



MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

NEWS & VIEWS

MARCH 2005

**PRESIDENT'S PERSPECTIVE**  
**THE CHAIR AS A ROLE MODEL**  
**BY GARY W. ABRAMS, MD**



As chairs of departments of ophthalmology, we assume the responsibility for complex small companies. Instead of companies that do only commercial business, our companies have other missions and goals that include educating students, conducting research, and caring for patients. As chairs, we have the opportunity and the responsibility to be role models for our departments. As role models, department chairs influence many constituencies: residents, medical students, faculty physicians, community physicians, employees, medical schools, hospital systems and the public. The following are examples of some of the qualities a chair as a role model should exhibit.

**Positive leader:** The chair sets the tone for the department and needs to “lead by example.” If the chair is optimistic, enthusiastic and generally positive, it is more likely that many, if not most, of the physicians, residents and employees will display the same outlook. The reality of the financial situation in many departments and medical schools might sometimes make this outlook seem naïve; however, positive leadership often helps make problem-solving successful. By being positive, the chair is more likely to build support that will attract those that can help resolve problems and make sometimes painful decisions easier to bear by those affected. By being straightforward and direct in communication and always living up to an agreement, the chair builds trust and avoids misunderstandings and conflict.

**Compassionate physician:** Above all, the chair needs

to be a listener and to show compassion for others. The chair built his or her reputation as an excellent physician and should remain an active physician throughout the time he or she leads a department. By showing compassion and respect towards patients, the chair will influence residents, fellows and faculty physicians in the way that they approach patients. Too often, individuals in training institutions become cynical, evidenced by inappropriate comments to one another, inappropriate humor, disrespect for patients and an apparent uncaring attitude. By conducting oneself as a role model and setting a low tolerance for this type of behavior, the chair can create a compassionate environment for patient care. The chair needs to show the trainees and the faculty that it is not “all about the money.” For the caring physician, all patients are the same and it doesn’t matter if they are insured or uninsured: they receive the same high quality of care.

**Ethical leader:** The chair should assiduously avoid conflicts of interest. There are appropriate interactions with pharmaceutical companies and ophthalmic suppliers, and there are inappropriate interactions that become ethical dilemmas. The American Medical Association and the Pharmaceutical Manufacturers Association have set guidelines of conduct and the department should make sure that industry representatives adhere to those guidelines. The chair needs to look at the message that is sent to trainees when the chair (and faculty) accepts dinners, trips, gifts, tickets to sporting events, and other benefits that can only be construed as enticements to buy and prescribe products. Compensation for work done

*Continued on next page*



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and support of research and educational activities by industry are acceptable interactions as long as these activities are clearly disclosed. Departmental guidelines should make disclosure of commercial relationships mandatory and there should be regular review to make sure that these relationships do not impact departmental academic and scientific integrity and impact purchasing and prescribing of products within the department. The chair should be held to a higher standard than others because of his or her responsibility as a role model for students and faculty.

**A student:** The chair should remain a student throughout his or her career. The best way to be an effective teacher is to be an effective learner who is current in his or her field. A great opportunity to show leadership is to take the Maintenance of Certification Examination regardless of whether it is required or not.

**A good boss:** The chair as a role model is visible to the employees of the department. Most chairs probably interact with faculty members through departmental meetings and many chairs regularly interact with residents and other trainees. In addition, the chair can be a wonderful role model for employees by being a visible “boss” that shows that he or she cares about them. If the chair can learn the names of employees and call them by their names, it builds self-esteem for the employees and contributes to loyalty to the department. The chair should attend employee functions such as employee award ceremonies to show pride in the employees. A loyal, happy group of employees will be more productive and better represent the department to patients and other customers.

Probably one of the most important aspects of the chair as a role model is to “just show up.” The chair should be present and active in Grand Rounds and all special programs and events, regardless of whether they involve his or her sub-specialty. Attendance at research conferences and even resident lectures will demonstrate the importance of those activities. In addition, attendance at local and state professional society meetings will show the department that these activities have value.

All of us have our own strengths and weaknesses as chairs. Some have charisma, some are charming and humorous, some are comfortable in all situations, and some are neither. Even those in the latter category can be wonderful role models by showing that they are compassionate, that they are caring physicians, that they have high standards, and that they are willing to listen.

