTY POSITIONS AVAILABLE

SEPTEMBER 2013

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

Albert Einstein College of Medicine and Montefiore Medical Center Department of Ophthalmology and Visual Sciences
Comprehensive Ophthalmologist

Case Western Reserve Department of Ophthalmology and Visual Sciences
Retinal Specialist

Indiana University School of Medicine Eugene and Marilyn Glick Eye Institute
Assistant/Associate/Senior Scientist of Ophthalmology — Basic Science Research
Research Associate

Loyola University Department of Ophthalmology
Full Time Cornea Fellowship Trained Ophthalmologist

LSU Health Sciences Center Department of Ophthalmology
Associate or Full Professor — Research
Assistant or Associate Professor — Research
General Ophthalmology
Oculoplastics
Retina
Optometrist (full-time faculty position)

Queen's University at Kingston Department of Ophthalmology
Pediatric Ophthalmologist

San Francisco General Hospital UCSF Department of Ophthalmology
Chief of Ophthalmology -San Francisco General Hospital, San Francisco Faculty-UCSF Department of Ophthalmology

State University of New York at Buffalo Ross Eye Institute
Corneal Surgeon

University of Florida, Gainesville Department of Ophthalmology
Pediatric Ophthalmologist – Assistant/Associate/Professor
Vitreoretinal Specialist
Assistant/Associate Professor of Corneal/External Disease and Refractive Surgery
Assistant/Associate Professor Neuro-Ophthalmology
Assistant/Associate/Professor of Glaucoma

University of Florida, Gainesville/ Veteran's Administration Medical Center Department of Ophthalmology
Adjunct Appointment - Glaucoma Specialist

University of Iowa Department of Ophthalmology and Visual Sciences
Glaucoma

University of Miami Miller School of Medicine Bascom Palmer Eye Institute
Ophthalmologist: Oculoplastics

University of Texas Southwestern Medical Center Department of Ophthalmology
Ophthalmologist – Glaucoma
Ophthalmologist - Vitreo-Retinal
Pediatric Ophthalmologist Position

West Virginia University Eye Institute West Virginia University School of Medicine
Corneal/External Disease and Refractive Surgery

2013 Straatsma Award Recipient: Andreas K. Lauer, MD



AUPO WISHES TO CONGRATULATE **Andreas K. Lauer, MD**, as the recipient of the 2013 Straatsma Award for Excellence in Resident Education. Dr. Lauer is currently the Residency Program Director at the Department of Ophthalmology, Casey Eye Institute, Oregon Health and Science University. This award is sponsored by the American Academy of Ophthalmology and AUPO, and Dr. Lauer will make presentations at both Annual Meetings.

AUPO CHAIR MENTORING PROGRAM

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

AUPO COMPENSATION SURVEY RESULTS

HAVE YOU PURCHASED a copy of the 2012 AUPO compensation survey results? This comprehensive survey represents data from seventy-two AUPO member organizations across the U.S. and includes a comparison of 2006 v. 2012 compensation and productivity data. To purchase a copy of the report contact the AUPO office. The signature of the department chair on the order is required as confirmation of knowledge of the request and agreement to maintain confidentiality. ■

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:

Jane Sardelle

Cole Eye Institute, Cleveland Clinic

9500 Euclid Avenue, i-13

Cleveland, OH 44195

www.heed.org • Phone: 216-445-8145 • Fax: 216-444-8968

VOLUNTEER OPPORTUNITY

Bangladesh

THE ISPAHANI ISLAMIA EYE HOSPITAL in Dhaka, the largest, oldest and most active eye hospital in Bangladesh, seeks volunteer ophthalmologists to speak and provide hands-on training for the full-time ophthalmologists who work at the hospital. Islamia is a busy eye hospital (2000 outpatients and over 100 surgeries per day), and has a staff of around 25 full-time consultants and 85 ophthalmologists/trainees/residents/fellows. Most of the doctors at Islamia speak English, and the academic sessions are conducted in English.

Islamia has up-to-date equipment, but is starved for contact with specialists from other countries. A new auditorium that can seat 130 or more will be open in October, and a suite of 10 new operating theaters has recently started functioning.

Bangladesh as a country has around 600 ophthalmologists for 168 million people, and of these, only 60% of the ophthalmologists perform surgery.

This is an ideal opportunity for those who would like to contribute to the advancement of enthusiastic and competent ophthalmologists in a developing country, and also for individuals who may already be planning to travel to India this fall or winter.

For more information, please contact Steven Roy MD, MBA, who is CEO of the hospital. He can be reached at: stevenroyieh@gmail.com or steven.roy@islamia.org.bd. Islamia also has a website that contains much information about the hospital: www.islamia.org.bd. ■

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