ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY

AUPO

Members, Associate Members and Administrators

News & Views

June 2002

President's Perspective

HIPAA
We Have all heard about it, but how much do we Really Know?

By John P. Shock, MD

Chairs, Program Directors and other academic leaders have faced numerous challenges in recent years in adjusting to the changing demands of the healthcare world. In fact, the entire healthcare sector is clearly laboring under the strains of this changing and demanding environment. The new marketplace is squeezing the financial resources available to providers and academic health centers (AHCs) in particular, which continue to face great challenges for their multiple services and academic missions. In an effort to respond numerous strategies have been tried to include hospital and institutional mergers, acquisitions of primary practices, aggressive cost reductions, and even creating university-sponsored healthcare plans. Basically, these and other reforms have not worked as intended because they have failed to bring about significant and needed changes in the healthcare centers. Consequently, AHCs continue to struggle to maintain operating margins without which reduces their ability to cross-subsidize education, research and administrative costs with clinical revenue.

In addition, the growing public and professional dissatisfaction with the failures of our current systems has brought increased scrutiny to the medical profession by oversight boards, business, the Federal Government and the general public. For example, in the early 1990s there were several major breaches of unauthorized disclosures of patient information which acted as the catalyst for the development of the Health Insurance Portability and Accountability Act (HIPAA). These regulations became law in 1996, and to date the portability rules have been implemented, which impacts patient insurance coverage. It is the accountability portion of the act and specifically the privacy rules, which are now being addressed that has the most significant and disproportionate impact on healthcare providers. They are due to be implemented in April 2003, and there is no question that this part of HIPAA will financially stress the healthcare system and will require significant training of physicians and staff to reach compliance and maintain it. This is not to say that there are no positive aspects of HIPAA, but as with nearly all new sets of regulations there are many "overkill" requirements some of which are already under consideration for modification. Nevertheless, when the rules are finalized, they will be the law, and we will need to comply appropriately. As such, it will be very important that we all become as knowledgeable as possible with the contents of HIPAA and its effects on our training programs and academic health centers.

If you are not familiar with all of the provisions of HIPAA, you are not alone. The rules are complicated, often confusing, and it is not easy to get a full perspective of what their impact will be on nearly every aspect of our interaction with patients. What makes it even more difficult, certain parts of the rules, as previously stated, are being considered for modification by Congress as input is provided to the U.S. Department of Health and Human Services (HHS) by the American Hospital Association (AHA), American Medical Colleges (AAMC), and other interested groups. I have included a diagram (page 7) that gives a condensed outline of the act. Since the privacy part of HIPAA impacts academic practices the most, I have included most of the elements of this section on the

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diagram and will touch on three areas, namely Notice of Privacy, Consent and Research. At the end of each section, I will comment on the 21 March 2002 HHS proposed modifications.

Before proceeding, I would like to point out that the privacy initiatives address the HIPAA requirements regarding the use and disclosure of Protected Health Information (PHI). PHI is individually identifiable health information transmitted or maintained in any medium, such as oral, written, or electronic that relates to past, present or future conditions, provision of healthcare, and payment.

PRIVACY NOTICE

HIPAA rules require that patients receive written notice of your policies regarding the use and disclosure of patient Protected Health Information (PHI). This Notice is required to contain among other elements, a description of the types and uses of the protected information that the practice will disclose regarding treatment, payment and healthcare operations. Other elements that the Notice must contain are:

- instances where you may disclose information without the consent of the patient,
- information about the patient's right to request restrictions on your notice policy,
- a description of the patient right to access, inspect, copy and amend his or her own record,
- a statement that says that patients consent must be obtained for non-exempt uses of medical records, and
- statement affirming the patient right to request a paper copy of your privacy notice.

There must be an affirmation that your practice is legally required to safeguard the information, provide notice of your privacy policies, and that you are bound by the terms of the Notice unless amended in accordance with the law. There also must be a warning that your practice can contact the patient with appointment reminders and can transmit relevant information about other health services you provide. You must also outline a procedure for filing a complaint with you and with the Department of Health and Human Services if a patient believes his privacy rights have been violated. As you will see in the next section on Consent, the March 2002 proposed modifications relaxes some of the requirements to obtain individual consent, but by doing so, the HHS has recommended that the rule on Notice be made more stringent by requiring hospitals and other providers to document in writing the patient's receipt of their Notice of Privacy document. This documentation may be done by having a patient sign an acknowledgement list or a cover sheet attached to the Notice. The provider is required to use good faith efforts in obtaining the acknowledgement from the patient and to document their efforts if the patient refuses to sign.

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EVP of the AUPO

As of the writing of this column, what do the following programs have in common: Albert Einstein, University of Wisconsin, LSU, Vanderbilt, Penn State, UCSF, MCV, University of Kentucky, Boston University, Tufts, Harvard and Yale?