Being a role model is not easy for many of us. It can be lonely in that leadership requires some distance from our colleagues in the workplace. It is not possible to be “one of the boys (or girls).” As addressed by Dean Steven G. Gabbe and Patricia Gabbe in the symposium, “Causes and Prevention of Burnout” at the AUPO Annual Meeting, being a role model can be isolating and may lead to stress for a chair. It is important to develop allies in the department and it is useful to have an associate chair or other faculty member with whom to “bounce ideas off of.” We need support from our loved ones. Most importantly, we need to have an awareness of ourselves and try to see ourselves as others do. What we do and how we act is important to others and if we are to be successful as chairs, we need to be positive role models for our departments.

## ADMINISTRATORS UPDATE

BY CHERYL L. FORMES, RN, BSN

One of the final steps taken at our Annual Meeting in Scottsdale was to review the feedback about the program from the attendees. I was delighted to note that most of you shared my own personal opinion that the quality of the 2005 Program was one of the best to date. Thank you to all the presenters and to the board members who organized the program.

As in year's past, our attendees continue to comment that they like hearing presentations from their colleagues. The cluster groups (Employee Incentives, Electronic Medical Records and ABO Certification and Maintenance of Certification) were all well received. In addition, the presentations on Faculty Compensation Models, and Development and Fundraising, were exceptionally well presented and received. All of the presentations stimulated excellent discussions, exchange of ideas, and some good suggestions for the next year's program, but more on that in the months ahead. Again, many attendees commented on the significant value that is found through informal discussion amongst colleagues.

I would like to take this opportunity to welcome Perry Schechtman in filling a vacant position on the UAO Board of Directors. As many of you know, Perry is with the University of Michigan Medical School in Ann Arbor, Michigan. We look forward to Perry's participation on the Board.

In closing, I would like to remind everyone of our next Annual Meeting, January 26-28, 2006, at The Ritz Carlton, in Sarasota, Florida. I look forward to seeing everyone then.

## CAUSES AND PREVENTION OF BURNOUT

BY TRAVIS A. MEREDITH, MD

Dr. Steven Gabbe, Dean of the School of Medicine at Vanderbilt University, delivered an insightful presentation entitled "Burnout in Academic Chairs" on Saturday at the Annual Meeting. Based on studies of Chairs of OB/GYN, Dr. Gabbe characterized burnout as a condition of the workplace. In his study, over half the Chairs noted feelings of emotional exhaustion and depersonalization, although this was balanced by very high scores for a sense of personal accomplishment. Emotional exhaustion was found more often in Chairs who worked 70 hours a week and who were younger. Personal support, particularly from a spouse, was identified to have an important protective effect against burnout.

Dr. Patricia Temple, Dr. Gabbe's wife, spoke on the importance of support by the spouse. Both Dr. Temple and Dr. Gabbe answered questions in a spirited 30-minute discussion. Dr. Gabbe described a model program in which he as Dean mentors new Chairs in the School of Medicine to help them more fully understand their role.

### 2005 ANNUAL MEETING WINNERS

Nicholas J. Volpe, M.D., presented a lecture as the second recipient of the Straatsma Award for Excellence in Resident Education. Dr. Volpe currently holds the Adele Niessen Chair in Ophthalmology and is Associate Professor of Ophthalmology and Neurology at the Scheie Eye Institute and the University of Pennsylvania in Philadelphia, PA.

Stephen H. Tsang, M.D., Ph.D., was announced as the second recipient of the Becker AUPO/RPB Award. He is currently an Assistant Professor at the Edward S. Harkness Eye Institute at Columbia University in New York.

# AUPO 39TH ANNUAL MEETING SCOTTSDALE, ARIZONA



*Dr. Adrienne Graves with Dr. Steven M. Podos, his wife, Wendy, and daughter, Lisa.*



*Banquet table with Dr. Stephen A. Obstbaum, Timothy R.G. Sear and his wife, and Dr. Adrienne Graves.*



*Chris Calcaterra of AMO, Dr. John P. Shock, Jr. and his wife, Nancy, and Dr. Bartly J. Mondino enjoy the banquet.*



*Cary Rayment from Alcon and his wife, Dr. H. Dunbar Hoskins, Jr., and David E.I. Pyott from Allergan.*



*Dr. Steven M. Podos with his wife, Wendy, opening a book of tribute letters presented during the banquet.*



