



MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS
NEWS & VIEWS

JUNE 2004

**PRESIDENT'S PERSPECTIVE
NEW MILESTONES**

BY J. BRONWYN BATEMAN, MD



It is an honor to assume the Presidency of the Association of University Professors of Ophthalmology (AUPO) for 2004-2005. I am pleased to start this year with several projects to accomplish this term. The mission of the AUPO is to serve, strengthen, and represent departments of ophthalmology and to provide support and information to departmental chairs and other faculty members, to promote excellence in ophthalmic education, to foster vision research, and to promote excellence in eye care in order to ensure the best possible vision for the public. Today, this includes advocacy for the mission within our ophthalmology circles and to the external environment including our schools of medicine, politicians and the public.

I would like to begin my first President's Perspective with the completion of the search for our new Executive Vice President. Doctor Bartly Mondino of the Jules Stein Eye Institute, UCLA, and our past-president, was unanimously elected and has agreed to serve as Executive Vice President of AUPO for the next five years. Doctor John Shock chaired the search committee for the replacement of our stalwart Executive Vice President, Steve Podos, who has served the organization so ably for the past 10 years.

Doctor Steve Podos has been the Chair of Ophthalmology at the Mount Sinai School of Medicine for the past 29 years. He has led the organization through

an important transition in the American educational system. Through his hard work and initiative, the scope of the meeting has expanded tremendously during this period and he has orchestrated the inclusion of new streams of revenue and maximizing reimbursements, has helped establish the Research to Prevent Blindness Resident and Fellow Research Program with Mr. David Weeks, and created symposia on timely issues. A major improvement in the organization has been the inclusion of residency directors more actively, and the establishment of the Bradley R. Straatsma Award for Excellence in Resident Education for the best Residency Director, in conjunction with the American Academy of Ophthalmology last year. We now have a very prestigious Bernard Becker/RPB/AUPO Physician-Scientist Award for clinician-scientists as a result of his efforts. We have also had financial stability during difficult economic times thanks to his financial management of the organization. The organization has maintained a superb relationship with our corporate friends, facilitating industry support for the AUPO. In addition, the residency match successfully transitioned from Doctor August Colenbrander to the SF Match during Steve's tenure. He has led us through two important strategic planning retreats that enabled our organization to become more helpful and relevant to Chairs, Program Directors and Administrators alike. Perhaps most importantly, both he and his wife, Wendy, have been good friends to us all. This next year will be an important transition for the organization and we will plan a special event for Steve and Wendy at our next annual meeting in January. Additionally, I plan to review

Continued on next page



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the highlights of his career in the last News and Views of 2004.

The coming year will be special as I hope to be followed as the first lady president of this organization by other women. The increase in women chairs has been slow but steady. We now have six women members in addition to myself: Eve Higginbotham of the University of Maryland, Susan Day at the California Pacific Medical Center, Joan Miller of Harvard University, Jeanine Suchecki of University of Connecticut, Marcelle Morcos of Nassau University Medical Center and Rosalind Stevens of Dartmouth-Hitchcock Medical Centers. We have initiated a 'Ladies Chair Luncheon' that has been successful and we have many gentlemen chairs join us on the event as well. In addition to the chairs, we have 17 additional associate women members (of the 241 total members); this is close to 10%. I am especially pleased that Doctor Susan Day will be nominated as Trustee-at-Large at the next business meeting. I look forward to continued growth in the future as the number of women ophthalmology residents grows; we now have 178 women of the total 941 of ophthalmology residents in the US. We have come a long way!

The Board of Trustees is working hard with Doctors Stuart Fine and John Keltner to establish guidelines for the oversight of ophthalmology fellowships in the US. A proposal and business plan for discussion at the Board of Trustees meeting this July are being finalized. The efforts of Stuart and John have been enormous and the AUPO Board has the public safety and the educational interests of the fellows at the core of the process.

Finally, the AUPO will be organizing a strategic plan over the year. Department Chairs are facing many difficult issues and I plan to address them during this process. If you have suggestions, please contact me. I look forward to the year ahead and the projects that we will accomplish together. ■

ADMINISTRATORS UPDATE

BY CHERYL FORMES, RN, BSN

The Annual Meeting kicked off on January 28, 2004, with our reception to welcome our new and returning members. The Administrators continue to have independent, social, and business functions to promote networking and business skill development among our peers.

Our Administrators Program this year was a resounding success. The three days were spent in a combined session with the Chairs on Thursday morning, "Extending Your Leadership Through Effective Communication" and in breakout sessions of our own reflecting the dynamic changes and challenges in academic ophthalmology.

On Friday, the Administrators hosted a session on "Optical Shops: Design, Incentives and Benchmarks," presented by Daniel Badgley of Henry Ford Hospital and Matt Bown, The Dean A. McGee Eye Institute. This presentation of two vastly different operations exhibited the many ways in which these businesses can be successful.

Gil Weber, Ophthalmic Operations Consultant, presented "What Do Your Patients Really Think: Patient Satisfaction Surveys, Mystery Shoppers, Focus Groups." A packet of handouts included tips on the design of patient satisfaction surveys and examples of effective survey questions to consider when designing your own.

Other highlights of the Administrators Program included "My Backyard" and "Cluster Group Sessions." Christine Foerstner, Alton Ochsner Medical Foundation; Perry Schechtman, University of Michigan; and Georgia McCray, Vanderbilt University, each presented various perspectives of Ophthalmic Practice Management within their own institutions.