SEARCHING FOR A CHAIR!

Succession planning is a top priority for AUPO and its members. Leadership identification and development are both necessary in this quest. Unfortunately, AUPO is sorely deficient in providing the tools and mentors to find, recruit and train the next generation of chairs. How many of us have an academic offspring currently being groomed for the job? How many of us have spent the time as a role model and teacher in this regard? How many of us have provided organized training or access to appropriate educational modalities to likely candidates? It is time for AUPO to develop a formal mechanism to assist our members and potential new chairs in this process of replacement. One suggestion is to utilize a cadre of retired chairs or prior AUPO officers as a resource to develop a program for our peers and to consult with aspiring candidates.

Many of us are frequently asked by Deans and search committees to identify these candidates. How do we pick the names? From inside or outside the institution? Do we look for the traditional triple threat? Do they still exist? Even so, in the current healthcare industry milieu, do we need individuals with different spheres of expertise?

The Blue Ridge Academic Health Group develops recommendations for Academic Health Centers "to create greater value for society". In their latest report, they urge strong consideration of "developing leadership within", emphasizing a corporate culture that cultivates and grooms their own new leaders. These individuals need not be triple threats, but should be brilliant and strong individuals who can promote change, and enhance the performance of those they lead. Whether the prospects are from inside or external, I would add a fourth characteristic, absolutely necessary in today's environment, that of business savvy.

The AUPO has done much to encourage our members to acquire the tools necessary to maintain a viable business. Like it or not, we are CEOs. Despite being called non-profits, we must make a profit. Our product lines, the traditional education, research and patient care, must be funded. Our businesses must not only be viable but must grow. Our successors must know how to support the academic mission in ophthalmology and visual science.

Who still wants to be a Chair of Ophthalmology? How often do I hear that question nowadays? It is our responsibility to proselytize, to find, to recruit, to train, to nurture, and to fund those who will follow in our stead.

— Steven M. Podos, MD

NOMINATING COMMITTEE REPORT

The Nominating Committee met during the 2002 Annual Meeting at Amelia Island. David W. Parke II is committee chair and the committee members are John P. Shock, Jr., Bartly J. Mondino, Steven M. Podos, Ronald E. Smith, and C.P. Wilkinson. The committee recommends the following slate for consideration of election at the 2003 Annual Meeting:

President Elect	**J. Bronwyn Bateman**
Trustee	**Barrett G. Haik**

Deadlines for Submission

Issue	Deadline
Sept 2002	Aug 1, 2002
Dec 2002	Nov1, 2002

Program Directors Meeting

By Alfredo A. Sadun, MD, PhD

Thursday afternoon, February 7, 2002 afforded another opportunity for a Program Directors Meeting at the AUPO 36th Annual Meeting. The meeting was very well received despite an afternoon venue that may have competed with recreational plans. Almost all program directors and many chairman were in attendance. The agenda for this meeting had been largely organized by Anthony Arnold, MD. After a few introductory comments by Alfredo A. Sadun, MD, PhD, we had an opportunity of hearing Leslie J. Sandlow, MD speak about an issue which is becoming of greater importance in the training of ophthalmologists. This is the challenge of designing and implementing core competencies. The following is a very simplistic and terse description of the seven core competencies proposed for residents in ophthalmology: 1. patient care; 2. medical knowledge; 3. practice based learning; 4. communication with patients; 5. professionalism (and ethics); 6. systems based practices (healthcare delivery issues). A 7th core competency has been added for ophthalmology: surgical skills.

These core competencies are going to become increasingly important both as objectives and as outcome measurements for the American Council of Graduate Medical Education (ACGME) and it's various subgroups including the Residency Review Committee (RRC), the Association of the Council of Medical Specialty Directors (OPDA), and the Council of Medical Subspecialties (CMSS).

Leaders in ophthalmology, especially those of the ABO and AUPO, are recognizing that the definitions of these core competencies, and in particular the toolbox that will be used to measure these core competencies, will either be designed by us today or imposed upon us by other organizations in the near future. It may become quite awkward or objectionable to live with poorly defined objectives. Hence, it behooves the AUPO and the ABO to take leadership roles in the design of the measurements of these core competencies.

Also on the agenda for the Program Directors Meeting was a discussion led by Richard Abbott, MD of the American Academy of Ophthalmology on resources for residents. We also had discussions of problems in residency education. This was followed by a general discussion of residency training issues by Drs. Nicholas Volpe, Andrew Lee, Anthony Arnold, Keith Carter, and Alfredo A. Sadun.