*Dr. Steven M. Podos and Wendy enjoy dancing at the banquet.*



*AUPO Members and guests enjoy the traditional dance to YMCA at the banquet.*



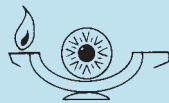
*Members of the Manpower Symposium: Paul P. Lee, Humphrey Taylor, David W. Parke, Cynthia Bradford, and William L. Rich, III.*



*Dr. Bartly J. Mondino and newly-elected Board member, Dr. Susan H. Day.*



*Dr. Gary W. Abrams, Dr. Bartly J. Mondino, Dr. Marco A. Zarbin, Dr. Barrett G. Haik, and Dr. Travis A. Meredith.*



**FUTURE ANNUAL MEETING DATES**

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



## AUPO/RPB RESIDENT AND FELLOW RESEARCH FORUM

BY STUART L. FINE, MD

Four outstanding scientific presentations were the highlight of the 7th annual AUPO/RPB Resident and Fellow Research Forum.

Thirty-four applications from 26 institutions were submitted. These applications were reviewed by AUPO members Thomas Aaberg (Emory), David Epstein (Duke), Creig Hoyt (UCSF), Paul Langer (UMDNJ), and Mark Mannis (UC Davis). Each ARVO-type application was assigned a grade from 1 to 5. After determining the arithmetic mean among the scores from the five reviewers, the four applicants with the top scores were invited to present.

The presentations were discussed by AUPO members Chris Ta (Stanford), Peter McDonnell (Hopkins), Marco Zarbin (UMDNJ), and Joan Miller (Harvard). These discussants worked with the trainees to make their presentations comprehensible and relevant to the AUPO audience.

The AUPO/RPB Resident and Fellow Research Forum was inaugurated seven years ago in an effort to identify and recognize some of the best and the brightest among those currently in training for careers in ophthalmology. One of AUPO's missions is to identify and recruit those who will succeed the current department chairs and residency program directors; the Forum is one vehicle for providing such recognition. Over the past seven years, more than 50% of those selected to present during the annual Forum and responding to a survey either hold academic positions or are still on a track which will prepare them for a career in investigative ophthalmology and vision science.

AUPO expresses its ongoing gratitude to the leaders of RPB including the administrative leaders, the scientific advisory board, and the trustees for their continuing generosity in support of AUPO.

*Jared Nielsen, M.D.*

Loyola University, Chicago  
Effect of basic fibroblast growth factor on adult human retinal stem cell proliferation in vivo  
Discussant: Chris Ta, M.D.

*Newman J. Sund, M.D., Ph.D.*

Scheie Eye Institute/University of Pennsylvania  
Retinal oxygen imaging in mice by phosphorescence lifetime  
Discussant: Marco Zarbin, M.D.

*Robert K. Shuler, Jr., M.D.*

Emory University School of Medicine  
Gene therapy by genoplasty in retinal tissue  
Discussant: Joan Miller, M.D.

*Mark I. Rosenblatt, M.D., Ph.D.*

Massachusetts Eye and Ear Infirmary/ Harvard Medical School  
Gene transfer of anti-angiogenic metalloproteinase to cornea-derived cells  
Discussant: Peter McDonnell, M.D.



*AUPO/ RPB Resident and Fellow Research Forum: Diane Swift, President, RPB, Dr. Bartly J. Mondino, Dr. Stuart L. Fine, Dr. Gary W. Abrams, and David F. Weeks, Chairman, RPB, with the four winning residents – Dr. Jared Nielsen, Dr. Mark I. Rosenblatt, Dr. Robert Keith Shuler Jr., and Dr. Newman J. Sund.*

## PROGRAM DIRECTORS UPDATE

BY PAUL D. LANGER, MD

Thanks to the continuing support of the Board of Trustees, the Program Directors were again responsible for organizing a significant part of the AUPO annual meeting. On Thursday afternoon, a Program Directors symposium was held that focused exclusively on the General Competencies, highlighting some of the new tools being developed to teach and measure these competencies. The tools discussed included the Objective Clinical Examination document, or OCEX (in which faculty members observe and evaluate a resident-patient interaction); a surgical assessment form; a 360 degree evaluation; and a journal club assessment. Each of these tools can be used as part of a comprehensive strategy to measure the Competencies and comply with this ACGME mandate. Any program can use these tools, either as created or with modifications; they will be posted on the ACGME website, under the Ophthalmology RRC section, in the very near future.

