



NEWS & VIEWS

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

FALL 2015

PRESIDENT'S PERSPECTIVE

50 Years. One Voice.

BY JULIA A. HALLER, MD



... In 1964, a group of eminent academics met in Chicago to discuss establishing the Association of University Professors of Ophthalmology (AUPO). Snowed in at the Chicago airport, Maumenee, McLean, Hogan, Becker, and Cogan discussed their vision for AUPO, which led to a talk about a separate eye institute. Maumenee remembers that the question then came up, "Shouldn't we see if we could get out from under the Institute of Neurological Diseases and Blindness and get a national eye institute started?"

—Carl Kupfer, Edward McManus, Nancy Berlage,
History of the National Eye Institute 1968–2000, 2009, pp 21–22.

THE AUPO, FIFTY YEARS OLD THIS YEAR, grew out of a blizzard-aided effort by a small and elite group of leaders in ophthalmology to pull together all the U.S. academic eye departments, in large part for advocacy, with the push for a National Eye Institute (NEI) being the first big collaborative project. At that time eye research was fragmented and poorly funded, deprioritized in the Institute for Neurological Diseases and Blindness. Jules Stein had established Research to Prevent Blindness (RPB) in 1960, and he and director David Weeks teamed with the nascent academic group from the earliest days, setting the stage for what has now been a half century of continued partnership, growth, and collaboration between the NEI, RPB, and the AUPO.

Building on the early landmark success with the NEI, the AUPO went on to make huge strides in knitting together the disparate factions in American academic ophthalmology, and developing many of what we now think of as standard operations and institutions in our field.

Initially including only chairs of U.S. university medical school eye departments in its number, the AUPO expanded to include all directors of departments with accredited residency programs, then enlarged to enfranchise Canadian chairs and

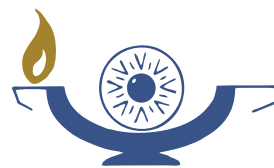
programs directors, and then added research directors and medical student education directors in 2006 and 2009 respectively.

Today's members are mostly unaware that until 1965, academic leaders in America were isolated and on their own, without any national level of support, advice, and collaboration. After 1965, AUPO filled this void, developing an annual meeting where a program of symposia could inform and update its membership, help carve out best practices, and allow for informal mentoring and networking. Longtime members still speak fondly of the "walks on the beach" where they discovered that their brethren had issues to confront just like their own—and could help with sympathy and advice!

The historical AUPO partnership with RPB blossomed further into a half century of grant and operational support, the development of a Resident and Fellow Research Forum, institution of a Physician-Scientist Award, and opportunities for collegial interchange and planning.

The San Francisco residency match was established, permitting medical students for the first time to send in a single common application and rank their residency choices with one match, rather than interviewing at each program separately and engaging in a complicated and stressful negotiation process when the offers came in.

continued on page 2



AUPO
1966–2016

50TH ANNIVERSARY

50 YEARS. ONE VOICE.

President's Perspective
continued from page 1

The Straatsma Award for Excellence in Residency Education was established in 2002, the AUPO FCC Compliance Committee began codifying fellowship training requirements in 2005, salary surveys were planned and completed, an Introduction to Clinical Research Course was developed, and a formal mentoring program for new chairs instituted. It's been a busy and productive 50 years!

50 Years. One Voice.

As we embarked on planning an appropriately special 50th anniversary celebration and meeting, it quickly became apparent that most AUPO members today can't remember a time when the organization wasn't there—and have little concept of its origins, early days, or contributions.

We would like to correct that in 2016.

Why is this important? Because we are at an important juncture for the AUPO where we are ideally poised to rededicate ourselves to our mission and re-energize the organization for the new challenges ahead for academic ophthalmology. Celebrating our history and accomplishments in the last half century is a terrific start to strategic planning for the next.

We look forward to joining with you in a unique and special 2016 meeting where we gaze back with respect and pride and forward with leadership and innovation. From its embryonic days as a discussion in snowbound Chicago to its golden anniversary on the warm sands of Fort Lauderdale, the AUPO has made an indelible mark on American ophthalmology. We hope you will join us to celebrate, to learn, to network and to engage. Our golden anniversary is a golden opportunity for us all! I look forward to seeing you there! ■

FROM THE EXECUTIVE VICE PRESIDENT

“See” Natural

Report of the Prevent Blindness—Focus on Eye Health National Summit

BY STEVEN E. FELDON, MD, MBA



ON JUNE 17, 2015 a symposium was held addressing population eye health. The symposium began with a talk on the Institute of Medicine consensus study to “examine the core principles and public health strategies to reduce visual impairment and promote eye health in the United States,” given by Rose Martinez, ScD, Institute of Medicine. This report will include a characterization of the public health burden, a discussion of innovative models of care, technologies, and barriers, as well as an examination of the research on public health interventions. The report will also explore evaluation and implementation strategies for evidence-based health promotion interventions and identification of short and long-term strategies to promote vision and eye health as public health priorities. Committee membership includes researchers in public health, academic optometry, and academic ophthalmology (Dr. Higginbotham, Dr. Coleman, Dr. Varma).

Susan Dentzer, Senior Policy Adviser to the Robert Wood Johnson Foundation, reviewed the Affordable Care

Act implementation to date, including the implications of expanded coverage and new forms of payment/care delivery. The new model rewards health outcomes and population health at a lower cost and with an improved patient experience. This model emphasizes improved quality, safety, and evidence-based care. Health and Human Services wants to achieve 50% of Medicare payments by alternative model (based on fee-for-service with payment linked to efficacy or population-based payment) by 2018. She emphasized that there are 10s of millions newly insured with guaranteed access to coverage and that pediatric vision screening and care is covered for all children up to the age of five years.

Dr. William Rich III, AAO Medical Director of Health Policy, discussed the potential of the IRIS registry as “Beyond Devices and Drugs: An Innovative Game Changer.” He emphasized the need to demonstrate evidence-based effectiveness for care without the expense of randomized clinical trials. The proposed answer is Intelligent Research in Sight (IRIS): An Ophthalmic Clinical Registry, created to access

continued on page 3

From the Executive Vice President
continued from page 2

data stored in Electronic Health Records around a single registry. The goal is to have 8,000 ophthalmologists enrolled by 2017 covering an estimated 152 million visits by 48 million patients. IRIS can be used to follow patients longitudinally using probabilistic matching to measure drug, device, and procedure impact on the natural course of disease. He gave an impressive example of the power of IRIS by demonstrating that the incidence of endophthalmitis does not differ among Avastin, Lucentis, and Eylea, measured at 0.09–0.12% across a sample size totaling 825,000 injections.

An invited talk by Gregory Hageman, Executive Director, Moran Center for Translational Medicine at University of Utah, discussed new genetic approaches to research in macular degeneration. Dr. Jorge Cuadros, Director of Informatics

Research, University of California at Berkeley, discussed the growth of telemedicine programs for detection of diabetic retinopathy along with difficulties in ensuring follow-up care and changing patient behaviors. The session ended with a discussion about “Meeting Vision Challenges of Space Travel While Helping Mankind” by Bob Main, who is CEO of Web Vision Centers and Advisor to NASA for Eye Care Technology.

Why have I taken up a lot of space in News & Views to give our AUPO readership a synopsis of an eye health meeting? Because many of these efforts at eye health screening and education are being driven by health policy experts and optometrists, with ophthalmology only scarcely represented on the podium or in the audience. Unless we in academic ophthalmology embrace the principles and initiate the programs directed at eye health, we will be playing the second fiddle rather than composing and directing the program. ■

Program Directors Council Update

BY THOMAS A. OETTING, MD

THE FIFTY YEAR ANNIVERSARY of AUPO gives us a chance to look back and thank our pioneers in the program director business. When AUPO started 50 years ago, chairs assumed responsibility for residency training. By 1990 and with the involvement of the Accreditation Council for Graduate Medical Education (ACGME), managing residents became more burdensome and most chairs delegated resident duties to program directors. Largely these duties were assigned to the newest faculty recruit and there was little respect or prestige accorded the job. Consequently, tenure of program directors was very short (2.7 years!) and the position did not provide a good career track. Thanks to AUPO and past leaders on the Program Directors Council (PDC) this has completely changed. The driver of this change was the growing consensus that residents were the future of ophthalmology and that their training had to be taken more seriously.

The history goes something like this. As program directors began to join departments, the AUPO board voted to include them into AUPO as associate members. This allowed program directors a place to meet. At first program directors were not a huge part of AUPO meetings—a bit of a small side show. But what started slowly grew. Eventually, program directors controlled a significant portion of the meeting content and had meaningful say. But change does not happen easily.

There seems to have been two parallel efforts that came together. One was a group of program directors including Andy

Lee, Keith Carter, Karl Golnik, Tony Arnold, Alfredo Sadun, and Nicholas Volpe who saw the need for program director specific content and developed a meeting called Educating the Educators (EE). While the EE meeting seems to have started as a result of these AUPO associate members mingling at AUPO meetings, the original EE meeting was separate from AUPO. The first EE meeting was held in Iowa City, Iowa, the second in Cincinnati, Ohio and then AUPO assumed the organization and infrastructure for the meeting.

In a parallel effort, the AUPO board organized a task force, then a committee, followed by the PDC to help guide the organization in matters of resident education. The PDC first took on a formal governance, and then organized content at the AUPO and AAO meetings and advised the AUPO board on matters related to resident education like the match, OKAP, and ACGME. Eventually these two efforts came together to our current situation where we have the EE meeting as an important part of the AUPO meeting, and we make significant contributions to the program content annually.

The exact history of the PDC has been tricky for me to sort out. Alfredo Sadun, Andy Lee, Tony Arnold and Nicholas Volpe were clearly involved in the first PDC around 2001. Sadun and Volpe were the first two presidents. The PDC matched the composition of today with 7 members when Paul Langer, Tony Arnold, Jay Lustbader, Jack Cohen and JP Dunn

continued on page 4

Program Directors Council Update
continued from page 3

joined Drs. Volpe and Sadun. Maria Aaron and Karl Gornik joined the next year. For those of us in the ophthalmology program director business these (including those who started the EE) are our heroes, our hall of fame. They set the tone which has made the PDC a viable voice for program directors. Most importantly for many of us, they helped to establish program directors as a separate track to a laudable career.

