



MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS
N E W S & V I E W S

MARCH 2006

PRESIDENT'S PERSPECTIVE

BY GARY W. ABRAMS, MD

**MEMBERSHIP SURVEY 2005:
 WHAT DO WE WANT THE AUPO TO BE? (OR WHAT IS BOTHERING US?)**



In June, 2005, the chairs and program directors of the AUPO participated in a survey in preparation for a strategic planning session held prior to the summer AUPO Board of Trustees meeting. In the December, 2005 issue of *News and Views*, Dr. Bartly Mondino gave an overview of the survey results and the

strategic planning session held on July 14, 2005 in New York City. He outlined the strategic planning goals that were developed as a result of the survey and the strategic planning meeting (Table 1). The survey was the first broad survey of the membership that has been done in the 12 years I have been a member of the AUPO and I think you will be interested in the results. The survey was developed by Ginger Nichols of GinCommGroup, our strategic planning consultant, following a conference call with the Board of Trustees. The Board tried to present a broad series of questions and options to the membership for consideration. The survey and its results can be found on the AUPO Web site at <http://www.aupo.org/news/index.html>.

The survey was designed to address a number of important AUPO issues and the topics addressed in the survey are shown in Table 2. Of 149 respondents, 81 identified themselves as chairs and 68 as program directors. Among the 81 chairs, 31 had been chair five years or less, 24 for six to 10 years, 13 from 11 to 15 years, five from 16 to 20 years, four from 21 to 25 years, three from 26 to 30 years and one for more than 30 years. Seventy-three chairs identified themselves as permanent chairs and six as interim chairs. The chair respondents and their programs reflect the diversity of

the AUPO. Thirty-nine chairs were affiliated with public universities, 30 with private universities, and nine with non-university hospitals. Among their departments, there was a wide disparity in number of residents per year, with some chairs probably listing their total number of residents rather than their number per year. The largest number of programs had three residents per year (30%). Twelve programs listed five or less faculty members, 10 from six to 10 faculty members, 22 programs with 11 to 15, 12 with 16 to 20, six programs with 21 to 25, eight with 26 to 30, three with 31 to 35, one with 36 to 40, and six programs listed 40 or more faculty members. Thirteen programs had no faculty members engaged in research more than 50% of the time, while 51 had five or less faculty members engaged in research more than 50% of the time.

The membership was presented with 21 issues that had been identified by members of the Board as possibly important issues among AUPO members. Respondents were asked to identify the three most critical issues facing AUPO members in the next three to five years. Some identified more than three issues, but it was clear which of the issues was the most important. The most critical issue identified was "maintaining the teaching and research missions in face of worsening reimbursement environment and the pressure to generate more clinical revenue" (selected by 71% of respondents). The second most critical issue identified was "academic medical centers will de-prioritize ophthalmology in favor of specialties that contribute more to medical center profitability" (selected by 41%). Third was "attracting and retaining ophthalmologists in academic positions" (32%). Other critical issues identified

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President's Perspective continued from front page**Table 1**

Goal	Goal Tenders
To help departments of ophthalmology maintain their education and research missions	Gary Abrams and Marco Zarbin
To support through education and advocacy the highest quality resident training and assist programs in influencing and meeting accreditation standards	Susan Day
To enhance the value and influence of ophthalmology departments within their academic institutions	Barrett Haik
To attract, retain and mentor ophthalmologists in academic positions	Travis Meredith and John Shock
To make the AUPO a more effective organization in meeting its members' needs	Mark Blumenkranz

Table 2

- 1-2. Critical issues facing AUPO members in the next three to five years
- 3-12. Questions about the annual meeting
- 13-14. Questions about importance and satisfaction with AUPO activities
- 15-16. Questions about Summer Management Conference
- 17-18. Questions about AUPO website
- 19-20. Questions about *News and Views*
21. Interest in possible new AUPO services
22. Member opinion about value of AUPO membership and AUPO relationships and services
23. Advice to AUPO Board about strategic planning for 2006 and beyond
- 24-31. Requested information about chairs and departments
32. Additional feedback to AUPO

by 20% or more of respondents were "decline in funding and support for research, including National Eye Institute" and "RRC requirements will increasingly be viewed as burdensome". Members were not shy in suggesting other issues not mentioned in the list of critical issues. Certainly, it is possible that if some of the issues brought forth by the membership were included, the final list of priorities might have changed; however, most suggestions had similarities on the list. Of interest was the following criticism: "Astonishingly, there is no mention of the critical importance to all of the above issues of the development of a high quality, interchangeable, scalable electronic medical record/information system for ophthalmology. No wonder we don't have a decent system available for national use at the single practitioner to large academic group practice level if our own leadership doesn't see its importance".