The Board of Trustees of the AUPO have committed themselves to both short term and long term strategic plans to assist the program directors in general and the Program Directors Agenda at the AUPO Meeting in particular. In this regard there also exists an Education Committee with Alfredo A. Sadun, MD, PhD as goaltender and J. Bronwyn Bateman, MD as Board Liaison. Other committee members include Drs. Richard Mills, Thomas Deutsch, Susan Day, Thomas Liesegang, and Katherine Hecht. This Education Committee has met repeatedly and made recommendations especially to support Resident Program Directors. A recent meeting of the CMSS and OPDA made clear how great is the present danger to residency education due to the critically high rate of program director turnover. As an example, a decade ago, there was approximately a 9% per year turnover of program directors. In contradistinction, in the year 1998-1999 this went up to 20% a year! Similarly, the average longevity for program director a decade ago was 5.4 years. In 1998-1999 this dropped down to 2.7 years! As a consequence, in the year 2000, less than 25% of all program directors in various subspecialties had been in the position for 5 years or more. The Education Committee proposed several ideas to support the residency program directors both economically and through awards and other methods that highlight the importance of this job.

For the last two years, there existed only an ad hoc Program Directors Steering Committee composed of Alfredo A. Sadun, MD, PhD (Chair), Anthony Arnold, MD, Marlon Maus, MD, and Karl Golnick, MD. The AUPO Board of Trustees has recognized a need for a more formal governance and structure for the Program Directors Group at the AUPO. At the same time they recognized the pending issues of core competencies for which a task force was created to work in conjunction with the ABO. Marco Zarbin, MD, PhD, has assumed a leadership role in addressing both issues. In late 2001 he brought together an outstanding team of program directors to examine and draft a document on the core competencies. This task force has already gone a long way towards

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defining and suggesting measurements for the seven core competencies. This task force presently consists of Paul Langer, MD (Chair), Susan Carter, MD, Jay Lustbader, MD, Jack Cohen, M.D., Scott Sigler, MD, and J.P. Dunn, MD. Eventually this task force will work directly with Dr. Dennis O'Day of the ABO in preparing formal documents. This task force, in coordination with the ABO and with the ophthalmology RRC will establish tools by which the core competencies can be evaluated for all ophthalmology residency training programs in the United States.

Beginning with this task force, the AUPO has created a larger residency directors group termed the "Residency Program Directors Advisory Council". This council will report directly to the AUPO Board of Trustees. Its charges will begin with the establishment of assessments for the core competencies as well as planning and implementing the agenda for future AUPO programs as it relates to residency program directors. This advisory council will present yearly to the AUPO Board of Trustees with various recommendations.

The composition of the council will eventually consist of seven members. Only individuals who are current program directors will be eligible for membership. The ultimate composition of the council in terms of appointment will be as follows: 1. Past President; 2. President; 3.President Elect; At Large #1; At Large #2; At Large #3; At Large #4. Each will serve 1 year and then rotate to the next position.

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Administrators Update

By Ricky D. Bass, MBA MHA

The AUPO Administrators Board is excited to announce the arrival of our new Administrator Listserve and to encourage each of you to participate. The Listserve is available only to AUPO Administrator members and will provide a forum for each of us to pose questions to our colleagues regarding the day-to-day management of our academic units. The Listserve should be considered a confidential way to access the wealth of knowledge among our membership. The Board is pleased to offer this new membership benefit and will continue to explore other services and products to offer AUPO Administrators. If you currently are not receiving messages, please email Denise De Losada at: ddelosada@aao.org

The Board will meet in New York City on July 19th and 20th to finalize the 2003 Annual Meeting to be held January 30 – February 1, 2003 at the Renaissance Esmeralda Resort in Indian Wells, California. The Board encourages you to earmark your budgets now to allow your attendance. Our meetings continue to be your only resource for academic ophthalmology management and we design the meeting content based on your input and guidance. Please do not hesitate to let any of the Board members know if you have special interests or concerns regarding the 2003 meeting. We will plan to continue the round table discussions as an avenue to explore multiple operational issues of our daily lives. We are working with the Chairs to offer another day of business management course work and various other session topics that were identified by last year's meeting survey.

This is my last column as President of the AUPO Administrators. I thank each of you for the support given during my tenure as President and trust that you have been pleased with the changes the organization has initiated. My goal has been to develop a collegial atmosphere and to encourage all members to be active with the Organization. The AUPO Administrators is the only organization that recognizes the unique characteristics of academic ophthalmology and we should continue to share our wealth of knowledge through the Administrator's Resource Directory and the new Listserve.

I look forward to seeing you in California and will continue working with the AUPO group as Past President. The next News and Views will outline the content of next year's program, update you on the Board meeting and allow our new President to address the membership.

Thank you again for allowing me the opportunity to work with such a terrific group of Administrators. It's been a great three years.