Susan Day, who chaired the Ophthalmology RRC until December 2004, gave us an overview of the ACGME's view of the Competencies and the RRC's current expectations during site reviews. While it is not yet expected that all tools for measuring the Competencies will be fully implemented by any program, the RRC expects that some noticeable effort to begin complying with this mandate can be demonstrated at the time of the site review.

Finally, at the end of the symposium, Richard Abbott introduced another on-line course for residents, designed by OMIC. This course, which discusses the risks of periocular anesthesia, will be available for resident completion in the next few months.

Friday morning's workshop, organized in conjunction with the Ophthalmology RRC, examined ACGME program requirements and "key accreditation issues." Topics including resident evaluations, enumeration of goals and objectives, lines of responsibility, and surgical teaching were discussed in the symposium. For each subject, an RRC member dis-

cussed the applicable accreditation requirements, and a Program Director then explained one way in which such requirements can be met. Sample documents and appropriate web site URL's discussed in this symposium will also be posted on the Ophthalmology RRC website in the near future.

In other news, the Program Directors Council, now in its third year of existence, held its first election, by e-mail, in December and January. The election results were announced at the annual meeting: Maria Aaron will be the newest member of the PDC. On April 1st, she will officially join the Council, Jay Lustbader will become its new President, and Jack Cohen, the new President-Elect.

### OPHTHALMOLOGY PROGRAM DIRECTOR WINS NATIONAL PARKER PALMER AWARD

Mark Juzych, the residency Program Director at Wayne State University and the Kresge Eye Institute, was the recipient of the ACGME Parker J. Palmer "Courage to Teach" award, bestowed upon 10 program directors throughout the United States. It is gratifying that one of our own members has received this coveted Award this year.

On behalf of the entire Ophthalmology Program Director membership, we congratulate Mark on this very significant award.

## ANNUAL BUSINESS MEETING SUMMARY

The Annual Business Meeting of the AUPO was held on Saturday, January 29, 2005. Dr. Gary Abrams welcomed members and highlighted a number of AUPO achievements over the past year. Dr. Bartly Mondino serving in his first meeting as AUPO Executive Vice President then provided an overview of operational activities including a summary of the year end financial report.

Among other business conducted during the session, the membership approved the listing of new members as recommended by the Board of Trustees, and unanimously elected Marco Zarbin, MD, PhD as the AUPO President-elect,

and Susan Day, MD to serve as the incoming Trustee.

A motion was also approved to officially request that the Annual Straatsma Award Lecture be presented as part of the Teaching and Learning Symposium during the AAO Annual Meeting.

The next AUPO Annual Business Meeting will be held on Friday January 27, 2006 at the Ritz Carlton in Sarasota, Florida.



## BOARD OF TRUSTEES HIGHLIGHTS

The Board of Trustees met twice during the recent AUPO Annual Meeting in Scottsdale. A wide variety of issues were discussed and among the actions taken, the Board:

- Approved continued financial support and organizational membership in AEVR/NAEVR
- Approved a contribution to the JCAHPO Education and Research Foundation
- Approved a recommendation to select Dr. Steven Tsang as the recipient of the 2nd Becker/RPB/AUPO Physician Scientist Award
- Approved the nomination of Dr. Paul Langer to participate in the 2005-06 AAO Leadership Development Program
- Appointed Dr. Marco Zarbin to serve as the AUPO representative to the AAO Council
- Appointed Dr. Jack Cohen to serve as the AUPO representative to the CMSS
- Approved moving the 2006 AUPO Annual Business Meeting to a time slot on the Friday meeting schedule
- Affirmed policy that reimbursement issues are not

- to be discussed on the AUPO listserv
- Requested continued development of a mentoring program for new Department Chairs

The Board also received updates from Dr. Dunbar Hoskins regarding AAO activities; David Weeks and Diane Swift on issues related to Research to Prevent Blindness; and James Jorkasky on AEVR/NAEVR programs.