It is an honor for us (Laura Wayman, Natalie Kerr, Shahzad

Mian, Jake Waxman, Michael Siatkowski, and Laura Green), to serve you on the PDC. We hope to continue in some small way to advance the station of program directors and more importantly to enhance the education of our residents. We thank those early program director leaders who worked for greater inclusion in AUPO. We thank AUPO and its forward thinking board for the increasingly important role that program directors have played in the organization. Thanks to our past leaders, most program directors now feel like we are an integral part of the AUPO organization and mission. ■

Administrators Update

BY BOB LAFOLLETTE, MBA, CMPE

THIS IS A VERY MEMORABLE YEAR for the University Administrators of Ophthalmology (UAO). I am excited about the excellent programs planned at our summer UAO board meeting for the upcoming 50th Anniversary AUPO annual meeting in Ft. Lauderdale, Florida. At the same time, as we look forward as an organization, we are saddened at the passing of our UAO president John Meade, a true loss to the profession and personal loss to all who knew John. In recognition of John and his service to the organization we will have a named lecture in his honor. The inaugural presentation will be given by Jeffrey C. (Jeff) Bauer, PhD, health futurist and medical economist at our annual meeting.

The 2016 meeting will carry forward several of the important initiatives and themes from the past. We know from our own experiences as well as the topics that flowed through the administrator's listserv that our members are focused on the challenging economic, organizational and operational changes as health care evolves. The theme of staying relevant as we manage our organizations for the future calls for continued adjustment in our plans and has become a way of life. I am confident the presenters and content at the upcoming meeting will provide ideas and encouragement on how to make those adjustments.

It takes many people to create the type of annual meeting that leaves attendees feeling they have gained new insights and increased their passion to return to their organizations and make a difference. I appreciate that Michelle Chizek, Administrator from University of Wisconsin, has matriculated to the vice-president role on the board and will be instrumental in leading our 2016 meeting. In follow up to our work with the Joint Commission on Allied Health Personnel

in Ophthalmology (JCAHPO), Lynn Anderson, PhD, Chief Executive Officer of the organization, will join us again for an update on the committee's work and recommendations. We express our appreciation to UAO members Jenny Hinebaugh and Terri Merrick for their work on this important initiative. Ricky Bass, longtime UAO member and now executive consultant at American Academy of Ophthalmic Executives (AAOE) will participate in follow-up on opportunities available through AAOE to improve clinical benchmarking, physician compensation, productivity measures and other methods that are valuable to our members. UAO members on this committee include Tim Cibula (University of Washington), Brent Price (University of Utah), Roger Pinkert (UT Southwestern), Seena Salyani (University of South Florida) and Jeff Good (Northwestern University).

The membership survey endorsed increasing joint participation with AUPO. At the invitation of Dr. David Quillen, we will participate as a group in the benchmarking workshop Saturday morning 10:45–noon. In addition, we will be joining and participating in the President's Symposium, "Ophthalmology: Past, Present, and Future," chaired by Dr. Julia Haller Friday from 8:00–10:00 am.

Thelma de Souza has identified some fun and delicious options for our social event Thursday afternoon. This time represents an opportunity to network on a more casual and in-depth basis. For those who have participated in the past, you know this is the perfect combination of fun and intelligence gathering. Thank you Thelma!

2015–16 will be a year of changes for UAO. Larry McGranahan, University of Iowa and UAO treasurer will retire at the

continued on page 5

Administrators Update

continued from page 4

end of August. We owe Larry a debt of gratitude for all he has done for UAO over the years. Recent board member Craig Kishaba, from University of California, San Diego accepted the Treasurer duties upon Larry's retirement. Jenny Hinebaugh, University of Virginia accepted the Secretary role with Michelle assuming the Vice-President role. Last, UAO board member-at-large Seena Salyani announced he would be leaving his role as ophthalmology administrator at the University of South Florida. We thank Seena for his active participation with the listserv, presentations at annual meetings, service on the benchmarking committee and his service on the board. I will be seeking members interested in filling the open board positions prior to elections at our annual meeting.

I am enthusiastic about the future, especially with the leadership of Dr. Steven Feldon at the helm of AUPO as Executive

Vice President. He shared his vision of how the various facets of the AUPO—Chairs, Program Directors, Medical Student Educators, and Research Directors, in conjunction with UAO, a separate but closely related organization, can be more impactful. We are working to operationalize that vision by participation on a steering committee made up of representatives from the various groups. Stay tuned for more on this as we are exploring important organizational alignments to ensure we remain relevant and the driving force for academic ophthalmology in the United States and internationally.

We are privileged to have the continued service of Wayne Imbrescia, University of Utah and current Past President on the board to help navigate our way forward. I wish you great success this year and look forward to your participation at the 2016 meeting. If there is anything the board or I can do to assist you in your personal and professional success please let me know. ■

Medical Student Educators Council Update

BY SUSAN FORSTER, MD

AS THE NEWEST ADDITION TO AUPO, the Medical Student Educators have a seven member council consisting of president, past president, president-elect, secretary, and three at-large members with the objective of supporting U.S. and Canadian medical student program directors. The mission of the Medical Student Educators Council (MSEC) is to promote integration of core ophthalmic knowledge and skills within the required medical school curriculum, and to assist medical student education directors in their academic and administrative responsibilities. We are supported and funded by the AUPO Board of Trustees, to whom we report and from which we derive our budget.

Dr. Susan Forster, Department of Ophthalmology and Visual Science, Yale School of Medicine is our current president; Dr. Linda Lippa, Department of Ophthalmology, University of California Irvine, School of Medicine is our recent past president; Dr. Rukhsana Mirza, Department of Ophthalmology, Northwestern University Medical School is our president-elect; Dr. Joann Giaconi, Jules Stein Eye Institute, University of California Los Angeles, School of Medicine is our secretary; Dr. Jamie Rosenberg, Montefiore Medical Center, Albert Einstein College of Medicine of Yeshiva University is a member-at-large. We welcome Dr. Emily Graubart, Department of Ophthalmology, Emory Eye Center,

Emory University and Prithvi Sankar, Department of Ophthalmology, Scheie Eye Center, University of Pennsylvania as members-at-large. We want to thank Dr. Jake Waxman and Dr. Hilary Beaver who are not formal members of the Council but have generously donated skills and wisdom to the council in ex-officio roles.

Drs. Waxman and Rosenberg have focused the technology subcommittee on improving our AUPO Med Ed website. The website, located at <http://www.aupomse.org/>, includes a section for innovative and helpful teaching tools that we can share. All listserv communication will also be posted on the news feed portion of the website. Please check it out and consider posting material you feel would be valuable to medical student educators.

Another focus of the MSEC this year has been to heighten our involvement in the American Association of Medical Colleges (AAMC). Several members will attend the AAMC meeting in Baltimore along with our liaison Stuart Fine representing the AUPO, and liaison Jake Waxman representing the American Academy of Ophthalmology (AAO). We encourage any members who can, to attend the meetings Learn Serve Lead 2015: The AAMC Annual Meeting

continued on page 6

Medical Student Educators Council Update
continued from page 5

November 6-10 in Baltimore, and the 2015 AAMC Medical Education Meeting, November 10-12. Please contact either Jake Waxman at waxmane@upmc.edu, or Suzie Forster at susan.forster@yale.edu if you can attend any portion of the meeting so that you can be part of the ophthalmology planning group.

This year we have worked in conjunction with AUPO's Program Directors Council (PDC) to develop a Thursday afternoon workshop at the 2016 AUPO Annual Meeting focused on team based learning. The program will be limited to 100 participants so sign up early. The workshop will be lead by Dr. Alex J. Mechaber, Professor of Medicine & Senior Associate Dean for Undergraduate Medical Education and David P. Green, MS, Senior Instructional Designer, University of Miami Teaching and Learning Center. The workshop is designed to help faculty generate high-quality prototypes

of blended course redesigns using innovative educational methodologies. Large group sessions will provide opportunities for discussions and demonstrations of various techniques from "flipped classroom" methodologies to team-based learning techniques. In small breakout groups, teams will work together to brainstorm, create, critique, and refine ideas.

At the end of the workshop participants should be able to meet the following objectives:

- Write measurable learning objectives for a course.
- Draw and describe a course blueprint.
- Map appropriate eTools to learning outcomes and teaching strategies.
- Design in-class face-to-face sessions that promote deeper learning and interactivity.
- Describe best practices of course redesigns.

I hope to see you there. ●

Perspectives from the Research Directors Council

BY DAVID J. CALKINS, PHD

HELLO EVERYONE! For those of you who don't know me yet, I am the Vice Chair and Director for Research of the Vanderbilt Eye Institute and Director of the Vanderbilt Vision Research Center. I am pleased to succeed Scott Cousins of the Duke Eye Center as the third President of the AUPO Research Directors Council (RDC). I am joined as an RDC officer by president-elect William Brunken, who is Vice Chair for Research in Ophthalmology and the Director of the Center for Vision Research at Upstate Medical University in New York. Patricia D'Amore, Director of Research for Schepens Eye Research Institute, is now our at-large member. We will hold an election for two additional at-large members to round out the leadership circle soon.

I'd like to provide a little context for my comments. The RDC was established formally at the 2012 AUPO meeting in Miami, where 16 research directors of ophthalmology programs gathered for the inaugural council under the leadership of Mark Petrash of the University of Colorado. Since then, our membership has grown to 33, with a few more expected to join this year. Our purpose now is very similar to our purpose then: to help advocate for and support vision science in ophthalmology departments across the country. For many ophthalmology departments, the tradition of vision research runs deep and is as integral to the institution as the clinical

practice itself. For others that are newer, smaller or simply restructuring, ties to research are often difficult to establish, especially where there is an institutional expectation of extramural support. In both cases, the RDC should be considered a resource for all members of the AUPO community to help strengthen research efforts on all fronts, from clinical to bench science.