Our Cluster Group Sessions included "The Challenge of International Fellowships" led by Becky FitzMaurice, University of California Irvine; "Hot Issues in Billing and Coding" led by Terri Campen, Emory University; and "Cosmetic Oculo-Plastics" led by Brett Moran from Duke University; and "The Use of Consultants" led by Alexandra Eads from Indiana University.

The Saturday Session on Fundraising, presented by

Rudy Burns, Jones Eye Institute, stimulated such a healthy question and answer session that we will continue to present more on this topic at the next annual meeting.

Our Annual Business Meeting was held at the conclusion of our sessions. The Administrators Board of Directors met on Saturday, January 31, to review meeting evaluations from our membership and to begin program planning for the 2005 Annual Meeting in Scottsdale, Arizona. The Board reviewed the program evaluations and we are pleased to report that the overall program evaluations were extremely positive, ranging from within above average to excellent for content and presentation. We also welcomed Daniel Badgley, Henry Ford Hospital, as our newly elected Board of Directors Member.

Your current Administrators Board of Directors:

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Daniel Badgley, Trustee-at-Large

The Board encourages your participation and looks forward to hearing from you in the coming months.

CIRCULATE THE NEWS & VIEWS

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

THE CLINICIAN-SCIENTIST IN OPHTHALMOLOGY REVIEW OF A SYMPOSIUM PRESENTED AT THE 2004 AUPO ANNUAL MEETING BY GARY W. ABRAMS, MD

The critically important role of the Department Chair in developing and sustaining clinician-scientists was a recurring theme of the Clinician-Scientists Symposium at the annual meeting of the AUPO. Organized by Gary Abrams, the Symposium featured a group of renowned academicians and clinician-scientists. The question proposed during the Symposium was "what is the current and future status of the clinician-scientist?" We heard the perspectives of a successful senior clinician-scientist, the Director of the National Eye Institute, a clinician-scientist from an outstanding research department, a prominent medical school dean, an excellent junior clinician-scientist and a panel of experienced department chairs. We additionally learned about possible funding sources for clinician-scientists.

Robert N. Weinreb, MD, Professor of Ophthalmology and Director of the Hamilton Glaucoma Center of the University of California, San Diego is a successful clinician-scientist and is a clinician-scientist advocate. He authored an editorial about the clinician-scientist in the Archives of Ophthalmology in 2001. As outlined by him, the impediments to success for the clinician-scientist include unstable funding support. With shrinking reimbursement for clinical services, the academic medical centers are increasingly, and necessarily, cost oriented. The clinician-scientist has become a highly visible target for cost reduction. Clinician-scientists are asked to spend increasing amounts of time with patient care. The clinician-scientist has less time to conduct research and less opportunity to compete successfully for research funding. Laboratory and clinical research is more complex and research skills rapidly become obsolete without updating. Some clinician-scientists forgo patient care and choose to do only vision research. However, there is often heavy accumulation of debt during medical school and subsequent training. Uncertain of whether they can support themselves through research grants, but not having the time to compete effectively, other clinician-scientists abandon research, devoting full time to patient care activities. Weinreb pointed out that clinician-scientists harried and harassed by the institu-

tional pressure of the bottom line make poor role models for students.

In 2001 and 2002, Dr. Weinreb and Dr. Steve Podos, under the auspices of the AUPO, surveyed all departments of Ophthalmology represented in the AUPO in order to delineate the characteristics and status of the clinician-scientist. Of 110 departments, 84 responded with the following information: number of clinician-scientists in the department, academic rank of clinician-scientists, and subspecialty and degree (MD vs. MD, PhD) of each clinician-scientist. Departments were asked to estimate the time each clinician-scientist spent in patient care and to list the source of funding (NIH vs. other research grants or other sources). According to Weinreb, 48% of departments reported three or less clinician scientists and 24% reported one or no clinician scientists in the department. Twelve percent of departments reported ten or more clinician scientists and three departments (3.5%) reported 15 or more. The survey revealed that funding varied by ophthalmologic subspecialty. The greatest number of clinician-scientists was in retina, glaucoma and cornea with NIH funding of 52%, 48% and 37%, respectively. Lower numbers of clinician-scientists were found in pediatric ophthalmology, neuro-ophthalmology, general ophthalmology and ophthalmic plastic and reconstructive surgery. Seventy three percent of clinician-scientists spent 50% or more of their time in patient care, and 37% spent 75% or more. Junior faculty spent significantly more time in patient care than senior faculty and faculty members supported by NIH spent less time in patient care than those not supported by NIH.

Paul Sieving, MD, PhD, Director of the National Eye Institute, spoke of the NEI commitment to training and funding clinician-scientists. He noted that Dr. Elias Zerhouni, the Director of the NIH, has included "Reengineering the Clinical Research Enterprise" in the NIH Roadmap. In the 3 October, 2003 issue of *Science*, Zerhouni emphasized the importance of translational research: "However, exciting basic science discoveries demand that clinical research continue and even expand, while striving to improve efficiency and better inform basic science. This is

Clinician-Scientist continued from page 4

undoubtedly the most difficult but most important challenge identified by the NIH Roadmap process.” Among the initiatives to expand the clinical enterprise will be increased efforts to provide advanced training in clinical research through new programs aimed at institutions and clinical centers.

Dr. Sieving identified the following major NEI programs supporting clinician-scientists: the K Career Development Awards; the Loan Repayment Program; the T32 Institutional Research Training Grants; and the R25 Clinical Research Education and Development Award (Program at minority and minority-serving institutions).