*The Board of Trustees of AUPO: standing: Dr. Marco A. Zarbin, Dr. Barrett G. Haik, Dr. Travis A. Meredith; seated: Dr. Bartly J. Mondino and Dr. Gary W. Abrams; Dr. Mark Blumenkranz (not shown).*



## MANPOWER IN OPHTHALMOLOGY SYMPOSIUM

BY DAVID W. PARKE II, MD

The symposium "Manpower in Ophthalmology" addressed the issue of whether current and future supply of ophthalmology matches well with societal demand and need. The program was moderated by David W. Parke II, M.D. and included additional presentations by William L. Rich, III M.D., AAO Director of Health Policy, Paul P. Lee, M.D., J.D., and Humphrey Taylor, Chair of Harris Interactive and AAO Public Trustee. Subjects addressed included "Overview of Manpower Studies and Methodologies," "The Ophthalmology and Optometry Manpower Pipelines," "Indirect Evidence of Manpower Changes," "The Impact of Technology," "Professional Impact of Manpower Shortages," and "The Societal Impact of Manpower Changes."

Dr. Lee pointed out that a variety of techniques can be used to assess workforce requirements for health care and eye care in particular. Regardless of the method, the results can vary substantially based on several underlying factors and assumptions. First, population growth will drive the overall need for services from an epidemiological standpoint, modulated by our ability to intervene in the natural history of eye conditions. Second, political, economic, and social decisions will affect how much of the need is actually translated into demand to be met by various providers. Third, assumptions about work efforts within and across providers can significantly alter estimates of available providers. Fourth, the longer the time horizon for projections, the more uncertain estimates have to become, due to intervening changes in these factors. What is clear is that the population growth in the United States, particularly the aging of the Baby Boomers, will greatly increase the numbers of people who may need eye care by 2025 and thereafter. How this epidemiological need is addressed will have to be the subject of discussion and innovation.

The 2004 COGME study "Physician Workforce: Policy Guidelines for the US 2000-2020" represents the latest attempt to forecast the supply, demand and need for physicians over the next 16 years. It forecasts substantial shortages, if no action is taken. It makes seven recommendations for increasing the supply to help reduce the projected shortages. Mr. Taylor's take on this report is that, although an excellent start, it is inevitable that many of the necessary assumptions will prove to be wrong. To be of value this model will need to be updated, refined and improved on a regular

basis. If this happens then it would become an increasingly valuable tool. If not medicine will probably look back at it as another failed attempt to predict the future.

Regarding the training pipeline, the number of U.S. medical school graduates applying to ophthalmology is decreasing and the number of positions offered has remained relatively stable over the past decade. The population per ophthalmologist in the U.S. has remained stable, although recent data suggests that the ophthalmologists per American over age 60 is declining. Accurate figures for optometry are difficult to assess, but there appear to be about 1,125 optometric students per year with a national applicant pool approximately equal to the number of positions. To effect a 10% increase in the pool of practicing ophthalmologists by increasing the number of residency positions by 20% would take until 2026.

The small growth in the number of practicing ophthalmologists and fixed number of trainees in ophthalmology has been unable to meet the increased demand for services over the last ten years. The demand has been caused by the growth in the number of elderly, an increase in the intensity of services delivered per patient per year, and the explosion of new technology. There will be a twenty per cent increase in Medicare patients by 2010 and a doubling by 2040. New screening guidelines for glaucoma, macular degeneration, and diabetic retinopathy resulted in a three fold increase in ophthalmic services for these diagnoses when compared to the growth of the population. Evidence of a current manpower shortage includes the loss of Medicare market share to optometry after many years of dominance, practice patterns of a mature profession and a marked increase in ophthalmic productivity in response to increased demand.

According to Dr. Rich, one practical remedy for an ophthalmologist shortage would be to analyze the factors that have lead to such dramatic increases in productivity by ophthalmologists over the last decade. Moving major ophthalmic surgery from the hospital OPD to ASC has increased productivity by 31% and many think that our current manpower can meet the 40% increase in demand for major procedures by 2020. The largest demand for services will be on the provision of office based exams, diagnostic testing, and surgery. The expanding use of ophthalmic para-

*Continued on page 10*

*Manpower continued from page 9*

professionals and optometry has led to dramatic increases in office based services without an increase in hours worked per ophthalmologist per year. A shortage of ophthalmic technicians may be a limiting factor for further increases in productivity. The AUPO could act as a catalyst in encouraging the growth of affiliated ophthalmic technician programs in addition to educating residents and fellows about efficient practice models so that the profession can continue to meet the eye care needs of the public.