Of the questions about the Annual Meeting, members rated the program content and the opportunity for networking with colleagues as the most important reasons for attending. Least important were ability to combine with vacation/time off and location. Dates and cost of the meeting and speakers for the meeting were rated only of medium importance. Ninety-three percent thought the length of the meeting was appropriate. While there was not dissatisfaction with any of the session formats, workshops (1st) were slightly more popular than specialty small group presentations (2nd) and podium presentations (symposia) (3rd). Seventy-five percent of the respondents attended the 2005 meeting (the last meeting prior to the

survey) and 56% thought the meeting of moderate value and 35% of high value. The most common reasons listed by those who did not attend were lack of time (53%) and schedule conflict (42%). Several program directors indicated they did not attend because their chair did not attend. With the recent change in bylaws allowing program directors to attend regardless of the attendance of the chair, that should no longer be an issue.

The most preferred topics for future meetings were education-related and business/management. Least requested were research and clinical topics. Advocacy-related topics were of medium interest. The respondents listed a large number of topics of interest for future meetings. Likewise, there were many varied suggestions to make the Annual Meeting more valuable. This indicates a need for the Board of Trustees to better survey and pay attention to the membership for organization of the Annual Meeting and selection of topics each year. One suggestion was that the opening night reception for new members be opened to all of the membership rather than be exclusive to AUPO leadership. The reception was opened to all attendees at the 2006 meeting and will serve as a "welcome reception" at future meetings as well.

In the categories "important or very important," the membership rated the Annual Meeting highest among AUPO activities (92%), followed by Advocacy (69%), *News and Views* (57%), the AUPO Web site (36%), and the Summer Management Course (21%). However, the membership was overall relatively satisfied with the performance of those activities. In the categories "very satisfied and somewhat satisfied," *News and Views* was 93%, the Annual Meeting was 89%, the AUPO Web site was 87%, Advocacy was 83% and the Summer Management Course was 71%. The Summer Management Course rated lowest in both categories. It seemed that the respondents did not think the course very important, but most felt it was satisfactorily presented. They did not prioritize attendance at the program highly enough to overcome lack of time, perceived high cost and schedule conflicts. Those reasons in concert with an apparent lack of publicity seemed to account for the low attendance at the courses.

The AUPO Web site is relatively new and has never been used by 23% of the respondents and only once or twice by 71%. It was not thought to be of great importance by the majority of the respondents, but most were satisfied with the site. However, one respondent was "disappointed in the lack of maintenance of the Web site. It did not even list the correct officers for the organization and was well behind in updating events." The Web site is important as the face of the AUPO to the outside world, as a source of information for any-

body wanting to learn about the organization and as a depository for accessible archives of the group. It should become increasingly important as a communication tool in the future, so it is important that the site be carefully maintained and updated.

News and Views was regarded as reasonably important and the respondents expressed satisfaction with the publication. Most continue to prefer that *News and Views* be printed and mailed (60%), but 38% preferred it be distributed by e-mail. There was no enthusiasm for distribution by fax or for restricting publication to the Web site. Among comments, one highly observant respondent objected to the picture of the current President on the front page (I didn't like it much, either) and felt his "long introductory philosophical piece" should be shortened (I apologize that this one is even longer; however, it is much less philosophical).

Of possible new services, the respondents were most interested in a physician compensation survey. In addition, there was significant interest in mentoring programs and web-based education. There was much less interest in "assistance to search committees and deans in filling department chair vacancies."