With this goal in mind, the RDC provides platforms at the annual meeting to discuss issues germane to growing and maintaining a successful research enterprise. For example, in addition to the research director's annual business meeting, each year the RDC organizes a workshop targeting specific topics of interest to chairs and research directors alike. These have spanned topics with titles ranging from "Challenges and Opportunities in Faculty Development" to "Translating Research into Clinical Innovation." These workshops typically comprise a panel of ophthalmology chairs, vice chairs and research directors presenting vignettes describing their own strategies and experiences, followed by a robust question and answer session from the general membership. We have also worked with the AUPO program committee to organize more formal symposia of interest to the general

continued on page 7

Perspectives from the Research Directors Council
continued from page 6

AUPO membership. Last year's symposium in Tucson, "Big Data and Ophthalmology," was well-attended and garnered complimentary reviews for its broad perspective of "-omics" research and how this growing discipline could move new treatments forward. While the 2016 AUPO meeting will not have a research symposium per se, planning for the RDC workshop and other research-related events is underway. Stay tuned for the final program later in the year.

Since 2012, two important, closely-related themes have emerged from the discussions spurred from the RDC workshops. The first is the fervent desire within ophthalmology programs to enhance collaborative interactions between clinicians and scientists. Along these lines, the second is that ophthalmology as a discipline may be in a better position than most to lead the transition from bench to bedside for new treatments. As more and more institutions are investing in sophisticated

core resources (-omics platforms included), clinicians otherwise occupied with their practices increasingly have access to "virtual laboratories" in which to deposit and probe patient-derived data. This investment provides rich opportunities for collaborations with scientists, who are keen to discover novel mechanisms of disease and potential therapeutic targets. The RDC workshops serve as a vehicle to promote synergistic activities like these that require teams of mixed expertise. In this way, we hope to continue to promote attendance at the annual meeting with increased participation by ophthalmology research directors or others with similar goals.

As we move closer to the 2016 meeting, I encourage AUPO members to contact me or other RDC leaders with a suggestion for a future workshop they would like to see materialize. I am excited to serve as leader of the RDC for the next two years and look forward to helping the AUPO membership promote creative partnerships in ophthalmology programs across the country. See you in Fort Lauderdale! ■

Association of Ophthalmology Program Managers and Coordinators Update

BY THE EXECUTIVE COUNCIL

THE PROGRAM PLANNING COMMITTEE of the Association of Ophthalmology Program Managers and Coordinators (AOPMC) is busy working on the agenda for the 2016 Annual Meeting to be held in Ft. Lauderdale, Florida.

The program is underway with a focus on "The Development of Ophthalmology Best Practices and Systems Management in the ACGME Next Accreditation System" and "Competency Assessment & Career Development for Administrators, Coordinators, and Managers."

The meeting will also include discussions on research development regarding "Health and Wellness/Work-Life Balance," as well as a research presentation on "The Impact of Web-Presence & Social Media in Residency Recruitment."

We encourage programs and departments to support attendance of their program managers and coordinators at this important event. Over 40 program managers and coordinators attended last year, and we hope to include more this year.

Although information is shared throughout the year by our established email network, it is very important to share information in person and to create firm, personal working relationships that can be leveraged when needed. Part of our mission is to provide outreach, resources, knowledge, and

the success of that depends directly on the participation of all program managers and coordinators.

The 2016 Program Planning Committee was established via volunteers and nominations from the AOPMC group. Nominations will be solicited by email later this year and voting will take place at the 2016 Annual Meeting to establish responsibilities for the 2018 Annual Meeting Planning Committee. We are also continuing to develop the organizational structure for the leadership of the AOPMC.

Mission Statement: The mission of the Association of Ophthalmology Program Managers and Coordinators is to elevate ophthalmic education by promoting excellence in education program administration; to serve and to advocate for program managers and coordinators in their work of contributing to and implementing the vision of program directors by providing support, information, and resources; to cultivate members by offering personal and professional development and leadership opportunities; and to nurture collaborative working relationships by integrating and sharing our knowledge, resources, and expertise.

We look forward to and embrace your support through attendance. See you in Ft. Lauderdale! ■



50TH ANNIVERSARY

50 YEARS. ONE VOICE.

Association of University Professors of Ophthalmology

50th Anniversary Annual Meeting · January 27–30, 2016

Fort Lauderdale Marriott Harbor Beach Resort · Fort Lauderdale, Florida

Preliminary Schedule

Wednesday, January 27		Friday, January 29	
8:00 am – 5:00 pm	Educating the Educators Meeting	6:45 am – 7:45 am	Breakfast with Colleagues Roundtables—Session 1
5:00 pm – 6:00 pm	Educating the Educators Reception	8:00 am – 10:10 am	President’s Symposium—Ophthalmology: Past, Present, and Future
Thursday, January 28		10:45 am – 11:45 am	Resident and Fellow Research Forum
7:45 am – 8:00 am	Welcome	11:45 am – 12:30 pm	Organization Reports—Session 2
8:00 am – 8:45 am	Update on AUPO/AAO Efforts to Enhance Graduate Medical Education Guest Presenter: <i>Darrell Kirch, MD</i> , President, CEO, AAMC	12:30 pm – 1:00 pm	AUPO Business Meeting
8:45 am – 10:00 am	Role of Optometry in the Academic Ophthalmology Departments	12:30 pm – 2:00 pm	RRC Update Workshop
10:30 am – 11:00 am	Straatsma Award for Excellence in Resident Education Presentation and Lecture	12:45 pm – 2:00 pm	Research Directors Membership Meeting
11:00 am – 11:30 am	Excellence in Medical Student Education Award Presentation and Lecture	1:30 pm – 2:45 pm	Medical Student Educators Paper Presentations
11:30 am – 11:35 am	AAO <i>Commitment to Advocacy</i> Award Presentation	2:45 pm – 3:15 pm	Medical Student Educators Membership Meeting
11:35 am – 12:05 pm	Organization Reports—Session 1	6:30 pm – 10:00 pm	50th Anniversary Reception and Banquet
1:30 pm – 4:30 pm	Flipped Classroom Workshop	Saturday, January 30	
2:00 pm – 3:30 pm	International Ophthalmology Symposium	6:45 am – 7:45 am	Breakfast with Colleagues Roundtables—Session 2
6:00 pm – 7:30 pm	Members and Guests Welcome Reception	8:00 am – 9:45 am	The Brave New World
		10:00 am – 10:25 am	Organization Reports – Session 3
		10:45 am – 12:00 pm	Workshops and Discussion Groups <ol style="list-style-type: none"> 1. Recruitment and Retention 2. Our Changing Academic Practice Environment and How to Survive 3. Benchmarking 4. Research


Educating the Educators

Wednesday, January 27, 2016

Preliminary Schedule

7:30 am – 8:00 am	Registration and Continental Breakfast	10:50 am – 11:50 am	Free Paper Session (Patient Safety and Quality/Practice Improvement)
8:00 am – 8:10 am	Welcome and Announcements	11:50 am – 12:10 pm	Panel Discussion
8:10 am – 9:00 am	Organizational Updates	12:10 pm – 1:30 pm	LUNCH (included)
9:00 am – 10:30 am	Patient Safety/Quality Improvement Symposium <i>Philip L. Custer, MD</i> Director of Task Force on Patient Safety, American Board of Ophthalmology Professor, Ophthalmology and Visual Sciences, Washington University School of Medicine in St. Louis <i>Matthew E. Fitzgerald, DrPH</i> Public Director, American Board of Ophthalmology Senior Consultant, Quality Improvement, Signature Consulting Group <i>Robert S. Gold, MD, FAAP</i> Board of Directors, Ophthalmology Mutual Risk Company (OMIC) Eye Physicians Central Florida	1:30 pm – 2:00 pm	Toward Evidence-Based Evaluation: A Proposal for a Collaborative Effort to Gather Cumulative Aggregate Data on Resident Surgical Experience <i>Susan M. Culican, MD, PhD</i> Program Director Washington University
10:30 am – 10:50 am	Break	2:00 pm – 3:00 pm	Free Paper Session (General Education Projects and Best Practices)
		3:00 pm – 3:30 pm	Panel Discussion
		3:30 pm – 3:45 pm	Break
		3:45 pm – 4:45 pm	Guest Lecture <i>Coach Kenneth O'Keefe</i> Miami Dolphins Wide Receiver Coach
		4:45 pm – 5:00 pm	Wrap-Up/Adjournment
		5:00 pm	Reception

2016 Annual Meeting Important Dates*



OCTOBER 1, 2015

AUPO/RPB Research Forum Application Closes

OCTOBER 1, 2015

MSE Call for Papers—Abstract Submission Closes

OCTOBER 28, 2015

Advance Registration and Housing Opens

JANUARY 7, 2016

Advance Registration Closes

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

UAO Administrators Annual Meeting

January 27–30, 2016

Preliminary Schedule

Wednesday, January 27	
7:00 pm	UAO Administrators Reception
Thursday, January 28	
7:45 am – 8:15 am	Welcome—AUPO General Session
8:15 am – 8:30 am	UAO Welcome <i>Robert LaFollette</i>
8:30 am – 10:30 am	FUTURE of Academic Ophthalmology— John Meade Inaugural Memorial Lecture <i>Jeffrey C. Bauer, PhD</i> Health Futurist and Medical Economist
10:30 am – 10:45 am	Break
10:45 am – 11:45 am	Efficiency in Academic Practice— Worthy Goal and Not a Dirty Word <i>Joe Casper, Practice Consultant</i> Guest commenter: <i>Jeffrey C. Bauer, PhD</i>
11:45 am – 12:15 pm	UAO Business Meeting
12:15 pm – 2:15 pm	List Serve Live— Working Lunch and Hot Topics Moderator: <i>Michelle Chizek, MBA</i>
2:30 pm	Administrators Social Outing