## **SUMMARY OF BUSINESS MANAGEMENT SYMPOSIUM**

The subject of the Business Management Symposium at our annual meeting this year was "Hunter Group: Problem Solving in the Academic Medical Center." Dr. Dean Kinsey and Mr. Jay Kasey provided the following presentations: physician component of hospitals and academic medical centers, hospital operations and labor productivity, and funds flow. Topics covered included healthcare trends, challenges for academic health systems, characteristics of top-performing systems in hospitals, importance of management/leader-

ship, operations and patient care, supply chain management, information technology, finance and revenue cycle as well as organizational structure. Productivity improvement was carefully considered.

Lastly, the problem of funds flow between hospitals or health systems to physician organizations in schools of medicine was discussed in detail to dispel the mystery that often clouds this area. The CARTS mission based funds flow methodology was described in detail to determine hospital payments and estimate departmental revenues/expense targets.

A case study was presented to illustrate how the Hunter Group analyzes medical centers and recommends changes. Ample time was provided for questions from the audience.

## **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 either accredited medical schools or schools of osteopathic medicine and the fellowship must be conducted in the United States. Deadlines for receipt of applications is January 15th for fellowship beginning in the same year. For information, please contact: Froncie A. Gutman, M.D.

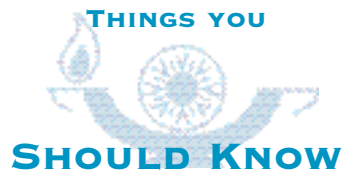
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### **NEED A VA OPHTHALMOLOGIST?**

The AUPO offers free listings on Professional Choices to any VA programs or University programs looking for VA ophthalmologists. Submitted listings will be included in News & Views and posted on the AUPO Web site. Send your listing to [aupo@ao.org](mailto:aupo@ao.org) as a Word document attached to your email request.

### **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.



## FACULTY POSITIONS AVAILABLE MARCH 2005

*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

An Assistant Professor of Ophthalmology (clinical track) position is currently available in the Glaucoma Service at the Department of Ophthalmology and Doheny Eye Institute, Keck School of Medicine at the University of Southern California. This full time position is in a highly academic practice with an emphasis on translational research and excellence in teaching residents, fellows and medical students. The candidate's time will be divided between Glaucoma specialty care and comprehensive ophthalmology. The Doheny Eye Institute provides a unique opportunity for collaborative clinical research and teaching in a residency program ranked in the top ten in the U.S and a No. 1 ranked college football team.

Qualifications include clinical expertise in glaucoma and comprehensive ophthalmology. The candidate must be Board Certified or eligible and eligible for licensure in the state of California, completed an approved ophthalmic residency training program and a clinical glaucoma fellowship program. Responsibilities include: clinical care, clinical research and teaching and supervision of residents and fellows. Salary is negotiable based on qualifications and experience. USC is an equal opportunity employer. Please send CV and cover letter to:

Rohit Varma, MD, MPH  
Director, Glaucoma Service  
Doheny Eye Institute  
Keck School of Medicine  
University of Southern California  
1450 San Pablo Street, Suite 4900  
Los Angeles, CA 90033  
Email: rvarma@usc.edu

We would like to make you aware of an exciting job opportunity which is available in our glaucoma referral practice in southeastern Michigan. We are a clinically oriented practice with a large volume of medical and surgical glaucoma. Last year there were 25,000 patient visits spread across our three, state of the art equipped practice locations, with over 1,000 intraocular surgical procedures being performed. Teaching opportunities with our affiliated residency programs and clinical research are also active parts of the practice. There is an existing patient volume to assume plus endless opportunity for growth for an energetic, talented individual.

If you or a fellow in training that you are aware of would be interested in this opportunity, we would look forward to hearing from you. Please contact us at your earliest convenience:

Glaucoma Center of Michigan  
Attn: Les I Siegel, M.D., Marc J. Siegel, M.D.  
29201 Telegraph  
Suite 301  
Southfield, MI 48034  
248-356-0098  
IOP@Glaucomacenter.com

UPMC Eye Center is actively recruiting for faculty positions at the assistant professor level or higher for cornea and glaucoma. Applicants must be BC/BE in ophthalmology with at least one year of applicable fellowship training. Focus will be on patient care, research and teaching. Duties will include didactic and clinical training of residents, medical students and fellows. UPMC is a large, diversified, multi-hospital, tertiary care institution, and is among the top ten healthcare institutions in the nation.