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CONSENT

Under the original rules it was a requirement that the healthcare provider have the patient sign a written consent that included the statement that protected health information could be disclosed or used for treatment, payment, or healthcare operations. The Consent Document had to refer to the Notice of Privacy and give the patient the opportunity to review it. In addition, the Consent Document must give the patient the right to restrict further uses of the information other than what the policy specifically allowed. The Consent Document must state that the patient may revoke at any time their consent in writing in which case all future disclosures will cease.

Under the March modifications being proposed by the HHS, direct treatment providers, including hospitals, are not required to obtain individual consent to use or disclose protected health information for treatment, payment and healthcare operations (TPO). This is a significant positive change in the rules. TPO providers may obtain such consent, however, if they so choose. In addition, the proposed amended rules make clear that providers may disclose protected health information for the treatment activities of another provider, the payment activities of another provider or entity, and certain limited healthcare operations of another covered entity that is treating or providing healthcare benefits for the same patient. These changes only apply to uses and disclosures for treatment, payment and healthcare operation (TPO) purposes. Patient authorizations are still required for non-TPO purposes. There are other instances where a patient's consent is not required, such as when information is required by law. Examples would be gunshot wounds, stabbings, and other injuries inflicted by criminal activity, for public health records, such as reporting communicable diseases, births and deaths, and victims of abuse, neglect or domestic violence, provided that your practice also notifies the victim that the disclosure is being made. Also, consent is not required for health oversight, such as governmental audit, for judicial or administrative proceedings if legally ordered and certain others.

RESEARCH

According to Samuel C. Silverstein, MD, in the Columbia Health Sciences News, the HIPAA rules, if not modified, will create major problems for all forms of medical and health research and for medical education. He points out that in a letter from AAMC President Jordan Cohen to Tommy Thompson, Secretary of Health and Human Services, that the rules restriction on the use and disclosure of protected health information will impair the conduct of clinical trials, clinicopathological studies of the natural history and therapeutic responsiveness of disease, epidemiological and health outcome studies and genetic research. For example, the rules requirement to remove some 18 identifying characteristics from medical records to protect the privacy of research participants could essentially render the data useless for post-marketing studies of devices and for epidemiological and other forms of population-based research, such as gene hunting. Silverstein goes on to say that under the new regulations, academic medical centers, healthcare providers, and insurers will be forced to cope with new legal liabilities and burdens. For example, under the rule a patient can demand that a hospital account for all disclosures of health information for research purposes during the six years preceding the patient's request. Responding to such a request will be difficult for a large academic medical center that has thousands of patients and makes many disclosures for research. Performing multi-center clinical trials of new drugs and devices also will become more difficult, costly and time consuming.

Fortunately, in the 21 March 2002 notice the HHS recommended to Congress to simplify the requirements for research authorization and removed the complex additional requirement that were applicable to research involving treatment. In addition, the proposed modifications will allow research authorization to expire

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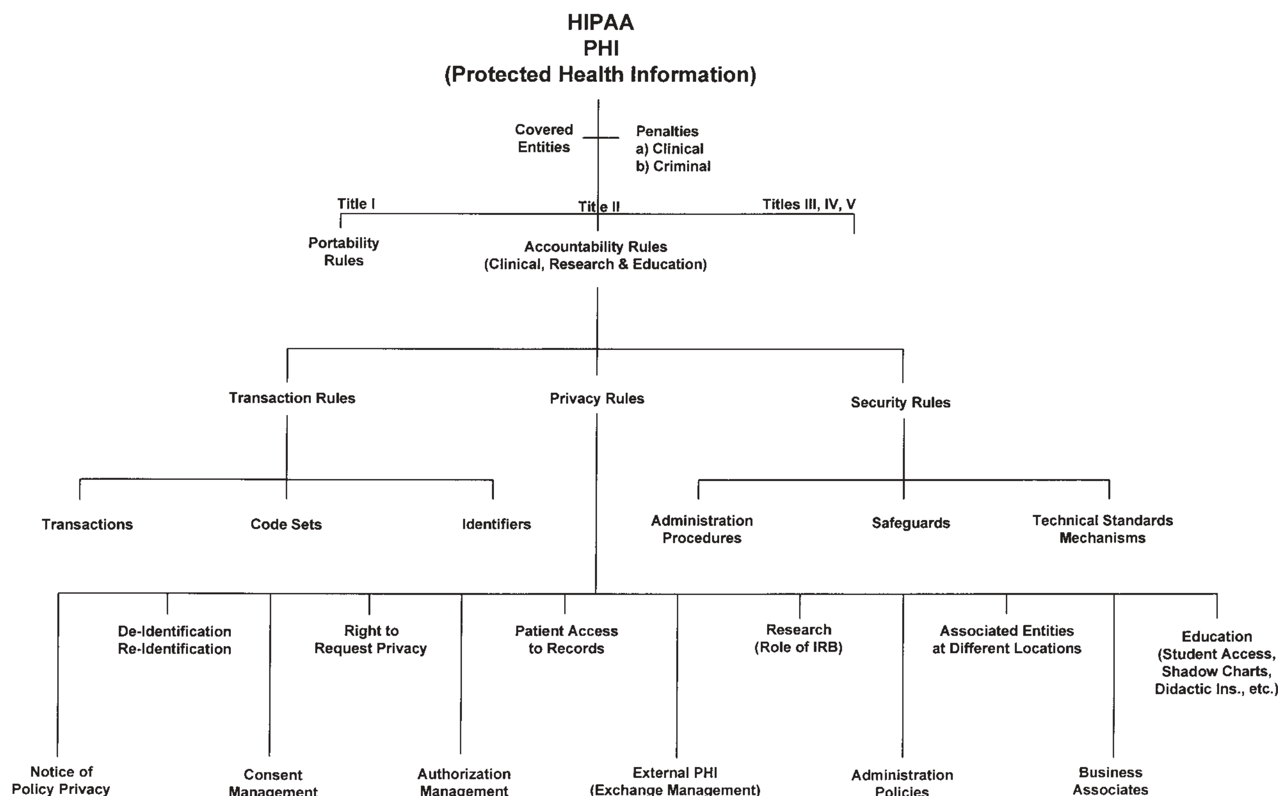
Future Annual Meeting Dates