Friday, January 29	
6:45 am – 7:45 am	Breakfast with Colleagues Roundtables
8:00 am – 10:15 am	AUPO Presidents Symposium— Ophthalmology: Past, Present and Future
10:15 am – 10:30 am	Break
10:30 am – 11:45 am	JCAHPO—Ophthalmic Technicians and Future Certification <i>Lynn D. Anderson, PhD</i> Chief Executive Officer, JCAHPO
12:00 pm – 1:00 pm	Lunch on your own or Buddy Lunch for new administrators
1:00 pm – 2:00 pm	Benchmarking—AAOE Opportunity to Improve Clinical, Physician Productivity, Patient Satisfaction and Key Measure Reporting <i>Ricky D. Bass, MBA MHA</i> Executive Consultant, AAOE, AAO
2:00 pm – 3:00 pm	Technology/Telemedicine and Top Health Care Buzz Words Panel presentation
3:00 pm – 3:15 pm	Break
3:15 pm – 4:15 pm	UAO—Being Relevant <i>Wayne Imbrescia and Bob LaFollette</i>
6:30 pm – 10:00 pm	AUPO 50th Anniversary Reception and Banquet

Saturday, January 30	
8:00 am – 9:00 am	Population Health Management and Ophthalmology's Role Panel Discussion Guest commenter: <i>Jeffrey C. Bauer, PhD</i>
9:00 am – 10:45 am	My Backyard—Focused Presentations from Selected Eye Centers <i>James J. Barker, Jr.</i>
10:45 am – 12:00 pm	Benchmarking Workshop— Joint Breakout Session with Chairs
12:00 pm	Meeting Adjourned



Program Coordinators Annual Meeting

January 27–29, 2016

Preliminary Schedule

Wednesday, January 27		Friday, January 29	
8:00 am – 6:30 pm	Educating the Educators 2016 (requires separate registration)	Development of Ophthalmology Best Practices & Systems Management in the ACGME Next Accreditation System	
6:30 pm	Coordinator Dinner*	8:00 am – 9:00 am	ACGME NAS Update with Q & A Session <i>Mary Joyce Turner</i> RRC Q & A <i>Anthony Arnold, MD</i>
Thursday, January 28		9:00 am – 10:30 am	Are Your Program Resources Aligning with the Next Accreditation System in a Measurable Fashion? Not Sure, Let's Share Some Best Practices <i>Maria Montijo and Panel</i>
Competency Assessment & Career Development for Residency Program Administrators/Coordinators/Managers		10:45 am – 12:00 pm	Straatsma Recipient Lecture <i>Laura Wayman, MD</i>
8:00 am – 8:20 am	Welcome/Overview <i>Amy Resling and Maria Montijo</i>	12:15 pm – 1:30 pm	Lunch on Own*
8:20 am – 8:45 am	The Impact of Web-Presence & Social Media on Residency Recruitment Research <i>Mark Goerlitz-Jessen, MS, IV</i>	1:45 pm – 2:45 pm	ACGME/NAS Web-Ads System Navigation <i>Soledad O'Brien</i>
8:50 am – 9:50 am	SF Match/AUPO FCC Update <i>Damien Joseph, Timothy Losch, and Dennis Thomatos</i>	2:50 pm – 3:05 pm	Break
10:00 am – 10:25 am	Wellness & Health Work-Life Balance Research Opportunities <i>Wendy Schnitzer, Kathy Whitney, Nora Gilgallon-Keele, and Terri Trotter</i>	3:10 pm – 3:45 pm	Mentoring New Coordinators Session <i>Nora Gilgallon-Keele and Wendy Schnitzer</i>
10:30 am – 11:00 am	Straatsma Award Presentation and Lecture	3:45 pm – 4:00 pm	TAGME Update and Recruiting for Certification <i>M. Elizabeth Sauvé, CAP, C-TAGME and Wendy Schnitzer</i>
11:05 am – 12:25 pm	Residency Management System Demonstration/Roundtable Session <ul style="list-style-type: none"> • E-Value • Med Hub <i>Amy Resling and Soledad O'Brien</i> • New Innovations <i>Maria Montijo</i> 	4:00 pm – 5:00 pm	Closing Announcements
12:30 pm – 1:30 pm	Lunch on Own*	6:30 pm – 10:00 pm	AUPO 50th Anniversary Reception and Banquet
1:30 pm – 2:30 pm	Ophthalmology Milestones for Program Administrators/Coordinators/Managers <i>Maria Montijo and Nora Gilgallon-Keele</i>		
2:30 pm – 3:30 pm	Coordinator/Manager Career Development Session with Administrators & Program Directors <i>Amy Resling</i>		
3:30 pm – 4:30 pm	CME Management <i>Helen Howell</i>		
6:00 pm – 7:30 pm	AUPO Welcome Reception		
7:30 pm	Coordinator Social Activity*		

*not included in registration fee

The View from RPB 2015

BY BRIAN F. HOFLAND, PHD, RPB PRESIDENT

STRATEGIC DECISIONS by the Research to Prevent Blindness (RPB) Board of Trustees have opened up new opportunities for RPB to “invest” in the vision research community, where we have played a major role over the years in developing careers and leaders.

In seeking to accelerate solutions for blinding eye conditions, RPB is leveraging its resources—financial, experiential and influential—and establishing partnerships with other stakeholders in the vision field. The overarching goals for this approach are to increase the efficiency and effectiveness of all organizations involved in saving sight and, in certain areas, to spark interest among others in filling voids in research support.

In last year’s AUPO News & Views I reported on a September 2014, Washington, DC, RPB-hosted convening of key vision research funders where we explored areas of strategic overlap, potential partnerships, and generating collective impact. A second convening, in March 2015, advanced that process, creating an environment in which years of competitive isolation were replaced by an exploration of the potential for collaborative action. The group as a whole came to consensus on five areas for collaboration:

- Advancing the Public Health Agenda
- Encouraging Funder Partnerships
- Coordinating Information
- Coordinating and Supporting Advocacy
- Supporting Interdisciplinary Research

Going forward, action steps will be refined through follow-up working groups and future meetings.

Along with several other funders at the convening, RPB quickly elected to advance the public health agenda by co-sponsoring a major Institute of Medicine (IOM, recently renamed the National Academy of Medicine) study entitled “Public Health Approaches to Reduce Vision Impairment and Promote Eye Health.” The report, to be released in 2016, will provide data for evidence-based strategies to improve knowledge, access and utilization to eye care in order to combat the dramatically rising rates of eye diseases in the U.S. Our rationale for this special grant was simple: while RPB’s mission is to promote and fund eye research to prevent blindness and restore sight, we recognize that the treatments and cures resulting from RPB’s support become an important facet of the nation’s health care system and can be best applied strategically within that framework.

We also continued to support the advocacy efforts of the Alliance for Eye and Vision Research (AEVR) through a grant, funding the upcoming “Emerging Vision Scientists” Exhibition and Education Days (October 7–8, 2015) in Washington, DC. These events, built around World Sight Day 2015, will provide emerging vision scientists an important perspective on the legislative process and educate them about conveying the value message about their vision research to policymakers.

Recent, exciting funder partnerships with the Lions Clubs International Foundation (LCIF) and Reader’s Digest Partners for Sight Foundation (RDPFS) were also the direct outgrowth of the convenings. With these two respected organizations, RPB is launching a \$1.2 million, two-pronged research initiative to address urgent needs in understanding and treating low vision. (For application information, check out our new, improved web site at www.rpbusa.org and find Low Vision Awards in the Grants section.)

The \$300,000 RPB/Lions Clubs International Foundation Low Vision Research Award, to be given annually for the next three years, targets damage to the visual system and seeks to answer questions such as: What happens to degraded visual input and how is it processed? What are the adaptive strategies in the visual pathway in response to visual impairment? How does the brain re-organize itself in response to visual system damage? How can the visibility of objects be enhanced?

The RPB/Reader’s Digest Partners for Sight Foundation Innovations in Technology Low Vision Research Award will provide up to \$100,000 over one year and will be awarded in each of three years to promote the development of assistive devices for persons with low vision. The award will support solutions for persons with remaining functional vision rather than those who are totally blind, with a focus on mobile and/or wearable innovations that can be implemented on multiple platforms, such as electronic tablets or phones.

Fundamentally, we are shining a spotlight on and increasing attention to low vision issues and hoping to make a difference for millions of people whose quality of life is significantly and negatively impacted by this often neglected condition.

Recently, RPB saw the completion of a philanthropic initiative that started years earlier when a family decided to bequeath \$550,000 to RPB to create a lab for vision research. In late July, the 3,400 square-foot RPB Mildred Kraemer

continued on page 13

The View from RPB 2015
continued from page 12

Sanders and William Clifford Sanders Laboratory for Vision Research opened for investigations at the University of Florida, Gainesville.

Existing lab space was renovated to create the new core facility, which houses advanced equipment such as a confocal microscope, cell and tissue culture equipment, a histology suite to study tissue samples and an electroretinogram, as well as other core resources. The space is open to all researchers studying vision, not just those in the department of ophthalmology. One of the goals for the lab is to bring researchers together to spark new and interdisciplinary collaborations. Another is to act as an incubator for early career investigators.

Finally, we continued to co-sponsor the annual Heed Ophthalmic Foundation's Residents Retreat, where outstanding

residents from across the country gather with a range of excellent faculty and receive networking support and technical assistance regarding the transition to careers in academic ophthalmology. RPB's additional modest support has allowed the number of participating residents to increase by over a third. Through this partnership, RPB seeks to help nurture and enhance the careers of young vision researchers at a critical juncture.

All of our work is interconnected, including that with AUPO in encouraging young researchers to pursue a career in ophthalmology. In leveraging our resources more effectively through a variety of collaborations and partnerships, and by effectively integrating new programs and approaches into our already successful overall strategy, RPB is determined to accelerate the development of treatments, preventives, and cures for all sight-threatening conditions. ■

National Eye Institute (NEI) Update

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

THIS IS AN EXCITING TIME AT NEI. We continue the energetic movement forward with the Audacious Goals Initiative, and we are committed to playing a significant role in the recently launched U.S. Precision Medicine Initiative. Please read on for important details.

NEI Audacious Goals Initiative (AGI)

The NEI AGI continues to gain momentum. It began with an open prize competition for the best ideas in vision research, and coalesced into a single goal: To regenerate neurons and their connections in the eye and visual system. With further input from the National Advisory Eye Council (NAEC) and the research community, we are focusing our efforts on regeneration of photoreceptors and retinal ganglion cells. Success would mean new therapies for common, debilitating eye diseases such as age-related macular degeneration (AMD) and glaucoma. Advances in the NEI AGI will serve as a model for neuro-regeneration in the central nervous system.