The NEI has awarded 50 million dollars in K awards since 1994. Current awards include the following: K08, Mentored Clinical Scientist Development Award; K12, Mentored Clinical Scientist Development Program Award (Institutional); K22, Career Transition Award; K23, Mentored Patient-Oriented Research Career Development Award; K24, Mid-career Investigator Award in Patient-Oriented Research; and K30, Clinical Research Curriculum Development Award (Institutional). The number of K awards has remained reasonably constant since 1996, ranging from 10 to 14 awards per year, but the dollar value of the awards has increased. From approximately \$1.2 million in 1996, the programs have increased to approximately \$8.4 million in 2003. Since 1996, the success rate of first-time applicants for a KO8 award was 72% (68 awards among 95 applications). For the K23 award, the success rate was 63% (19/30) and for the K24 award, 43% (3/7). While some K awardees did not apply for subsequent funding, the success rate for obtaining a R01, R03, R21 or U10 award among those who applied since 1996 was 49% (21/43). From 1985-1995 the success rate for subsequent funding was similar at 50% (25/50 among K11 awardees).

There is a myth that MD researchers compared to their PhD counterparts do not compete as well for NIH funding. In fact, from 1998-2002, 47% of MD applicants vs. 44% of PhD applicants were funded; however, there were comparatively fewer MD applicants. In the same period, MD applicants were funded at a higher dollar level than PhD applicants. The reason is unknown, but the difference may be in the salary component of grants, with MD salaries generally higher than PhD salaries.

Dr. Sieving described the Loan Repayment Program that was developed to help recruit or retain promising clinician scientists with large educational debts. For researchers in qualified programs with educational debt that is greater than 20% of their institutional base salaries, the program will pay up to \$35,000 per year for two years. New programs from the NIH for clinician-scientists include the Mentored Clinical Scientists Development Program (K12) and the K22 Career Transition Award. The K12 is an institutional award for development of clinician-scientists and patient-oriented clinical researchers. The K22 Career Transition Award is directed toward fellows and postdoctoral students. It is designed to support three years of training, then transition into a faculty position with another two years of support. Grantees are expected to apply for subsequent research support (R01). There is an annual review of progress.

The David Cogan Clinician-Scientist Research Forum, to be held annually at the NEI campus in Bethesda, MD, is for young extramural clinician scientists and will include presentations and posters of their work. It will be a good opportunity for participants to interact with the NEI staff and to network with other scientists.

Dr. Sieving finished by announcing a new NEI intramural program, the Clinician-Scientist Development Program. This program was designed for Board eligible/certified clinicians seeking to develop an independent research program that integrates vision research with clinical patient study. The Program includes a mentored three to five year clinical research development program, a competitive salary, laboratory space, equipment, supplies, and support for a technician and part-time clinical coordinator.

Douglas A. Jabs, MD, Professor of Ophthalmology, Professor of Medicine, and Director of the Division of Ocular Immunology at The Wilmer Eye Institute of Johns Hopkins University related the experience of their Department in development of clinician-scientists. Wilmer has had a large number of clinician-scientists and K awardees, with 17 KO8 recipients, seven K23 recipients, and an Institutional K12 grant. Dr. Jabs himself is a recipient of a K24 award, a mid-career grant to mentor developing clinician-scientists. There are a number of unique aspects of Wilmer that has allowed them to develop their

2005 PRELIMINARY ANNUAL MEETING SCHEDULE JANUARY 27 – 29, THE WESTIN KIERLAND RESORT SCOTTSDALE, ARIZONA

Registration materials for the 2005 Annual Meeting will be mailed in late summer. We will now venture to the new Westin Kierland Resort & Spa in Scottsdale, Arizona. The 2005 meeting will have the same schedule as the 2004 meeting, which will require you to arrive on Wednesday, January 26, 2005, as the program will begin promptly at 8:00am on Thursday, January 27th. Please review your registration materials upon receipt and if you have any questions, contact the San Francisco office at 415-561-8548 or aupo@aa.org. Program planning for this meeting is near completion and will be finalized during the upcoming July Board of Trustees meeting. Topics for the meeting symposia will focus on timely issues of concern to all members. A portion of the program will again be comprised of workshops. Following is the preliminary schedule for the meeting. Some topics and speakers are subject to change.

Wednesday, January 26

- 8:00a – 12:00n AUPO Subspecialty Fellowship Compliance Committee Meeting
12:00n – 6:00p Board of Trustees Meeting

Thursday, January 27

- 7:00a – 8:00a Becker/RPB/AUPO Award Committee breakfast (Dr. Blumenkranz, Chair)
7:00a – 8:00a Straatsma Award Committee breakfast (Dr. Parke, Chair)
8:00a – 12:30p Business Management: Hunter Group (Dr. Mondino, Moderator)
12:30p – 1:30p LUNCH (On your own)
1:30p – 4:30p Program Directors Meeting: Resident Competencies (Dr. Langer, Moderator)
6:00p – 8:00p New Members & Guests Buffet Dinner Reception (By Invitation Only)