Of the list of value statements about AUPO relationships and services, respondents most agreed that the "AUPO maintains a productive relationship with AAO." Those items that rated 2.5 out of 5.0 or higher, were (in rank order) "AUPO does a good job of meeting my professional needs," "AUPO membership is a good value," "AUPO should be more involved in medical student education," "AUPO should continue the Summer Management Course only if attendance makes it self-sustaining," "AUPO provides information and skills I need to be successful in my job," and "AUPO maintains a productive relationship with ABO." The lowest-rated statements were those in support of AUPO membership for fellowship directors.

Finally, the respondents were generous in their advice to the AUPO Board as it updates the organization's strategic plan for 2006 and beyond. Many of the comments were cogent and even passionate and the Board and all of the membership should read them. Several asked for more inclusiveness and opportunity for members to participate. There was a plea for the organization to be more responsive to its members, politically active, and more relevant to the needs of the members.

The survey speaks for itself and is important reading for all members, associate members and administrators. It takes the pulse and checks the respiration of the organization and tells us what is important to us. It is not a roadmap to the future in itself, but it highlights the areas we must visit as we travel forward as an organization.

ADMINISTRATOR'S UPDATE

By Cheryl Formes, RN, BSN

The Annual Meeting kicked off on Wednesday, January 25, 2006, with an evening reception to welcome our new and returning members. The Administrator's Program this year was a resounding success. On Thursday, our Business Management Symposium: "Practical Application of Cost Effectiveness Analysis and Medical Decision Making for the Ophthalmic Chair" was a combined session with the Chairs. After the break, a panel of Ophthalmology Chairs presented "Practical Implementation of Cost Effective Analysis to the Operation of an Academic Department." This was then followed by "Ethics Education Program."

On Friday, the Administrators hosted a session on "Succession Planning." Three different scenarios were presented by Thomas Foerstel and Jonathan Smith from UCLA, Jules Stein Eye Institute, Sheri Farber, Washington University School of Medicine, and Roger Pinkert, The University of Texas Southwestern Medical Center at Dallas. These three vastly different Succession Plans stimulated many discussions regarding the necessity of planned succession for administrative positions, the role of effective communication and the significance of hiring the right people in support of a succession plan.

The Cluster Groups this year were "Technology Advances and Challenges in the Practice" led by Wayne Imbrescia from University of Utah, John A. Moran Eye Center, "Benchmarking and Statistical Surveys" led by Perry Schechtman from University of Michigan, The W. K. Kellogg Eye Center, and "Technician Training Programs" led by Judy Sims from University of Arkansas, Jones Eye Institute.

Friday afternoon's presentation, "Centralized Practice Plan," was presented by Ricky Bass, University of North Carolina, Jay Collins, UT Health Science Center, San Antonio, and Timothy Thompson, Case Western Reserve University Hospitals of Cleveland.

Other highlights of the Administrator's Program included "My Backyard," in which we heard presentations from Cheryl Atkins-Lubinski, University of Penn-

sylvania, Kathy Austin, University of Nebraska, and Brent Carreau, Oregon Health and Science Center.

Our Annual Business Meeting was held at the conclusion of our sessions. The Administrator's Board of Directors met on Saturday, January 28, to review meeting evaluations from our membership and to begin program planning for the 2007 Annual Meeting in Indian Wells, California. The review of the program evaluations revealed some of the highest ratings of any program to date. They were extremely positive, ranging from within above average to excellent for content and presentation.

We acknowledged and congratulated Jeff Barr from University of California San Diego, Shiley Eye Institute, and Brent Carreau, Oregon Health Sciences University, Casey Eye Institute, for their Board service and commitment over these past years. The success of our organization is due largely to the hard work and dedication of these two outstanding individuals. Their contributions to our organization will have long lasting, positive effects.

As a result of our board election for three board seats, we congratulate Kathy Austin from the University of Nebraska for her re-election to the Board, and extend our congratulations to Larry McGranahan, the University of Iowa, and to Mary Ruedinger from University of Wisconsin as new Board Members.