In May 2015, we began supporting five research groups to develop state-of-the-art technologies for non-invasive imaging of the retina and optic nerve *in vivo*. These tools will give us more precise, real-time outcome measures for testing new therapies. They will allow us to see not only structural changes, but functional changes—in circuit connectivity, metabolism, and cellular activity—in the retina and optic

nerve. Four of the five projects will advance to human testing in five years.

The research teams developing these approaches are based at the University of California, Berkeley; the University of Rochester Center for Visual Science in New York; Case Western Reserve University in Cleveland; Washington University, St. Louis; and Medical College of Wisconsin in Milwaukee. An external scientific oversight committee has been established to facilitate collaboration and check that milestones are achieved. The committee and the five research groups assembled for the first time at NIH in late June, and the excitement and spirit of collaboration were palpable.

We are holding a series of workshops and symposia to brainstorm ideas for new funding opportunities. The first of these workshops focused on optic nerve regeneration and was held during the 2014 Society for Neuroscience (SfN) meeting in Washington, DC. Co-chairs Jeffrey Goldberg (University of California, San Diego) and William Guido (University of Louisville) led the group in discussion and authorship of a white paper, available at https://nei.nih.gov/audacious/optic_nerve.

Our second NEI AGI workshop was held during the May 2015 Association for Research in Vision and Ophthalmology annual meeting in Denver, and focused on developing strategies

continued on page 14

National Eye Institute (NEI) Update *continued from page 13*

to achieve regeneration and rewiring of photoreceptors. The co-chairs, Rachel Wong (University of Washington) and David Gamm (University of Wisconsin-Madison), are writing a white paper to guide future NEI AGI efforts in this area.

NEI has prepared a funding opportunity announcement based on these workshops, and we expect to release it this fall.

Our next NEI AGI event will be an open symposium on Friday, October 16 in Chicago, immediately preceding the 2015 SfN meeting. This official SfN satellite event will focus on “Reconnecting Neurons in the Visual System,” and will be chaired by Michael Crair (Yale) and Carol Mason (Columbia). For details, please see https://nei.nih.gov/audacious/events_and_reports.

On a final note, I hope you’ve had a chance to view our animated video that explains the visual system and the NEI AGI for a general audience (at <https://nei.nih.gov/audacious/>). I encourage you to share it widely. You may find it useful for engaging students who are new to vision science, and for discussing the NEI AGI with experts from other disciplines including chemistry, physics, and engineering. Multidisciplinary collaboration will be vital to our success.

U.S. Precision Medicine Initiative (PMI)

The concept of precision medicine is not new. If you wear eyeglasses, which date back to at least the 13th century, then you are wearing precision medicine. What makes precision medicine exciting in the 21st century is that we can now apply it on a molecular scale. We are moving beyond treatment based on the unique shape and size of your eyes (and the cornea and lens within) toward treatment based on your unique genetic makeup and life history.

This new era of precision medicine owes much to the NIH-funded Human Genome Project. With the complete human genome sequence in hand, we are steadily uncovering a vast number of individual genetic variations that contribute to complex, multi-genic human diseases and conditions. We also have a growing toolbox for precision medicine. Whole-genome sequencing cost about \$22 million ten years ago, but costs less than \$5,000 today, and can be performed in an increasing number of settings. We are also seeing greater use of mobile health technology and electronic health records. This is creating more opportunities for people to engage in their own healthcare and in health research, and more capability for clinicians and researchers to analyze and share health data.

The PMI will leverage these advances to bring targeted therapies to a broad range of conditions and diseases. In its initial stage, anticipated to launch this fall, it will include two components: The PMI for Oncology and a National Research Cohort.

The PMI for Oncology will expand our ability to prevent and treat cancer with molecular therapies. The National Research Cohort would be a pool of more than one million research volunteers. These people would be able to take a more proactive role in research, with more choices about which studies to join, and when. They would also be able to share an array of health-related information, including genomic data, lifestyle and behavioral data, and biological samples, all linked securely and privately to their electronic health records.

What role will NEI and the vision research community play in the PMI? We are well positioned to contribute to the future of gene-based and other targeted therapies. We know the gene mutations that cause hundreds of rare eye diseases. Those discoveries have helped move us to the forefront of gene therapy. Seven years after gene therapy was found to restore vision among several young people with Leber congenital amaurosis, it is still considered one of the few successes in the gene therapy field.

As the PMI and NEI AGI move forward, we welcome your input on where they should lead. To receive updates about the PMI, you can register at <http://www.nih.gov/precisionmedicine/>. You can check for updates to the NEI AGI at <https://nei.nih.gov/audacious/>, or email us at neiagif@mail.nih.gov with your comments and ideas.

A Reminder About NIH Policy on Grant Submissions

NIH has changed its policy on grant resubmissions and we are seeing a predictable impact on success rates. Recall that investigators are allowed to submit only one resubmission (A1) to an original grant application (A0). That has not changed. But in April 2014, NIH eliminated a rule requiring that all applications subsequent to the A1 had to be substantially different in content and scope. That means that the research aims proposed in an A1 may be presented again as a new A0 submission (<http://go.usa.gov/tXJ5>).

As one might expect, this policy has led to an increase in new applications and a corresponding decrease in success rates (funded applications/reviewed applications). From fiscal year 2014 to FY 2015, the number of research project grant (RPG) applications to NEI increased by 19%. We project that at the end of FY 2015, the success rate for RPGs will be 20%, compared to 27% for FY 2014. Please be assured that there haven’t been major changes in NIH spending on grants or grant review criteria or procedures to account for this drop in success rates. The number of grant awards made by NIH continues to remain relatively stable from year to year, but more applications are going unfunded because more are being submitted. ■

Association of Veterans Affairs Ophthalmologists (AVAO)–2015

BY MILLICENT PALMER, MD, PRESIDENT

THE AVAO IS A NON-PROFIT organization representing the concerns and interests of all ophthalmologists employed by the Veterans Healthcare Administration (VHA). Our goal is to expand and ensure high quality eye care for our veterans. These VHA ophthalmologists, while providing outstanding clinical care, also partake in major research projects and educate residents, fellows and students across the nation. The AVAO Executive Board officers include: Dr. Millicent Palmer, President; Dr. Andrew Thliveris, President-Elect; Dr. David Vollman, Treasurer; Dr. Lyle Thorstensen, Secretary; Dr. Joy Dixon Strawn and Dr. Linda Margulies, Past Presidents. National VHA Ophthalmology Leadership includes: Dr. Glenn Cockerham, National Program Director of Ophthalmology; Dr. Amy Chomsky, Chair of the Surgical Advisory Board; Dr. Mary Lynch, Chair of the Field Advisory Committee/Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) Representative; Dr. Paul Greenberg our American Academy of Ophthalmology (AAO) Councilor. Dr. Mary Lawrence retired from her position as Deputy Director of the Department of Defense (DOD)/VA Vision Center of Excellence. Recruitment and selection of a new Deputy Director of DOD/VA Vision Center of Excellence is currently underway.

Currently, there are 324 full-time equivalent ophthalmology residency slots sponsored by the VHA. AVAO activities involved sponsoring two ophthalmology residents to attend the AAO Mid-Year Forum and Advocacy Program. This is an invaluable experience that provides mentorship in ophthalmology advocacy which is an important aspect of both residency education and leadership development.

Dr. Palmer represented AVAO at the AAO Ophthalmic Advocacy Leadership Group meeting in Washington, DC in January 2015. This meeting for ophthalmic subspecialty and special interest groups provides a forum for discussion of important issues facing the ophthalmology profession. At the February 2015 AUPO meeting, Dr. Palmer, Section Chief of Ophthalmology at the Nebraska Western Iowa Health Care System gave a PowerPoint presentation on current aspects of the VHA and conducted a workshop with Dr. Andrew Thliveris, Professor and Residency Program Director, University

of Wisconsin, Madison on resident cataract surgery in the VA. The resident cataract surgery teaching model from the University of Wisconsin was highlighted.

The VHA continues to promote national ophthalmology safety policies and optimized visual outcomes in cataract surgery, one of the most common surgeries performed in the VA. This year, several abstracts were presented at the Association for Research in Vision and Ophthalmology (ARVO) meeting based on data from the VA Ophthalmic Surgery Outcomes Database (OSOD) Project, a multi-center retrospective cohort study of over 4,000 patients from five veterans administration medical centers. The abstracts evaluated the effects of diabetes, pseudo-exfoliation and American Society of Anesthesiologists (ASA) score on complications and visual outcomes after cataract surgery. In the past year, there were also several peer-reviewed OSOD publications including three papers on Intraocular Floppy Iris and Prevalence of Intraoperative Complications in the *Am J Ophthalmol* 2014; Functional Visual Improvement after Cataract Surgery in Eyes with AMD, IOVS. 2015; and Cataract Surgery Outcomes in Glaucomatous Eyes, *Am J Ophthalmol* 2015. We congratulate Drs. Vollman, Chomsky and Lawrence and other co-authors of the OSOD team.

The AVAO invites AUPO members to attend our annual events at the AAO meeting in Las Vegas. Both events are scheduled at the Venetian Hotel. On Monday, November 16, the AVAO will host its annual business meeting for active members. This meeting will take place from 7:00 am to 9:30 am to update VHA ophthalmologists on key issues in the VA. At 12:45 pm, there will be a VA/DOD noontime symposium entitled, "Serving Those Who Serve: Changes Impacting VA and DOD Eye Care." These events provide an excellent opportunity for AVAO members to network with each other and AAO representatives.

AUPO members with joint VHA appointments may request AVAO membership information by contacting avao@aa.org. We strongly encourage program chairs and residency directors to consider and promote AVAO membership amongst their faculty; especially those affiliated with VHA medical centers. ■

AAO Mid-Year Forum 2015

BY JOEL S. SCHUMAN, MD

I ATTENDED THE American Academy of Ophthalmology (AAO) Mid-Year Forum in Washington, DC April 15–18, 2015, in my role as AAO Councilor representing the Association of University Professors of Ophthalmology (AUPO). This was the 23rd 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 a 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.