Friday, January 28

- 8:00a – 10:00a Symposium: Manpower in Ophthalmology (Dr. Parke, Moderator)
10:00a – 11:00a Symposium: AUPO/RPB Resident and Fellow Research Forum (Dr. Fine, Moderator)
11:00a – 11:30a BREAK
11:30a – 1:00p Workshops and Discussion Groups (Dr. Shock, Chair)
1. RRC Update: Key Accreditation Issues (Dr. Day, Moderator)
2. Chairpersons Forum (Dr. Bateman, Moderator)
3. Medical Student Education (Dr. Haik, Moderator)
4. Program Directors Workshop (Dr. Langer, Moderator)
1:00p – 2:00p AUPO Nominating Committee Lunch (Dr. Bateman, Chair)
6:00p – 10:00p Reception and Banquet

Saturday, January 29

- 7:00a – 8:00a Slide Exchange Breakfast (Dr. Wilson, Moderator)
8:00a – 9:30a Organization Reports
1. AAO (Dr. Hoskins)
2. ABO (Dr. O'Day)
3. RPB (Ms. Swift)
4. NEI (Dr. Sieving)
5. FFB (Mr. Geisel)
6. ARVO (Dr. Abrams)
7. SF Match (Mr. Perry)
9:30a – 10:00a BREAK
10:00a – 11:30a Symposium: Causes and Prevention of Chair Burnout (Dr. Meredith, Moderator)
11:30a – 12:30p Business Meeting
12:30p – 2:30p Board of Trustees Meeting (Lunch)

Clinician-Scientist continued from page 5

large program in development of clinician-scientists.

They have a large faculty with over 50 funded research scientists in a variety of areas available to mentor developing clinician-scientists. There are large laboratory groups working in several areas, such as retina, retinal cell biology, genetics, vascular physiology, glaucoma, cornea, and microbiology and immunology, which provide numerous laboratory-based training opportunities. In addition, they have a number of affiliated clinical centers that offer opportunities for clinician-scientists: among others, The Dana Center for Preventive Ophthalmology, The Johns Hopkins Center for Hereditary Eye Disease, and The Retinal Vascular Center. Wilmer has great strength and experience in clinical trials. The Johns Hopkins Bloomberg School of Public Health collaborates closely with Wilmer investigators. There is the opportunity for trainees to pursue a degree in research methodology in the School of Public Health while pursuing fellowship training. For the developing clinician-scientist, there is the opportunity to have a clinical mentor and a mentor in the School of Public Health. The Public Health Ophthalmologist Program is a collaboration between the Dana Center and the School of Public Health. The Maumenee Scholars Program was developed to competitively provide seed funds to cover salaries of young clinicians for 1 year while they write a K grant. Wilmer has a large faculty that easily covers the clinical load, freeing the clinician-scientists time to pursue research interests.

Dr. Jabs points out that a key factor in development of clinician-scientists is the overall philosophy and culture of Johns Hopkins as a research university. The University has strength in most schools and departments and researchers often have joint appointments in other departments that allow association with outstanding scientists outside of Ophthalmology. The Visual Neuroscience Training Program is a close collaboration between the Departments of Neuroscience and Ophthalmology. There is an opportunity for laboratory training and mentorship both inside and outside of the Department. Dr. Jabs acknowledges a culture in the Department of Ophthalmology at Johns Hopkins that emphasizes research training.

Stephen J. Ryan, MD, Dean of the Keck School of Medicine, University of Southern California pointed out the importance for a Medical School and its

departments and physicians to be engaged in clinical research. According to Dr. Ryan, clinical research allows us to understand human disease, prevent illness, and promote health. Dr. Ryan reviewed the programs and approaches with 11 deans of successful research medical schools in order to determine their impressions as to the most important factors that lead to success in developing clinician-scientists. Important correlates of success included the following suggestions:

1. encourage outstanding medical students to enter research by making clinical research interesting and providing a meaningful exposure during medical school;

2. key people to encourage medical students are role models, mentors, and especially department chairs.

Dr. Ryan's main message was to leverage limited resources. The Medical School has limited central resources to support clinician-scientists and must leverage limited resources in order to get maximal return. The School may invest in infrastructure (facilities and equipment), information systems, and a Clinical Research Center. Investment in the most promising junior investigators, the ones with the greatest chance of long-term productivity and funding success is key. It is critical to provide role models and mentors for these junior faculty. There must be a creative and committed department chair. The Dean and the Department Chair must establish an environment where faculty can succeed. The mentor is the key in developing clinician-scientists. The department chair must establish a culture that values research and the chair should mentor young faculty. The chair should provide a balance of support to allow the young faculty to spend 75%-80% of time in research.

Russell Van Gelder, MD, PhD is in his fifth year on the faculty of Washington University in St. Louis. He is a successful clinician-scientist who has a research laboratory, a research team, and has received a total of \$1.2 million in research funding. He has had 37 peer-reviewed publications in the past five years including three publications in the journal *Science*. He is a uveitis specialist with 1700 patient visits per year and is the Residency Program Director. Dr. Van Gelder described his career that is, in effect, a case study in how to become a clinician-scientist.

Dr. Van Gelder lists the following factors for suc-

Clinician-Scientist continued from page 7

cess as a clinician-scientist:

1. Family support. His wife is also a MD, PhD and understands his career and time needs.

2. His PhD training. It preceded his ophthalmology training and was in basic science/molecular neurobiology. His fellowship served as a post-doc, so he was well-prepared to begin a research career.

3. Early career tracking. With the help of his chair, he developed a roadmap for his career while a resident. He wrote his KO8 grant while a fellow.

4. Supportive Chair. The Chair (Michael Kass) saw that his role was to enhance the scholarship of the department, not generate revenue.

5. KO8, RPB and AUPO RPB/Becker Career Development Awards. These funds allowed him to spend 75% of his time in research and to fully develop his laboratory. His KO8 was in place when he joined the faculty.