2003 January 30-February 1
Renaissance Esmeralda Resort, Indian Wells, California

2004 January 29-31
The Ritz-Carlton, Sarasota, Florida

2005 January 27-29
The Westin Kierland Resort, Scottsdale, Arizona



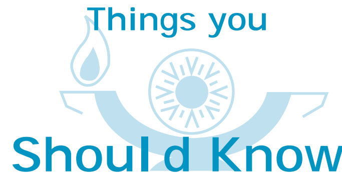
at the end of the research or not at all if the purpose of the authorization is to create a research database or registry. Moreover, the modifications simplify the considerations an institutional review board must make in determining whether to allow a waiver authorization for research. The modifications will also eliminate the need for researchers to use multiple consent forms – one for informed consent to the research, and one or more related to information privacy rights. Instead, researchers could use a single combined form to accomplish both purposes.

As you can see, the rules are not easy to keep straight, and I have only touched on a few of the areas that are shown in the figure. Traditionally, I believe providers have been very good at regarding clinical information as confidential, but under HIPAA, protected health information (PHI) includes items which we might not have been so careful in protecting in the past, such as birth date, addresses, and social security numbers. Also consider all the labels, notes and other unofficial information about patients that "floats" around teaching institutions. Remember the HIPAA standards apply to Protected Health Information (PHI) in all forms, written, electronic and verbal. Although the March 2002 proposed modifications now allow for "incidental disclosures", if safeguards are not in place, then this modification will not be allowed.

Lastly, one needs to become familiar with patients' rights under HIPAA, such as the patient's right to access their records, and the right to request an amendment to their records. In addition, the patient has the right to request restriction on the use of their information, and the new modifications propose to inhibit covered entities from using or disclosing protected health information for marketing purposes without an individual's authorization. There are also rules that address the use of patient information for fundraising purposes.

Obviously, prior to HIPAA's implementation there is a great need to identify the gaps in our practices, make corrections, and educate faculty, students, residents and other healthcare providers. Failure to comply once the rules are implemented can result in stiff penalties. Web sites which you might find helpful for additional information are:

http://aspe.hhs.gov/admnsimp/bannerps.htm
http://www.aha.org/hipaa/whatsnew.asp
http://www.EyeNetMagazine.org/
http://www.aao.org/compliancecd. ■



NEW MEMBERS

The San Francisco office has learned of the following membership changes since the publication of the last newsletter. Please be sure to update your 2001-2002 Directory with the following changes:

Members

Jeffrey J. Hurwitz, MD
University of Toronto
Toronto, ON, Canada

David A. Quillen, MD*
Pennsylvania State University,
Hershey Medical Center
Hershey, PA

Jeannie Suchecki, MD
University of Connecticut
Framington, CT

* - Acting or Interim

Associate Members

Andreas K. Lauer, MD
Oregon Health Sciences University,
Casey Eye Institute
Portland, OR

OPHTHALMIC PATHOLOGY FELLOWSHIP

Research to Prevent Blindness and the American Ophthalmological Society – Knapp Fund is offering a two-year postgraduate fellowship for training in ophthalmic pathology with an annual stipend of $52,500. The first year of the proposed fellowship program will be spent in the study of diagnostic pathology and in the initiation of experimental eye pathology laboratory research. The second year of fellowship training will include experimental pathology research combined with exclusive time in diagnostic pathology or time in a relevant clinical subspecialty. Applicants must be graduates of a medical school accredited by the AAMC, citizens of the United States, and have plans for an academic career. Deadline for submission of applications: January 15, 2003 for fellowship starting in July, 2003. Please direct all inquiries and requests for application materials to: (See Clinician-Scientist Fellowship).