Congressional Advocacy Day

During Congressional Advocacy Day, ophthalmologists, including many of the record 161 registered Advocacy Ambassadors, visited members of Congress and their staff. Priority messages were delivered thanking leaders for their support of SGR repeal.

The Mid-Year Forum

The Mid-Year Forum included an opening session, four hearings and a closing session. The Opening Session featured “Under Pressure: Payment Trends in the Insurance Marketplace.” High priority objectives revealed by the session included that the Academy should continue its education on network adequacy, monitor the implementation of the network adequacy guidance from CMS described in the 2016 call letter and engage in developing specialty leadership in implementation of the new Merit Based Incentive Program (MIPS) and alternative payment models where necessary.

There were four hearings, “Ophthalmology EHRs: What You Need to Know in 2015,” “Ophthalmic Pharmaceuticals: New Challenges to Access,” “The Fine Print and More: Evaluating Payer Contracts and Relationships in Today’s Healthcare Environment,” and “Be Prepared: Dos and Don’ts for Surviving a Medicare Audit.” The Closing Session was titled, “New Era in Quality Reporting—Patient Outcomes All the Time.”

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 18 CAR hearing, CARs were referred to the AAO Board of Trustees (BOT) for determination of next steps.

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.

AUPO was strongly represented at this meeting by Drs. Paul Sternberg, Jr., former AAO Past President, Russell N. Van Gelder, current AAO President and John Sutphin, Councilor for the American Board of Ophthalmology. It is my honor to continue to represent the AUPO as AAO Councilor. ■

Association of American Medical Colleges (AAMC) Organization of Resident Representatives— Spring 2015 Update

BY ANGELA BESSETTE, MD AND BASIL K. WILLIAMS JR., MD

THE JOINT SPRING MEETING with the Council of Faculty and Academic Societies (CFAS) was a great opportunity to engage with faculty and peers to discuss the current hot-button topics in the AAMC and academic medicine. Following is a brief summary of the meeting.

Mentorship was a big theme this year. The meeting opened with a Speed Mentoring/Networking session with CFAS. This was set up much like speed dating wherein each resident mentee rotated through five ten-minute sessions with junior faculty members of CFAS. Residents had the opportunity to ask questions about academic career planning and professional development. The session was educational for those who participated and is also a potential model for mentoring medical students, residents, and faculty members that we can take back to our individual institutions.

The opening plenary focused on faculty and resident resilience and ways to optimize the learning environment. Speakers addressed how to identify stress and burnout in academic medicine and offered tips on building resilience. Some institutions have created “mindful practice seminars” that are a required part of the medical school curriculum and focus

on building self-awareness and resilience. Others have made courses or meditation sessions available for practicing physicians. This session was particularly thought-provoking and will likely be a continuing theme in future AAMC meetings.

Dr. Robert Englander led a dynamic session on the Core Entrustable Professional Activities (EPAs) for Entering Residency. These are 13 activities outlined in a recent publication by the AAMC that all entering residents should be able to perform on Day 1 of residency without direct supervision. He challenged us to identify the gaps between performance and expectations early in our post-graduate training. The AAMC has selected 10 institutions to participate in a five-year pilot to test the implementation of the Core EPAs for Entering Residency.

Our final session addressed ways to access and build Medical Education Scholarship. This included a skills building workshop on MedEdPORTAL, the AAMC’s online peer-reviewed publication of teaching materials. They demonstrated how teaching and scholarship for residents is made easier through access to these free downloadable publications and how we might utilize this platform to further future careers as clinician-educators. ■

San Francisco Match Update

BY DENNIS THOMATOS AND TIMOTHY LOSCH

THE SAN FRANCISCO MATCHING PROGRAM for the first time in its history is collecting gender/race data for the 2016 residency match. The AUPO-approved initiative started collecting data from residency applicants in June this year after months of design work to make this a sustainable part of the match process. This is an exciting development that will shed some new light on the mix of residency applicants applying to the specialty going forward.

Programs will see a new applicant cover-sheet feature this year which will provide the interview team with a quick

printed reference on each applicant including the voluntary photo. This new enhancement was developed from feedback provided by residency coordinators and designed by the SF Match team.

The SF Match also continues to advance its system for the future to accept documents directly from applicants and US Medical Schools. This task is now underway and will be part of a future match once completed. The outcome is expected

continued on page 18

San Francisco Match Update
continued from page 17

to improve applicant satisfaction with the application process and provide reduced processing costs and labor for both the SF Match and the Academy by reducing the workflow of mailed documents.

Feedback from the annual SF Match applicant and program survey shows a high degree of satisfaction with the service.

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 12, 2016

- **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 13, 2016

- **8:00 am PST:** Applicants’ results available online.

Thursday, January 14, 2016

- **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. ■

American College of Surgeons Advisory Council for Ophthalmic Surgery Semi-Annual Report— Spring 2015

BY PAUL A. EDWARDS, MD, FACS

THE SPRING 2015 MEETING of The American College of Surgeons Advisory Council for Ophthalmic Surgery included discussions related to governmental, educational, and membership activities.

One important government-related discussion surrounded **protection of global surgery payments**. The American College of Surgeons (ACS) is advocating for Congress to stop the Centers for Medicare & Medicaid Services’ (CMS) plan to transition all 10- and 90-day global codes to 0-day global codes. The ACS contends that the change presents significant downsides for patients and surgeons. This policy could negatively impact patient access to quality surgical care. Requiring patients to forfeit a co-pay for each follow-up visit instead of one co-pay for the entire global service could dissuade them from returning for follow-up care and could adversely affect surgical outcomes. This would disproportionately affect the sickest patients who require more follow-up care than is currently bundled into global payment. This policy will cut payments for malpractice insurance that is included in global codes. CMS includes malpractice insurance as part of the global

payment, but this malpractice payment will be reduced substantially if 10- and 90-day global codes are transitioned to 0-day. This will dramatically increase administrative burden. It is estimated that this policy will lead to an additional 63 million claims from surgeons to CMS each year. That means more work for already strained surgical billing offices. U.S. Reps. Dr. Larry Buschon (R-IN), and Dr. Ami Bera (D-CA), have drafted a letter to House Speaker John Boehner (R-OH) and Minority Leader Nancy Pelosi (D-CA), urging them to take action to nullify CMS’ plan, which is included in the 2015 Medicare physician fee schedule final rule. Reps. Buschon and Bera are urging other House members to sign on to the letter.

Another area of government-related discussion focused on **improving access to emergency care**. ACS is supporting two bills that would improve access to emergency medical services. The Health Care Safety Net Enhancement Act of 2015 (H.R. 836), sponsored by U.S. Rep. Charlie Dent (R-PA) along

continued on page 19

with 23 original cosponsors, would provide liability protection to physicians who provide care in compliance with the Emergency Medical Treatment and Active Labor Act mandate. It has been referred to the House Committee on Energy and Commerce for further consideration.

The Good Samaritan Health Professionals Act of 2015 (H.R. 865), sponsored by U.S. Reps. Marsha Blackburn (R-TN) and David Scott (D-GA), would ensure that disaster victims have access to medically necessary care in a declared emergency. This bill also was referred to the House Committee on Energy and Commerce, as well as the House Judiciary Committee, where it awaits action. U.S. Sen. Lisa Murkowski (R-AK) is expected to introduce similar legislation soon in the Senate.

The ACS has been working for the last decade to persuade Congress to repeal the **broken sustainable growth rate (SGR) formula** used to calculate Medicare payment. In 2013 and 2014 the ACS worked closely with members of Congress to develop legislation that would repeal the SGR and replace it with an alternative. Congress has reached a bipartisan, bicameral agreement on repeal of the SGR and a fix to the Medicare physician payment system. The SGR Repeal and Medicare Provider Payment Modernization Act of 2014 was the product of a yearlong collaborative effort between Congress and key stakeholders, including the ACS. The ACS played an instrumental role in the composition of the final bill by taking strong stances on its provisions and lobbying for changes. Unfortunately, challenges related to funding continue to hinder completion of this effort.

The **ACS Division of Education** remains at the forefront of national and international efforts to establish benchmarks and standards in surgical education. A major focus of the ACS is the continuum of professional practice, and special attention is being directed at transitions and vulnerabilities during the professional careers of individuals, across the continuum of patient care, and within health systems. In view of the widespread concerns regarding the training of surgery residents in the current milieu of health care and regulatory mandates, a special Committee on Residency Training (“Fix the Five”) has been appointed. This committee includes leaders of the ACS, American Board of Surgery (ABS), Residency Review Committee for Surgery (Surgery RRC), Accreditation Council for Graduate Medical Education (ACGME), and Association of Program Directors in Surgery (APDS). In addition, key representatives from the Royal College of Physicians and Surgeons of Canada and several eminent surgical educators serve on the committee.

Other membership ideas included a drive to recruit surgeons from the surgical subspecialties including Ophthalmology. A flier (recently released), and video (to be released soon) about why I should become an Ophthalmic surgeon has been developed.

ACS Fundamentals of Surgery Curriculum® (ACS FSC) is a simulation-based, interactive, online program that focuses on cognitive skills. It is primarily directed at surgery residents in the first year of training, and the content is relevant to residents from all surgical specialties. The modules of this curriculum include 94 case scenarios. Enrollment has progressively increased; in FY 2013–2014, 235 programs and 1,884 trainees were enrolled, including residents in general surgery and range of surgical specialties, as well as trainees from a transitional year program and an osteopathic program. Many program directors recommend or require entering residents to complete modules of ACS FSC before commencing residency training. They are using ACS FSC to address the core competencies and to support decisions relating to transition of residents from direct to indirect supervision.