6. Non-surgical specialty. He is able to practice his specialty (Uveitis) at a high level in spite of the limited clinical time. Other specialties to consider are ocular pathology, low vision, neuro-ophthalmology, and medical retina. These specialties are often hard to fill, so there is benefit for the department as well as the clinician-scientist.

7. The mentor. Having the mentor outside the Department of Ophthalmology has been beneficial to him. His mentor is a clinician-scientist who has helped him learn to manage his time for maximum

productivity in his laboratory.

8. Chair foresight. The Chair had foresight that the laboratory needed to grow and worked out plans to expand the laboratory.

9. Gifted students in laboratory. His other academic role – residency director – synergized with student recruitment; the students often came to him because he was the residency program director, not because they knew what was going on in the laboratory.

10. Recognize “high-risk” versus “low-risk” science. The mentor was of great help in this area. The young scientist must be able to differentiate low-risk science that has a high probability of success from high-risk science that has a less certain outcome. It is important to recognize what can readily be accomplished and to build on early successes. While it is important to recognize and pursue “low hanging fruit” early in one’s career, a clinician-scientist is uniquely well-equipped to solve high-risk clinical problems as well.

Dr. Van Gelder described the following pitfalls in career development:

1. Churn and burn mentor. The mentor may be less effective if the mentor is in the Department of Ophthalmology. If the mentor is a senior faculty

Continued on next page

POLICY STATEMENT: TEACHING ACTIVITIES OF DEPARTMENT FACULTY

Teaching activities of department faculty should be governed by the following principles:

- That educational personnel and resources should serve the education of ophthalmologists and medical students above all other groups.
- That educational programs geared to other groups should not be in conflict with or negatively impact the education of ophthalmologists and/or medical students.
- That all educational programs should be consistent with the highest goals of service to patients and to the profession of ophthalmology.
- That the objectives of educational programs should be appropriate to the prior training and experience of the trainee group, consistent with all relevant laws and statutes, congruent with the standards of the profession of ophthalmology, and above all serve the best interests of patients and community.
- That educational program faculty will be chosen based on their mastery of the subject, teaching ability, and congruence with the interests of the department and the profession of ophthalmology.

Adopted, October 20, 2002

Clinician-Scientist continued from page 8

member in the same division as the young clinician-scientist, it may be difficult for the junior person to develop independence in his or her research. There may be conflict if the mentor is the supervisor of the junior faculty member. The junior faculty member may be less tied to a mentor from an outside department so it may be easier to gain independence and develop his or her own program. New ideas and techniques are also brought into the department this way.

2. Clinical ratchet. If research time is lost, it may be impossible to get it back. It is difficult to succeed in research if 60%-70% of time is spent in clinical work. A Career Development Award is important to give protected time.

3. Beyond the KO8 or Career Development Award. The young clinician-scientist must plan to transition to future funding. It is important to write the RO1 or other grant by the fourth year of the KO8. It is important to decide on how much time is needed to maintain effective research and maintain funding. The clinician-scientist must learn to say no to infringements on research time.

Marco Zarbin, MD, PhD, Professor and Chair of Ophthalmology at University of Medicine and Dentistry of New Jersey, described non-governmental funding sources for clinician-scientists and urged chairs and clinician-scientists to be creative and opportunistic in seeking funding. There are a number of prominent national foundations that fund vision research that are eager to fund clinician-scientists. Among the major national foundations are Research to Prevent Blindness, Inc. (RPB), Foundation Fighting Blindness (FFB), and the American Health Assistance Foundation (AHAf). There are many foundations that give smaller awards that are useful for funding pilot and seed projects and funding laboratories (Fight for Sight, Midwest Eye-Bank and Transplantation Center) or for funding fellowships for future academicians (Heed Ophthalmic Foundation). Pharmaceutical companies fund many clinical trials and translational research projects. Industry funds are generally specific to projects of interest to the companies. It may be useful to look for unique "niche" grants from Industry (Example: Macular degeneration grants from Philip Morris). Dr. Zarbin pointed out that there are regional sources of funds that often go only to researchers and institutions in a specific geographic area. Lists of foundations and grant opportunities can be found on the

Web and in various Foundation listings. Many universities provide seed/pilot funds for clinical investigators. These grants are usually small, but are helpful for young investigators.

In a panel discussion, Drs. Stuart Fine, Michael Kass and David Epstein, all chairs of excellent research departments, shared their experiences in developing and retaining clinician-scientists. Dr. Epstein commented on the importance of the Chair in bringing basic scientists and clinicians together. Dr. Kass felt it important to identify the strengths of the medical school, and build research from those strengths. All agreed on the importance of close associations with basic science departments and that mentors often come from those departments. Dr. Fine suggested that it should be a priority in training programs to allow residents and fellows time to pursue academics and research. All agreed that for clinician-scientists to be successful, that they must spend at least half their time in research.

In his summation, Dr. Weinreb asked the question, "Are clinician-scientists needed?" He answered that they are vitally important and necessary in order to identify clinically relevant questions to answer in the laboratory, solve problems through rigorous clinical investigation, and translate laboratory discoveries into new methods for diagnosis, prevention, and treatment of eye disease. They are needed to mentor the next generation of clinician-scientists, fill the void between the laboratory and the clinic, and to articulate and advocate the clinical relevance of basic and translational research. In order to optimize the chance of success, he felt that the emerging clinician-scientist should obtain the best possible clinical training, seek rigor and excellence in research training, enlist the guidance of an accomplished and nurturing mentor, and seek involvement in a highly supportive academic community. Dr. Weinreb re-emphasized the point made by Dr. Ryan that the department chair has a critical role in developing and supporting a clinician-scientist. The department chair is the lynchpin in the department for a clinician-scientist. The chair is important for giving advice and guidance in both launching and sustaining a career.