AOS-KNAPP FUND FELLOWSHIP

The Knapp Fund, a supporting organization of the American Ophthalmological Society, provides funding for the second or third year of postgraduate study in ophthalmology. An annual stipend of $20,000 is available for postgraduate study beginning on or after July 1, 2003. To be eligible, applicants must be United States or Canadian citizens, the fellowship training must be conducted in the United States and applicants must have completed a residency program in ophthalmology accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada. Deadline for receipt of applications is March 15, 2003. For contact information see Clinician-Scientist Fellowship.

ONE-YEAR HEED FOUNDATION FELLOWSHIP

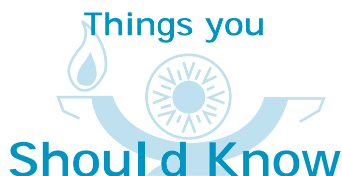
A one-year Heed Foundation fellowship for postgraduate studies in ophthalmology provides an annual stipend of $15,000 for fellowships beginning on or after July 1, 2003. To be eligible, applicants must be graduates of medical schools accredited by the AAMC, United States citizens, and fellowship training must be conducted in the United States. Deadline for receipt of applications is January 15, 2003. For contact information see Clinician-Scientist Fellowship.

CLINICIAN-SCIENTIST FELLOWSHIP

The Heed Ophthalmic Foundation is providing a new two-year postgraduate Clinician-Scientist fellowship. Individuals who are committed to a full-time academic career, which will include research and clinical care, are encouraged to apply. Annual Stipend is $40,000. Applicants must be citizens of the United States, graduates of medical schools accredited by the AAMC and the fellowship must be conducted in the United States. Deadlines for receipt of applications is January 15, 2003 for fellowship beginning in July 2003. For information, please contact:

Froncie A. Gutman, M.D.
AOS-Knapp Fund
Cleveland Clinic Foundation
9500 Euclid Avenue, Desk i-32
Cleveland, OH 44195
(216) 445-8145 FAX: (216) 444-8968

Things you Should Know



Jeffrey Berger Ophthalmic Scientist Career Development Award

The Department of Ophthalmology at the University of Pennsylvania is interested in promoting the development of clinician-scientists with interests in basic, translational, or patient oriented research. Applications from ophthalmologists within three years following completion of residency and with a clinical interest in either general ophthalmology or an ophthalmic subspecialty will be considered. Prior subspecialty training is not required since opportunities exist for subspecialty fellowship training during the grant award. A faculty appointment and two years of start-up funding will be granted. It is anticipated that the successful candidate will seek extramural support during these two years. Appropriate mentoring opportunities exist in virtually all disciplines in vision research including epidemiology, biostatistics, informatics, genetics, molecular biology, biochemistry, bioengineering, pharmacology, and neuroscience. Applications and additional details may be obtained from Michael Tolentino, M.D., Scheie Eye Institute, 51 North 39th Street, Philadelphia, PA 19104, email: mtolent95@aol.com. Applications should be submitted by October 1. Awards will be granted on or before December 15.

AUPO Services

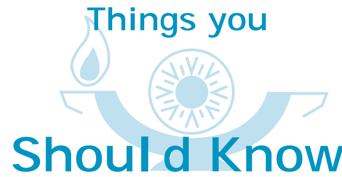
AUPO offers job opportunity services in every AUPO News & Views.

Circulate the News and Views

The AUPO seeks to represent all academic ophthalmologists and the AUPO News and Views contains information that will be of interest to many faculty members. Members are encouraged to copy or circulate the News & Views to their faculty colleagues.

AUPO Policy Reminders

- All applicants participating in the Ophthalmology Matching Program (OMP) must use the Universal Application form and the Central Application Service (CAS) to apply to all programs in the match.
- Programs wishing additional information (photographs, hand-written materials, etc.) prior to interviews or prior to signing contracts may request it from applicants in accordance with institutional guidelines.
- So called "Audition Electives" by medical students at institutions other than their own are discouraged.
- Residency programs participating in the Ophthalmology Matching Program are not to distribute additional application material prior to July 1 each year.
- Residency programs are not to initiate contact with applicants after the interview until the match has been completed. This policy has been promulgated in the ophthalmology matching program directory in order that candidates will know if this policy is violated by programs.
- Fellowships should not be required to begin prior to July 7 in order that residents may complete training on June 30.
- The AUPO discourages its members from charging applicants fees for applying to residency training programs.
- AUPO policy strongly discourages any representative of a residency program from entering into discussions with a resident from or matched to another program prior to consultation with that resident's residency program director.
- The AUPO and its member departments recognize the costs and logistical difficulties borne by applicants in the fellowhip interview process. Departments will endeavor to select interview dates which will mitigate these difficulties without negatively impacting the quality of the process.