Finally, there were a number of membership related activities to report. The Leadership and Advocacy Summit: Preparing to Lead was held April 18–21, 2015 at the JW Marriott, Washington, DC. This dual meeting offered volunteer leaders and advocates educational sessions focused on effective surgeon leadership, as well as interactive advocacy training with coordinated visits to congressional offices. Session topics included overcoming resistance to change, moving from transactional to transformational leadership, and gaining a better understanding of employment contracts

The American College of Surgeons (ACS) Surgeons as Leaders: From Operating Room to Boardroom course took place June 7–10, 2015 at the ACS headquarters in Chicago, IL. Organized by the ACS Division of Education, the course helped surgeons exhibit leadership attributes and use consensus development and vision to set, align, and achieve goals. The curriculum also included information on building and maintaining effective teams; identifying personal hidden contexts that hamper the ability to lead; changing culture, resolving conflict, and balancing demands within the larger environment. The course emphasized how to translate the principles of leadership into actions.

The American College of Surgeons (ACS) Clinical Congress will take place October 4–8, 2015 in Chicago, IL. The conference will be held at McCormick Place Convention Center, and the Hilton Chicago will serve as the headquarters hotel. Ophthalmic Surgery will present a symposium entitled “Ocular Trauma in the ER, in the OR and on the Battlefield,” on October 5, 2015 from 4:15–5:45 pm. ■

AUPO Board Meeting Highlights

August 15, 2015

- Approved amendments to the AUPO Fellowship Compliance Committee (FCC) Limited Liability Company agreement allowing for representatives on the Board of Managers to have dual leadership roles with the AUPO FCC and the subspecialty society they represent, and clarifying the process for a tie vote related to the election of Review Committee members and officers.
- Provided funding for a representative to the 2015 AAMC meeting.
- Supported the Executive Vice President's concept for a Steering Committee of representatives from each Associate Member Council and the Administrators' board.
- Established a task force to review the AUPO mission statement and organizational chart, and advise about a vision statement and future branding.
- Reviewed and approved all 2016 annual meeting symposia and workshops.
- Planned activities and approved funding for the 50th Anniversary celebration.
- Approved a slight annual meeting registration fee increase and an increased fee for professional guests.
- Decided to hold future Nominating Committee meetings prior to the annual meeting.
- Selected San Diego, CA as the location for the 2017 Annual Meeting.
- Identified Austin, San Antonio, or Houston, Texas as the location for the 2018 Annual Meeting.
- Endorsed a revised mailing label policy for immediate implementation.
- Updated the organization's listserv policy.
- Developed new policies regarding the use of match data to increase data sharing and reduce the need for special data analysis.
- Met with William Pearce, National Chairman of the American Medical Association Medical Student Section to discuss the importance of the SF Match to Academic ophthalmology.
- Realigned the committee and representative structure; added needed committees such as Bylaws, Steering, and Program.
- Adjusted the Chair Mentoring Program procedures to allow active Chairs to participate as mentors. ■

2015 Straatsma Award Recipient for Excellence in Resident Education

Tara Uhler, MD



AUPO wishes to congratulate Tara Uhler, MD, as the recipient of the 2015 Straatsma Award for Excellence in Resident Education. Dr. Uhler is currently the Residency Program Director at Wills Eye Hospital in Philadelphia, Pennsylvania. This award is sponsored by the American Academy of Ophthalmology and AUPO, and Dr. Uhler will make presentations at both Annual Meetings.

2015 Excellence in Medical Student Education Award Recipient

Susan Forster, MD



AUPO congratulates Susan Forster, MD, as the recipient of the Excellence in Medical Student Education Award. Dr. Forster is the Clinical Professor and Director of Medical Studies at Yale School of Medicine, and Chief of Ophthalmology at Yale Health, New Haven, Connecticut. This award is sponsored by the American Academy of Ophthalmology and AUPO, and Dr. Forster will make presentations at both Annual Meetings.



**Association of University 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 2015 there were 41 reviews conducted and 285 exit surveys submitted. 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.

2015 Triennial/Quadrennial Reviews Conducted	
CORNEA	15
GLAUCOMA	5
NEURO-OPHTHALMOLOGY	4
ONCOLOGY & PATHOLOGY	0
PEDIATRIC OPHTHALMOLOGY	4
SURGICAL RETINA	10
UVEITIS	3

2015 Exit Surveys Completed	
CORNEA	64
GLAUCOMA	66
NEURO-OPHTHALMOLOGY	21
ONCOLOGY & PATHOLOGY	5
PEDIATRIC OPHTHALMOLOGY	45
SURGICAL RETINA	68
UVEITIS	16

Are you letting your residents know about the AUPO FCC process? The AUPO FCC recently 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—AUPO NEWS

Membership Dues

Don't Forget to Pay Your Dues! Not sure if your dues have been paid? Please log in to the My Profile section of the AUPO website or contact Ket Tapia (ktapia@aao.org) to confirm your current status. Renewing AUPO members and associate members may pay dues using either a Visa, MasterCard, or check. Online dues renewal is encouraged! To pay online log in 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 are invited to join AUPO as associate members. Information about the activities of the Medical Student Educators Council can be found on their dedicated website, www.aupomse.org. 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!

New Associate Program Director Membership Category

We are pleased to announce that **associate program directors** may join AUPO as Associate Members beginning with the July 1, 2015 through June 30, 2016 year!

Members approved an amendment to the Bylaws at the annual business meeting held on Friday, January 30, 2015 that allows associate program directors to join AUPO as non-voting Associate Members. If your program has one or more associate program directors please share this information with them and encourage them to apply so they receive a full year of benefits

Approval for membership is dependent on both the Chair and the Program Director who is recognized by the ACGME as the responsible party, being current (dues paid) members. Applications for associate program directors can be found on the AUPO website. If you have questions about this new Associate Member category, please contact the AUPO office.

Member Directory Update

The AUPO/UAO Member Directory is moving online! An online directory will take the place of the printed directory, and will be available in the upcoming year. Please continue to keep our records current by submitting updates every time you have a change in chair, program director, associate program director, research director, medical student educator, or administrator by sending an email to Ket Tapia (ktapia@aao.org). As always, the accuracy of the online directory will be dependent upon information supplied by the membership. Keep AUPO and UAO informed!

Compensation Survey

The results of the 2012 AUPO compensation survey are available to members only for purchase. To order the report, please contact the AUPO office for an order form. The signature of the department chair as confirmation of knowledge of the request for the report and agreement to maintain confidentiality is required. Contact AUPO at aupo@aao.org or call (415) 561-8548.

AUPO Chair Mentoring Program

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

THINGS YOU SHOULD KNOW—NEWS FROM OTHER ORGANIZATIONS

AAO Ophthalmology Job Center

Now Available: Materials to Increase Residents' Awareness of the Ophthalmology Job Center

Searching for a job as a resident can be difficult. Finding a job at a practice or hospital once a residency is completed can be even more challenging. One of the ways the American Academy of Ophthalmology helps residents is through the Ophthalmology Job Center. www.aao.org/ophthalmologyjobcenter, the #1 job site for ophthalmologists. There are over 250 jobs for ophthalmologists that practices have posted directly on the site. Ophthalmology Job Center can help simplify your residents' job search. They can search postings by keyword, location, job type, level of experience, subspecialty, type of organization and more. They can customize their search, save search criteria and job listings, and get automated email alerts. To increase their chances of being contacted by hiring practices, residents can upload their CV, cover letter and relevant documents. This service is free for job seekers.

To help increase awareness of the Ophthalmology Job Center, the Academy can provide you with materials to promote the site to your residents: a flyer you can print and post on bulletin boards, copy for your newsletter or email blasts and social media posts. To request these materials, contact Megan Skogsbergh at the Academy's marketing department at mस्कogsbergh@aao.org.

EyeCare America

Please inform your students and residents about EyeCare America, a public service program of the American Academy of Ophthalmology's Foundation that provides eye care to medically underserved seniors through volunteer ophthalmologists. All US practicing ophthalmologists have the opportunity to enroll as EyeCare America volunteers. The program makes it easy to volunteer without leaving your office, has more than 6,000 dedicated volunteer ophthalmologists and is one of the largest public service programs in American Medicine. Volunteering for EyeCare America helps your practice, helps your community, and has helped more than 1.8 million people since 1985. To reach ECA staff for more information, email: pubserv@aao.org, or call toll-free: 1-877-887-6327 (Monday–Friday, 8am–Noon, Pacific Time). Their website is www.eyecareamerica.org.

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. Applications are accepted annually beginning October 1 and the deadline for receipt of applications is February 1 for fellowships beginning in the same year. For information, please contact:

Lisa Brown
Heed Ophthalmic Foundation
655 Beach Street
San Francisco, CA 94109
lbrown@aao.org
Phone: 415-447-0249
Fax: 415-561-8531
www.heed.org

Free Resources for Vision and Public Health Professionals to Help Patients/Clients Quit Smoking

Prevent Blindness has teamed up this year with Centers for Disease Control, Office on Smoking and Health, to educate the public on the effects that smoking can have on vision. To help vision and public health professionals in their efforts to see their patients and clients become healthier and smoke-free, the CDC has developed a web page dedicated to free materials and resources in both English and Spanish: <http://www.cdc.gov/tobacco/campaign/tips/partners/health/vision/index.html>.

On this page, you'll find a variety of free 1-800-QUIT-NOW notepads, a "Reason to Quit" handout for patients/clients, downloadable posters, and much more. The *Tips* campaign website also includes videos and a Quit Guide to inspire and help patients. In the first year of CDC's campaign alone, 1.6 million smokers were inspired by the campaign to quit! For more information on the *Tips* program or its materials, please contact Shelley Hammond at aqq7@cdc.gov. Prevent Blindness also has additional materials available at www.preventblindness.org/smoking.

continued on page 24

Things You Should Know—
News from Other Organizations
continued from page 23

Complimentary Books for Medical Students

Dr. Mark W. Leitman, author of the *Manual for Eye Examination and Diagnosis to Medical Students*, has advised AUPO that the 9th edition will be available in approximately one year. He is offering to supply enough books, on a complimentary basis, for medical students in all four years, as well as for ophthalmology residents, as he did with the 8th edition. Interested departments should email doctor Leitman directly at mark.leitman@aol.com, advising him of the number of books you require for all four years and the address and contact person to which the books should be shipped.