References

- Weinreb RN: Clinician-Scientists in Ophthalmology; Arch Ophthalmol 119:277-279, 2001
Zerhouni E: The NIH Roadmap; Science 302:63-72, 2003

NEW EXECUTIVE VICE PRESIDENT OF AUPO APPOINTED

It is a great pleasure to announce that the AUPO Board of Trustees has appointed Bartly J. Mondino, MD, Professor and Chairman, Department of Ophthalmology and Director, Jules Stein Eye Institute at the University of California, Los Angeles as the new Executive Vice President of the AUPO, to take office effective 1 January 2005. Term of office is five years.

Please join us in congratulating Bart and thanking him for assuming this important position which has been so ably and professionally performed by Steven Podos, MD for the past ten years.

John P. Shock, MD
Chair, Search Committee

J. Bronwyn Bateman, MD
President, AUPO

DUES REMINDER

If your 2004-2005 dues are still outstanding, you will receive a second notice in mid-July. Remember, when it comes time to register for the Annual Meeting, if your dues are not current, Members and Associate Members will not be able to register and Administrators will need to register as a non-member.

Contact the San Francisco office at (415) 561-8548 or aupo@aao.org if you have questions regarding your Member or Associate Member dues status, or contact Thelma de Souza at (415) 502-1127 about your Administrator dues status.

BOARD UPDATE

The next Board of Trustees meeting will be held in New York City on Friday, July 16, 2004.

Agenda topics for the Board meeting include general business, transition of new Executive Vice President, future strategic planning session and 2005 annual meeting program finalization.

NOMINATING COMMITTEE REPORT

The Nominating Committee met during the 2004 Annual Meeting in Sarasota, Florida. Dr. Bartly Mondino was committee chair and the committee members were Drs. J. Bronwyn Bateman, Gary Abrams, Steven M. Podos, Richard Casey and Mark Mannis.

The committee recommends the following slate for consideration of election at the 2005 Annual Meeting:

President Elect: Marco A. Zarbin, MD, PhD
Trustee: Susan Day, MD

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 2003-2004 Directory with the following changes:

Members:

William T. Driebe, MD (*) – University of Florida (Gainesville, FL)

Herbert J. Ingraham, MD (*) – Geisinger Medical Center (Danville, PA)

William F. Mieler, MD – University of Chicago (Chicago, IL)

There were no new Associate Members at this time.

*Acting or Interim

FUTURE ANNUAL MEETING DATES

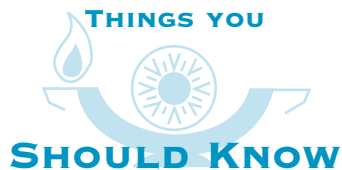
2005 January 27 - 29
The Westin Kierland Resort – Scottsdale, Arizona

2006 January 26 - 28
The Ritz-Carlton – Sarasota, Florida

2007 February 1 - 3
Renaissance Esmeralda Resort – Indian Wells, California

2008 January 31- February 2
The Ritz-Carlton – Sarasota, Florida

2009 January 29 - 31
Renaissance Esmeralda Resort – Indian Wells, California



ONE AND TWO-YEAR HEED FOUNDATION FELLOWSHIPS

The Heed Ophthalmic Foundation is providing both one and two-year postgraduate fellowships. The one-year fellowship provides a stipend of \$15,000, and the two-year Clinician-Scientist fellowship provides a stipend of \$40,000. Individuals interested in the two-year Clinician-Scientist fellowship must be committed to the pursuit of a full-time academic career, which will include research and clinical care. Applicants for both fellowships 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. Deadline for receipt of applications is January 15, 2005 for fellowships beginning in July 2006. For information, please contact:

Froncie A. Gutman, M.D.
The Heed Foundation
Cleveland Clinic Foundation
9500 Euclid Avenue, Desk i-32
Cleveland, OH 44195
Phone: 216 445-8145
Fax: 216 444-8968
www.heed.org

INSTRUCTIONS AND DEADLINES FOR CONTRIBUTORS

The Association of University Professors of Ophthalmology invites members to submit articles for publication in AUPO News & Views. All articles are subject to final editorial review. Please submit a typewritten copy of your article as well as a copy of the computer file on disk or an e-mail with the file attached. The production office uses Microsoft Word 6.0 for Windows, but WordPerfect or Word (for MAC) are also accepted. Please label your disk with the file name, format (MAC or PC) and word

processor used (include version).

You are encouraged to submit photographs or illustrations to accompany your article. If you are submitting a photograph, please provide a black and white glossy print with good contrast. For illustrations, please submit original artwork or very clean copies. If you use computer graphics, please send the computer file along with a copy of the illustration. Windows Metafile, TIF, PCS, and EPS formats are acceptable.