Your current Administrator's Board of Directors are:

Jonathan Smith, President
 Dan Badgley, Vice-President
 Thelma de Souza, Secretary/Treasurer
 Cheryl Formes, Past-President
 Kathy Austin, Trustee-at-Large
 Larry McGranahan, Trustee-at-Large
 Mary Ruedinger, Trustee-at-Large

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

THE PROGRAM DIRECTOR'S COUNCIL

J.P. Dunn, MD

It's been a busy past few months for program directors. Ophthalmology residencies have gone through the 2005–2006 Match, and while the overall numbers of applicants has trended slightly downward for the past few years, the overall caliber remains very high. The Program Directors Council (PDC) had its annual election in December and January. Seven program directors were nominated, including Mark Juzych (Wayne St. University), Richard Harper (University of Arkansas), Thomas Hejkal (University of Nebraska), Natalie Kerr (University of Tennessee, Memphis), Andy Lauer (University of Oregon), Larry Sperber (New York University), and Tara Uhler (Wills Eye Hospital). In a very close run-off election, Drs. Juzych and Harper were elected; their terms begin on 1 April, 2006. PDC members are elected for a seven-year term and are not eligible to run again.

The AUPO Annual Meeting was held in Sarasota, Florida in January and was preceded by the third Educating the Educators (EE) symposium, organized this year by Tony Arnold (UCLA). The EE focused this year on the Core Competencies of Practice-based Learning and Improvement and Patient Care (Surgical Skills). Combining the EE meeting with the AUPO meeting was very successful, and we will continue this format in the future. Congratulations to Tony for a great job with the EE symposium as well as his well-deserved acknowledgment as this year's recipient of the Bradley R. Straatsma Award! The EE meeting in 2007 is being organized. We hope to address the Core Competencies of Professionalism and Interpersonal Skills, emphasizing the use of evaluation tools that will be validated and immediately accessible to program directors in their resident evaluations.

The Thursday afternoon Program Directors session emphasized innovations in the teaching and evaluation of resident surgery, with presentations from Nicholas Volpe (University of Pennsylvania) and John Loewenstein, Bonnie Henderson, and Sandy Cremers (Massachusetts Eye and Ear Infirmary). In addition, Rich Abbott spoke on the OMIC online anesthesia course and other educational courses for residents being developed by the American Academy of Ophthalmology, and Cindy Bradford from the AAO updated the audience on the status of the Academy's push for "Surgery by Surgeons."

On Friday morning, Drs. Patricia Levenberg and Lou Cantor chaired a joint RRC/Program Directors session that reviewed a Mock Review of Program Accreditation, reviewing the steps involved and highlighting some common errors made in the program information form. Also on Friday, Dr. Stuart Fine moderated another successful AUPO/RPB Resident and Fellow Research Forum. Program Directors should continue to encourage their residents to submit abstracts for this forum.

Thanks go out to all the people above for their presentations. The PDC is also grateful for the support of the AUPO Board of Trustees and its Executive Vice President, Bart Mondino. It was pointed out during the AUPO meeting that it was just ten years ago that Geoff Broocker (program director at Emory at the time) asked for and received dedicated time for program directors—from 7-8 am on the Saturday of the meeting! And it was just five years ago that program directors nearly lynched the speakers at the AUPO meeting at which the mysterious new "Core Competencies" and the timeline for their incorporation into resident evaluations were discussed. We have come a long way since then, and while we have a long way still to go, the mood of program directors certainly appears more upbeat these days. The AUPO staff, led by Lisa Brown, Denise Wilson, and Melania Vartanian, more than made up for my lack of administrative and organizational skills in preparing the Program Directors session, and were instrumental in helping to organize the Educating the Educators symposium. Michael Paulos and David Turbert provided all the help needed to run the election. Above all, Paul Langer (UMDNJ-New Jersey Medical School), the outgoing PDC President, deserves special thanks. Paul has been a tireless advocate on behalf of residency program directors and his leadership on the PDC has been invaluable. I relied on Paul for just about everything I did as President this past year and he never let me down.

It's been a great honor to work with the AUPO, the PDC, and all the program directors this past year. Tony Arnold will take over as PDC President effective 1 April.

AUPO 40TH ANNUAL MEETING



John Keltner at podium with panel of speakers at AUPO FCC Symposium.