American Board of Ophthalmology—Executive Director Search

The American Board of Ophthalmology (ABO) recently announced the launch of a nationwide search for its next Executive Director. The Board seeks a strategic-minded ophthalmologist with the experience and stature to lead on the national stage, and the wisdom and insight to help position the organization to address the unique challenges of improving healthcare quality in the 21st century.

Candidates for the position must have completed an accredited residency training program in ophthalmology and hold a current ABO certificate while actively participating in the Maintenance of Certification (MOC) program. The Executive Director position is full-time with flexibility as the chosen candidate is expected to remain in clinically active practice throughout the appointment.

Review of applications will begin immediately. All inquiries, nominations, referrals, and applications should be submitted to: www.imsearch.com/5276.

For Future Leaders in Research on Aging or in Geriatrics

The goal of the GEMSSTAR FOA is to provide support for early-stage physician-scientists, trained in medical or surgical specialties, to launch careers as future leaders in research on aging or in geriatrics.

To achieve this goal, the GEMSSTAR FOA provides small grants to conduct transdisciplinary research on aging or in geriatrics research that will yield pilot data for subsequent aging- or geriatrics-focused research projects. As part of its focus on facilitating the development of early-stage physician-scientists who will become leaders in research on aging or in geriatrics, the GEMSSTAR FOA seeks to encourage the provision of supportive environments for candidates, and NIA will consider the extent to which a supportive environment is available to candidates in selecting GEMSSTAR candidates. See more at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-16-015.html#sthash.jq7jdNe3.dpuf> and <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-16-015.html>. ■

AUPO – NEW MEMBER UPDATES

CHAIRS

Buckley, Edward G.	Duke Medical Center	Durham, NC
Colby, Kathryn	University of Chicago	Chicago, IL
Crowder, Kimberly	University of Mississippi Medical Center	Jackson, MS
Goldberg, Jeffrey L.	Stanford University, Byers Eye Institute	Palo Alto, CA
Levin, Leonard A.	McGill University	Mont-Royal, Quebec
Merkeley, Kevin	University of Texas Medical Branch	Galveston, TX

PROGRAM DIRECTORS

Goldman, David J.	Henry Ford Health Systems	Grosse Pointe Park, MI
Greenwald, Mark	University of Chicago	Chicago, IL
Hammond, Benjamin	University of Rochester, Flaum Eye Institute	Rochester, NY
Lewis, Kyle	University of Mississippi Medical Center	Jackson, MS
Lloyd, John	University of Toronto	Toronto, ON

ASSOCIATE PROGRAM DIRECTORS

Aref, Ahmad	University of Illinois at Chicago	Chicago, IL
Baqai, Jeanine	Northwestern University	Chicago, IL
Barbera, Angela	Temple University School of Medicine	Philadelphia, PA
Beal, Casey	University of Florida	Gainesville, FL
Bhola, Rahul	University of Louisville	Louisville, KY
Chen, John	Mayo Clinic	Rochester, MN
Dickinson, Paul J.	Wake Forest School of Medicine	Winston-Salem, NC
Fowler, Brian	University of Tennessee	Memphis, TN
Gandhi, Nandini	University of California, San Francisco	San Francisco, CA
Gray, Matthew	University of Florida	Gainesville, FL
Grover, Sandeep	University of Florida	Jacksonville, FL
Kempton, James	Yale School of Medicine	New Haven, CT
Law, Janice C.	Vanderbilt Eye Institute	Nashville, TN
Lu, Stephanie	University of California, Irvine	Irvine, CA
Olsen, Joshua H.	University of Minnesota	Minneapolis, MN
SooHoo, Jeffrey	University of Colorado	Aurora, CO

RESEARCH DIRECTORS

Hainsworth, Dean P.	University of Missouri	Columbia, MO
---------------------	------------------------	--------------

MEDICAL STUDENT EDUCATION DIRECTORS

Boisvert, Chantal J.	University of California, Irvine	Irvine, CA
Ghorayeb, Ghassan	West Virginia University Healthcare	Morgantown, WV
Khammar, Alexander J.	Medical College of Wisconsin	Milwaukee, WI
Moshfeghi, Andrew A.	University of Southern California	Los Angeles, CA
Oboh-Weilke, Aruoriwo M.	Georgetown University Hospital	Washington, DC
Watkins, William	University of Mississippi	Jackson, MS

UAO—ADMINISTRATORS

Anderson, Joshua	Washington University	Saint Louis, MO
Geist, Garyl	University of Oklahoma	Oklahoma City, OK
Houtenbrink, Brenda	University of Rochester	Rochester, NY
Kowalewski, Cathy	Johns Hopkins University	Baltimore, MD
Lee, Richard,	Medical University of South Carolina	Charleston, SC
Rettig, Denise	University of Iowa	Iowa City, IA
Villemaire, Deborah	University of Vermont	Burlington, VT



Association of University Professors of Ophthalmology

AUPO/RPB Resident and Fellow Research Forum

ABSTRACT SUBMISSION DEADLINE: OCTOBER 1, 2015

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 AUPO 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, and is to be accompanied by the Chairperson or an Associate Member of the AUPO from their department. 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 2016 Forum will be held at the Marriott Harbor Beach Resort and Spa, Ft. Lauderdale, FL on January 29, 2016. 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 Diane S. Swift, Chairperson, 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 electronic abstract submission form is available on the AUPO website at www.aupo.org/awards/awards/html.

FACULTY POSITIONS AVAILABLE

SEPTEMBER 2015

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

**Case Western Reserve University,
University Hospitals Eye Institute—Ophthalmology**
Clinical Instructor—Assistant Professor—Pediatric Ophthalmology
Clinical Instructor—Assistant Professor, Associate Professor—
Vitreous-Retinal Surgeon
Clinical Instructor—Assistant, Associate, or Full Professor—
Oculoplastics

**Duke University School of Medicine
Duke Eye Center**
Professor/Assistant Professor

Greater Baltimore Medical Center—Ophthalmology
Department Chair of Ophthalmology

**Indiana University School of Medicine
Eugene and Marilyn Glick Eye Institute**
Research Associate

**Johns Hopkins University School of Medicine
Wilmer Eye Institute**
Ophthalmologist or a Comprehensive Ophthalmologist
Comprehensive Ophthalmologist

**Northwestern University, Feinberg School of Medicine
Department of Ophthalmology**
Oculoplastic Ophthalmologist

**Ohio State University, Wexner Medical Center
The OSU Havener Eye Institute**
Vitreous-Retinal Surgery

**Penn State College of Medicine
Penn State Hershey Medical Center**
Cornea/External Disease Specialist

**UCLA, Department of Ophthalmology
The Doheny Eye Institute**
Vitreous-retinal surgery at the Assistant or Associate Professor level in the
Retina Division

University of California, Irvine—Ophthalmology
HS Assistant Clinical Professor—
Medical Ophthalmologist Uveitis Specialty
HS Assistant Clinical Professor—
Medical Ophthalmologist Comprehensive

University of California, San Francisco—Ophthalmology
Comprehensive Ophthalmologist

University of Iowa College of Medicine—Ophthalmology
Glaucoma Faculty Position
Oculoplastics Faculty Position

University of Kansas—Ophthalmology
Medical and Surgical Vitreoretinal Specialist
Comprehensive Ophthalmologist

University of Maryland School of Medicine—Ophthalmology
Glaucoma Clinician—Educator, Glaucoma Clinician-Scientist

University Of Michigan Health System—Ophthalmology
Vitreoretinal Faculty Position

University of Missouri—Ophthalmology
Pediatric Ophthalmologist —Academic

University of North Carolina at Chapel Hill—Ophthalmology
Vitreous-Retinal Specialist/Clinician Scientist

University of Oklahoma—Dean McGee Eye Institute
Cornea and External Disease—Assistant/Associate/Professor
Retina/Vitreous Faculty Position—Assistant Professor

University of Rochester—Flaum Eye Institute
Neuro-ophthalmologist—Assistant, Associate or Full Professor

**University of Tennessee Health Science Center,
Hamilton Eye Institute**
Assistant Professor
Glaucoma Faculty Position
Oculoplastic/Oculofacial Surgery

University of Texas, Southwestern Medical Center—Ophthalmology
Comprehensive Ophthalmologist
Cornea Surgeon—Assistant Professor, Associate Professor,
or Full Professor
Neuro-Ophthalmologist at the Assistant Professor, Associate Professor,
or Professor level
Ophthalmologist

University of Vermont College of Medicine—Ophthalmology
Academic Retina Specialist
Comprehensive Ophthalmologist

University of Wisconsin School of Medicine—Ophthalmology
Glaucoma Physician Scientist PVL# 80192—
Professor, Assistant Professor or Associate Professor

Virginia Commonwealth University Medical Center—Ophthalmology
Vitreoretinal Specialist

West Virginia University Eye Institute—Ophthalmology
Glaucoma Faculty

SAVE THE DATE

REGISTRATION AND HOUSING OPENS OCTOBER 28

VIEW MORE INFORMATION ONLINE AT WWW.AUPO.ORG



**AUPO 2016
ANNUAL MEETING
JANUARY 28-30**



Executive Vice President and Editor
Steven E. Feldon, MD, MBA

President
Julia A. Haller, MD

President-Elect
Oscar A. Cruz, MD

Past President
Eduardo C. Alfonso

Trustees
Keith D. Carter, MD
Roger F. Steinert, MD
Paul Sternberg, Jr, MD
Russell Van Gelder, MD

*Send feature articles and
correspondence to:*
Steven E. Feldon, MD, MBA
University of Rochester
School of Medicine & Dentistry
Flaum Eye Institute
601 Elmwood Ave, Box 659
Rochester, NY 14642
Ph: (585) 275-1126
E-mail: steven_feldon@urmc.rochester.edu

Associate Editor
Robert La Follette, MBA, CMPE

*Send announcements, association
news, and address changes to:*
AUPO Administration Office
655 Beach Street
San Francisco, CA 94109
Ph: 415.561.8548
Fax: 415.561.8531
E-mail: aupo@aao.org

Production
Gina Minato
AUPO Administration Office
E-mail: gminato@aao.org