FACULTY POSITIONS AVAILABLE JUNE 2002

The faculty positions section lists positions available within the AUPO Member Departments of Ophthalmology. If your institution is interested in advertising ophthalmology positions (at no charge), type your advertisement for publishing and submit it to the AUPO San Francisco office.

COMPREHENSIVE OPHTHALMOLOGY

Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, is seeking a Medical-Surgical Ophthalmologist to join a faculty of eight MDs, three ODs, an ophthalmic photographer and 20 ophthalmic technicians. This position will include a faculty appointment at Dartmouth Medical School. The qualified professional will be responsible for providing educational support to our medical student, medical resident and surgical residency training programs, along with contributing to the academic mission of the Medical Center. This position is based in a sophisticated, small community with an excellent school system, drawing on the New Hampshire-Vermont patient base. In return for your expertise, we offer a comprehensive compensation and benefits package. Dartmouth-Hitchcock Medical Center is an EO/AA employer and encourages applications from women and members of minority groups. If interested, please send CV, cover letter, and three references to name and address below:

PEDIATRIC OPHTHALMOLOGY

The Section of Ophthalmology at the Dartmouth-Hitchcock Medical Center seeks an ophthalmologist with subspecialty training in Pediatric Ophthalmology. This ophthalmologist will provide both in- and outpatient medical and surgical pediatric ophthalmology subspecialty care. Will also provide general ophthalmology care as practice matures. As an employee of the Dartmouth-Hitchcock Clinic, this ophthalmologist will receive an academic appointment of Assistant/Associate Professor as a member of the faculty of Dartmouth Medical School. Will also give lectures and provide clinical training to medical students, interns, residents, and technicians as required. The candidate we seek will have completed an accredited residency in ophthalmology and fellowship training in pediatric ophthalmology. Must be Board Certified or eligible in Ophthalmology. Three (3) references attesting to professional competence also required. This position is pending approval. Dartmouth-Hitchcock Medical Center is an EO/AA employer and encourages applications from women and members of minority groups. Inquiries and resumes should be directed to:

Rosalind A. Stevens, M.D.
Chief, Section of Ophthalmology
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
FAX (603) 650-4434

CLINICAL RESEARCH

The Department of Ophthalmology at the University of Miami School of Medicine is seeking a qualified candidate with an MD or MD/PhD degree, who has completed an accredited ophthalmology residency, an approved clinical fellowship and be Board Certified/eligible in Ophthalmology. This position is offered at Assistant or Associate Professor level to a physician-scientist who desires to develop a career combining patient care, education, laboratory and clinical research. The candidate will have completed at least 4 years of postgraduate clinical training and at least 1 year of postgraduate research training in a discipline relevant to vision research. The candidate will be expected to develop a successful, funded laboratory research program and to develop a clinical practice in a specialty relevant to his/her area of research with focus on developing innovative research. The candidate will be active in the education of graduate students, fellows and resident physicians. Florida Medical License required. EO/AAE. Contact below:

OCULOPLASTIC SURGERY

The Department of Ophthalmology of the University of Miami School of Medicine is seeking a candidate with the following credentials. Ophthalmology MD Degree; valid State of Florida Medical License; Board Certified/eligible with subspecialty training in Oculoplastics; completed ophthalmic residency program; and one year accredited fellowship training. Duties include: providing patient care, participating in

clinical consultations, research and teaching; developing a clinical practice in a subspecialty relevant area of training with focus on developing innovative clinical research. English skills, verbal and written required. EO/AAE. Contact below:

CORNEA AND OCULAR SURFACE DISEASE

The Department of Ophthalmology at the University of Miami School of Medicine is seeking a qualified candidate with an MD or MD/PhD degree, who has completed an accredited ophthalmology residency, an approved clinical fellowship and be Board Certified/eligible in Ophthalmology. The candidate will have completed at least 4 years of postgraduate clinical training in a discipline relevant to ophthalmology. The candidate will have subspecialty in training in Cornea and Ocular Surface Disease. The candidate will be expected to develop a clinical practice with focus on developing innovative clinical research. The candidate will participate in clinical consultations, research, teaching in concert with the existing members of the faculty, both at VAH and BPEI. Florida Medical License required. EO/AAE. Contact below:

RETINAL DISEASE

The Department of Ophthalmology at the University of Miami School of Medicine is seeking a qualified candidate with an MD or MD/PhD degree, completed an accredited ophthalmology residency, an approved clinical fellowship and be Board Certified/eligible in ophthalmology. The candidate will have completed at least 4 years of postgraduate clinical training in a discipline relevant to ophthalmology. The candidate will have subspecialty in training in Retinal Disease. The candidate will be expected to develop a clinical practice with focus on developing innovative clinical research. The candidate will participate in clinical consultations, research, teaching in concert with the existing members of the faculty, both at VAH and BPEI. Florida Medical License required. EO/AAE. Contact:

Carmen A. Puliafito, M.D.
Chairman
Bascom Palmer Eye Institute
P.O. Box 016880
Miami, FL 33101
(305) 326-6303; FAX (305) 326-6306.