Send submissions to:

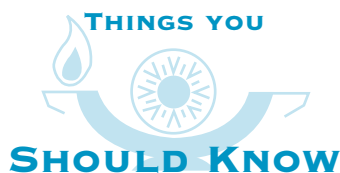
Steven M. Podos, M.D.
AUPO Executive Vice President
Department of Ophthalmology
Mt. Sinai Medical Center
One Gustave L. Levy Place, Box 1183
New York, NY 10029
Telephone (212) 241-6752
Fax (212) 289-5945
E-Mail: Steven117@aol.com

Refer production questions to:

Gina Cold
AUPO
P.O. Box 420369
San Francisco, CA 94142-0369
Telephone (415) 561-8548
Fax (415) 561-8531
E-Mail: gcold@aao.org

Deadlines for Submission

<i>Issue</i>	<i>Deadline</i>
March	February 15
June	May 15
September	August 15
December	November 15



FACULTY POSITIONS AVAILABLE JUNE 2004

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.

GLAUCOMA

Saint Louis University, a Catholic, Jesuit institution dedicated to education, research and healthcare, is seeking applications for a full-time tenure-track faculty position available immediately in the Department of Ophthalmology at the Assistant or Associate Professor level. Applicants must be Board eligible by the American Board of Ophthalmology. The ideal candidate will have fellowship training in Glaucoma.

The successful applicant will be responsible for direction of an expanding academic glaucoma clinic with both urban and suburban locations. A strong commitment to clinical and surgical excellence as well as resident teaching is required. Ideal applicant should have an interest and experience in clinical trials and clinical research. Saint Louis University is an Equal Opportunity/Affirmative Action Employer.

Interested applicants should send a current CV to:

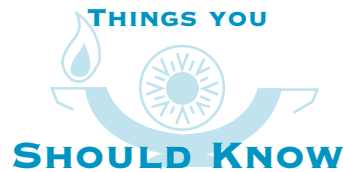
Oscar A. Cruz, M.D.
Professor and Chairman
Department of Ophthalmology
Saint Louis University Eye Institute
Saint Louis University School of Medicine
1755 South Grand Boulevard
St. Louis, MO 63104-0250

GLAUCOMA

The Department of Ophthalmology and Visual Science at the University of Chicago is seeking a part time ophthalmologist in Glaucoma. Candidates must possess a M.D. degree, be Board certified or Board eligible for the ABO and be eligible for licensure in Illinois. Candidates must have completed a glaucoma fellowship and have academic interests. Responsibilities include patient care, clinical teaching of medical students, residents and fellows as well as clinical and/or basic research. Opportunities are also available for undergraduate teaching. An academic appointment would be provided, based on the candidate's qualifications. The University of Chicago is an Affirmative Action/ Equal Opportunity Employer.

Interested persons should contact:

J. Terry Ernest, M.D., Ph.D.
Professor and Chairman
Department of Ophthalmology and Visual Science
The University of Chicago
5841 South Maryland Avenue, MC 2114
Chicago, Illinois 60637
Phone: 773 702-8888
Fax : 773 702-8094
E-mail: jernest@midway.uchicago.edu



GLAUCOMA

The Glaucoma Section of the Department of Ophthalmology and Visual Sciences, University of Wisconsin Medical School, is seeking applicants for a faculty position at the rank of Assistant Professor to provide direct patient care at University of Wisconsin Hospital and Clinics and at outreach sites. The qualified candidate will have a clinical and surgical practice in conjunction with active teaching of residents and fellows. Candidate primarily will develop and participate in patient care programs involving diagnosis and surgical/medical treatment of glaucoma. This position will also conduct clinical drug trials and participate in other clinical research. Collaborative basic research opportunities are also available. This is a long-term non-tenure track position. Applicants must have an M.D., be Board certified/Board eligible in Ophthalmology, and have completed a glaucoma fellowship. The University of Wisconsin is an Equal Opportunity/Affirmative Action Employer. Confidentiality may be requested but cannot be guaranteed for finalists. Please forward CV to:

Paul Kaufman, M.D.
 Department of Ophthalmology
 and Visual Sciences,
 600 Highland Avenue
 Room F4/328 CSC 3220
 Madison, WI
 53792-3220

RETINA

An Assistant Professor of Clinical Ophthalmology (non-tenure track) position is currently available at the University of Southern California, Keck School of Medicine, Department of Ophthalmology, Doheny Retina Institute. Qualifications include clinical expert-

ise in Medical Retina as well as quantitative digital analysis of ophthalmic disease, a strong commitment to teaching and a strong background in clinical research. Requirements include an approved ophthalmic residency training program, retina fellowship, Board certification or eligibility for licensure in California.

Salary based on qualifications and experience. USC is an Equal Opportunity Employer. Please send CV and cover letter to:

Ronald E. Smith, M.D.
 Chair & Professor
 Department of Ophthalmology
 1450 San Pablo Street
 Los Angeles, CA 90033
 Fax: 323 442-6402
 E-mail: rsmith@dohenyeyeinstitute.org

RETINA

The Department of Ophthalmology at UT Southwestern announces an additional opening for another Assistant Professor, Associate Professor or Professor. We seek an outstanding individual with an M.D. degree who is ABO boarded or Board eligible in ophthalmology with at least two years of subspecialty training in vitreo-retinal diseases. Must have demonstrated skills in the area of Surgical Vitreo-retinal Disease and Medical Retina. Duties will include sharing in the responsibility, with existing faculty, for didactic and clinical training of residents, fellows and practicing ophthalmologists in vitreo-retinal and medical retinal diseases. Provide high quality clinical care to patients with vitreo-retinal and medical retinal diseases at UT Southwestern Medical Center. Must have demonstrated skills in the area of medical and surgical vitreo-retinal disease. An established interest and/or willingness to develop collaborative research activities in vitreo-retinal diseases, with established investigators in our depart-

ment, are desirable. Research interest in retinal-vascular diseases is desired but not required. The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Applications from new or established clinician scientists are encouraged. Interested individuals should send curriculum vitae, with a cover letter to:

James P. McCulley, M.D.
Professor and Chairman
Department of Ophthalmology
The University of Texas Southwestern
Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-9057

RETINA

Full-time Assistant Professor of Ophthalmology (clinical track) position currently available at the University of Southern California, Keck School of Medicine, Department of Ophthalmology, Doheny Retina Institute. Qualifications include clinical expertise in Medical Retina as well as retinal and cortical electrophysiology (adult and pediatric), a strong commitment to teaching and a strong background in clinical research. Requirements include an approved ophthalmic residency training program, retina fellowship, Board certification or eligibility for licensure in California.

Salary based on qualifications and experience. USC is an Equal Opportunity Employer. Please send CV, list of references and other supporting information to:

Ronald E. Smith, M.D.
Chair & Professor
Department of Ophthalmology
1450 San Pablo Street
Los Angeles, CA 90033
Fax: 323 442-6402
E-mail: rsmith@dohenyeyeinstitute.org

VITREO-RETINAL DISEASES AND SURGERY

Tulane University Health Sciences Center, Department of Ophthalmology, is seeking a sub-specialist in the

field of Vitreo/Retinal Diseases & Surgery for a full-time/tenure track faculty position. Faculty rank and salary will be commensurate with experience. Requirements include minimum experience of one-year fellowship training in vitreo/retinal diseases and Board certification or eligibility in Ophthalmology. Candidates should have a strong commitment to education and academic activities. Applications will be accepted until the time at which a suitable candidate is determined. Tulane University Health Sciences Center is an Affirmative Action/Equal Opportunity Employer. Please submit a cover letter, a current curriculum vitae and three letters of recommendation to:

Delmar R. Caldwell, M.D.
Professor & Chairman
Tulane University Health Sciences Center
Department of Ophthalmology SL-69
1430 Tulane Avenue, New Orleans, LA 70112

CORNEA/EXTERNAL DISEASE/REFRACTIVE SURGERY

The University of Southern California School of Medicine Department of Ophthalmology at the Doheny Eye Institute is recruiting for a faculty level specialist in the field of Cornea, External Disease, and Refractive Surgery. Advanced degree at the Ph.D. level is preferred, in addition to advanced fellowship training in clinical cornea, external disease and refractive surgery. Experience and success in obtaining federal funding for research efforts is a prerequisite. Recruiting is at the level of Assistant Professor or Associate Professor with compensation negotiable. USC is an Equal Opportunity Employer. Please contact:

Ronald E. Smith, M.D.
Professor and Chairman
USC/Doheny Eye Institute
1450 San Pablo Street, Suite 5706
Los Angeles, CA 90033
Office 323 442-6424
Fax: 323 442-6402
Email: resmith@usc.edu

PEDIATRIC OPHTHALMOLOGY

The Department of Ophthalmology and Visual Science at the University of Chicago is seeking a full time Pediatric Ophthalmologist. Candidates must possess a M.D. degree, be Board certified or Board eligible for licensure in Illinois. Candidates must have completed a pediatric ophthalmology fellowship and have academic interests. Responsibilities include patient care, clinical teaching of medical students, residents and fellows as well as clinical and/or basic research. Opportunities are also available for undergraduate teaching. An academic appointment would be provided, based on the candidate's qualifications. The University of Chicago is an Affirmative Action/Equal Opportunity Employer. Interested persons should contact:

William Mieler, M.D.
Chairman

Department of Ophthalmology and Visual Science
The University of Chicago
5841 South Maryland Avenue, MC 2114
Chicago, IL 60637
Phone: 773 702-3838
Fax: 773 702-8094
E-mail: wmieler@uchicago.edu

PEDIATRIC OPHTHALMOLOGY AND STRABISMUS

Tulane University Health Sciences Center, Department of Ophthalmology is seeking a sub-specialist in the field of Pediatric Ophthalmology and Strabismus for a full-time tenure track faculty position. Faculty rank and salary will be commensurate with experience. Requirements include minimum experience of one-year fellowship training in Pediatric/Strabismus and Board certification or eligibility in Ophthalmology. Candidates should have a strong commitment to education and academic activities. Applications will be accepted until the time at which a suitable candidate is determined.

Tulane University is an Affirmative Action/Equal Opportunity Employer. Please submit a cover letter, a

current CV, and three letters of recommendation to:

Delmar R. Caldwell, M.D.
Professor & Chairman
Tulane University Health Sciences Center
Department of Ophthalmology
SL-69
14303 Tulane Avenue
New Orleans, LA 70112

PEDIATRIC OPHTHALMOLOGY

The Montefiore Medical Center/Albert Einstein College of Medicine is seeking a Pediatric Ophthalmologist at the assistant professor level or higher. The primary duties include clinical care, teaching, and research. Substantial opportunity and support is available for career development. The successful candidate will direct the pediatric ophthalmology and strabismus program.

Salary will be commensurate with experience. There is an attractive fringe benefit package. Applicants should submit a CV and cover letter to:

Harry M. Engel, M.D.
Program Director
Ophthalmology/Montefiore
111 East 210th Street
Bronx, New York 10467
Phone: (718) 920-6665
Fax: (718) 881-5439
E-mail: hengel@montefiore.org