Applications from new or established clinicians or clinician scientists are encouraged. Send curriculum vitae, and cover letter to:

Joel S. Schuman, MD  
Eye and Ear Foundation Professor and Chairman, Dept. of Ophthal.  
University of Pittsburgh School of Medicine  
203 Lothrop St., Eye and Ear Institute, Suite 816, Pittsburgh, PA 15213  
Fax: 412-647-5119 or email schumanjs@upmc.edu

The Department of Ophthalmology at the University of Texas Health Science Center at San Antonio is seeking a full-time academic glaucoma specialist to join another glaucoma faculty member in a department with 16 faculty members including 4 Ph.D.'s, 12 residents and 1 fellow. Candidates must have an M. D. degree, be board-certified or eligible, have completed a glaucoma fellowship and be able to obtain a Texas license. Requirements include excellence in medical/surgical glaucoma, enthusiasm for teaching and experience/interest in research. M.D./PhD's are especially desirable and have opportunities for endowed positions. A two-person team consisting of an M.D. clinician and a Ph.D. researcher can also apply, with one of the two occupying an endowed professorship. Academic rank is based upon qualifications.

All faculty positions are designated as security sensitive positions. The

University of Texas Health Science Center at San Antonio is an Equal Opportunity/Affirmative Action employer. Interested persons should contact:

W. A. J. van Heuven, M. D.

Professor and Herbert F. Mueller Chair

the University of Texas Health Science Center at San Antonio

Department of Ophthalmology

7703 Floyd Curl Drive, MC 6230

San Antonio, TX 78229-3900

Phone: 210-567-8402 Fax: 210-567-8413

E-mail: vanheuven@uthscsa.edu

The Department of Ophthalmology of Drexel University College of Medicine is accepting applications for a full-time glaucoma specialist, starting on or about 1 July 2005. Applicants must have completed an accredited ophthalmology residency program and be board certified/eligible in Ophthalmology. Also, applicants should be fellowship-trained in Glaucoma by 30 June 2005. This is an academic position involving clinical and surgical care of patients and resident teaching as well as opportunities for clinical research. Drexel University is an EOE. Please send curriculum vitae to:

Myron Yanoff, M.D., Chair

Department of Ophthalmology

219 N. Broad Street Third Floor

Philadelphia PA 19107

or email to: myanoffmd@aol.com

## RETINA

The Department of Ophthalmology at UT Southwestern announces an opening for an additional Assistant Professor, Associate Professor or Professor. We seek an outstanding individual with an M.D. degree who is ABO board-certified 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 and background interests in clinical or basic science research in retinal diseases. 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. Candidates must be interested in collaborative laboratory research on retinal vascular or degenerative diseases, e.g. AMD, with established investigators in our department. Endowment support is additionally available for candidates with an established clinical or laboratory research record.

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

## COMPREHENSIVE OPHTHALMOLOGY

The Department of Ophthalmology at UT Southwestern announces an opening for an Assistant Professor. We seek an outstanding individual with an M.D. degree who is board certified or board eligible in ophthalmology. Will have opportunity to take over a busy medical/surgical comprehensive ophthalmology practice within the department at our Ft. Worth satellite office. Interests must be comprehensive ophthalmology, however, other activities can be accommodated depending on individual's interests. The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. 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

An Assistant Professor of Ophthalmology (clinical track) position is currently available at the University of Southern California, Keck School of Medicine, Department of Ophthalmology and Doheny Eye Institute. This full time position is in a highly academic practice focused on superb clinical abilities, translational research, and excellence in teaching residents, fellows and medical students. The candidate's time will be divided between Glaucoma specialty care and comprehensive ophthalmology. The Doheny Eye Institute is a unique environment that provides an unprecedented opportunity for collaborative clinical research and teaching in a residency program ranked in the top ten in the U.S.

Qualifications include clinical expertise in glaucoma and comprehensive ophthalmology. The candidate must be Board Certified or eligible and eligible for licensure in the state of California. Requirements include an approved ophthalmic residency training program and completion of a clinical glaucoma fellowship program. Responsibilities include: clinical care, a strong commitment to teaching and supervision of residents and fellows and clinical research.

Salary is negotiated based on qualifications and experience. USC is an equal opportunity employer. Please send CV and cover letter to:

Ronald E. Smith MD

Doheny Eye Institute

1450 San Pablo Street

Los Angeles, CA 90033

e-mail: RESmith@USC.EDU