CORNEA/GLAUCOMA/PEDIATRIC OPHTHALMOLOGY AND STRABISMUS/RETINA

The University of Colorado Health Sciences Center Department of Ophthalmology is accepting applications for faculty positions in the subspecialty areas of Cornea, Glaucoma, Pediatrics, and Retina. Full-time, tenure track appointments are available at the rank of Assistant Professor or above, depending on qualifications. Successful candidates will demonstrate a record of commitment to quality patient care, resident education, and research. The University of Colorado Health Sciences Center is an Affirmative Action/Equal Opportunity employer. Qualified individuals should sent a letter of interest, curriculum vitae and a list of references to:

J. Bronwyn Bateman, M.D.
Professor and Chair
Department of Ophthalmology
Rocky Mountain Lions Eye Institute
University of Colorado Health Sciences Center at Fitzsimons
PO Box 6510
Campus Box F-731
Aurora, CO 80045

VITREO-RETINAL CLINICAL SCIENTIST

A Vitreo-Retinal Clinical Scientist position at the Assistant/Associate/Full Professor level is currently available in the Department of Ophthalmology, University of North Carolina-Chapel Hill. Qualifications are MD, PhD degrees. Duties include clinical retinal care and establishment of a laboratory for investigation of retinal disorders. Requirements include an approved ophthalmic residency training program, retina fellowship, Board Certification or eligibility, and eligibility for licensure in North Carolina. Academic rank and salary are negotiable. UNC at Chapel Hill is an Equal Opportunity/ADA employer. Contact:

Travis A. Meredith, M.D.
Professor and Chairman
Department of Ophthalmology
UNC School of Medicine
617 Burnett-Womack CB# 7040
Chapel Hill, NC 27599-7040
(919) 966-5296; FAX (919) 966-1908

Prg. Directors Meeting, continued from page 5

However, for the purposes of inclusiveness and to take advantage of a great deal of invested energy and experience the structure and membership of the council will temporarily include 10 individuals. This membership presently is: 1. President, Alfredo A. Sadun, MD, PhD, Doheny Eye Institute/USC School of Medicine; 2. President-Elect, Nicholas Volpe, MD, Scheie Eye Institute, University of Pennsylvania School of Medicine; 3. At Large #1, Paul Langer, MD, Institute of Ophthalmology and Visual Science, New Jersey Medical School; 4. At Large #2, Susan Carter, MD, Beckman Vision Center, University of California, San Francisco, School of Medicine; 5. At Large #3 Jay Lustbader, MD, Georgetown University School of Medicine; 6. At Large #4, Jack Cohen, MD, Rush Medical College, Rush University; 7. At Large #5, Scott Sigler, MD, Dean McGee Eye Institute, University of Oklahoma, School of Medicine; 8. At Large #6, JP Dunn, MD, The Wilmer Ophthalmological Institute, The Johns Hopkins University School of Medicine; 9. At Large #7, Anthony Arnold, MD, The Jules Stein Eye Institute, University of California, Los Angeles, School of Medicine; 10. At Large #8, Karl Golnick, MD, University of Cincinnati, School of Medicine.

Each year the Past President will rotate off of the Board until the membership is reduced to the seven individuals as described above. At that time the At Large membership will be reduced to the four permanent slots. Thereafter elections will occur to maintain a stable membership. Attempts will be made such that the council will represent training programs of various sizes and geographic distributions. The duration of service therefore will eventually be seven years for each member thus guaranteeing continuity of leadership and mature guidance while yet bringing in fresh new ideas.

Next year's program has already been drafted by Dr. Anthony Arnold and will involve the discussion by Dr. Norman Kahn on the "Problem Resident". The Program Directors Advisory Council thanks Dr. Marco Zarbin and the Board of Trustees of the AUPO. We are delighted to see the tangible progress that has been made in emphasizing the importance of residency education and, the role of the Program Director to insure the highest standards for residency training in ophthalmology. ■

Faculty Placement Service

JUNE 2002

Available	Name	Specialty
Sept 2001	Alicia M. Carroll, MD	Oculoplastics
July 2001	Roxana Ursea, MD	Ophthalmology

If you desire information on any of the above persons, contact the AUPO office at (415) 561-8548.