AUPO/RPB Resident and Fellow Research Forum. *Standing from left to right: Bartly Mondino, Gary Abrams, Stuart Fine, Diane Swift, and David Weeks. Presenters, sitting from left to right: Miho Nozaki, Michael Grassi, Scott Lee, and Jeffrey Goldberg.*



AUPO Board of Trustees. *Sitting from left to right: Bartly Mondino, Gary Abrams, and Susan Day. Standing from left to right: Travis Meredith and Marco Zarbin.*



Jane Werner (wife of Gary Abrams), John Shock (past AUPO president), his wife Nancy Shock, and Gary Abrams (current president of AUPO).



AUPO banquet—general photo of ballroom.

SARASOTA, FLORIDA



From left to right: Dunbar Hoskins (Executive Vice President of the American Academy of Ophthalmology), David Parke II, Richard Abbott, and Paul Sieving (Director of National Eye Institute).



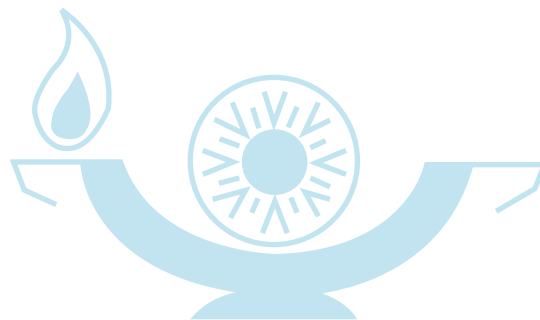
AUPO banquet participants from left to right, standing: Tim Sear (Alcon) and his wife, Richard Zorab, Gerald D. Cagle (Alcon), and his wife, Judy, and Denise Wilson. Seated at the table: Denis O'Day, Gary Abrams, Jane Werner and Joanne Angle (ARVO).



Banquet participants. Standing: Cary Rayment (Alcon), Ken Kadziauskas and Chris Calcaterra (AMO), Oscar Candia, Bartly Mondino, and Scott Whitcup (Allergan). Seated at the table: Janet Rayment (Cary's wife), Dunbar Hoskins, David Pyott (Allergan), and Anthony Arnold.



From left to right: Cary Rayment (Alcon) and his wife, Janet, and Dunbar Hoskins.



WANTED: CLINICIAN-SCIENTISTS ON STUDY SECTIONS OF NEI

By Bartly J. Mondino, MD

ARVO, AAO, and AUPO are concerned about the lack of clinician-scientists on study sections of the National Eye Institute. To promote and enhance clinical and translational research, it is necessary that reviewers with expertise be available to review grant applications in these areas. The NIH is looking into ways to make service on study sections more attractive. It is also important that department chairs recognize the importance of service on study sections, identify clinician-scientists within their own departments and recommend

them for service. Below is a listing of NEI study sections. If you have suitable faculty with expertise in these areas, please speak with them and encourage them to participate as reviewers. Departmental recognition of this service is critical. If faculty are willing to participate, please send their names and contact information to the appropriate Scientific Review Administrator listed below. They can then be evaluated and considered for membership on study section.

NEI STUDY SECTIONS

ANTERIOR EYE DISEASE (AED, formerly Vis A)

Content: The Anterior Eye Disease [AED] Study Section reviews basic, applied, and clinical research proposals to investigate the cornea, lens, conjunctiva, ciliary body, and lacrimal gland. Proposals reviewed by AED address anatomical, physiological, molecular and genetic aspects of the anterior eye related to normal and pathological processes. In addition, proposals to study retinal ganglion cells in association with glaucoma are reviewed by AED.

Keywords: glaucoma, glaucoma-related retinopathy, cataract, ocular development, genetics, ocular immunology & virology (bacterial, viral, autoimmune, mycotic infections), inflammatory processes, graft/ graft rejection, cornea (all aspects), dry eye & ocular surface, lens physiology; accommodative changes in the lens

Scientific Review Administrator (SRA):
Christine Livingston, Ph.D.
301-435-1172
livingsc@csr.nih.gov

Link to Recent Rosters:
http://www.csr.nih.gov/Roster_proto/section1_list_detail.asp?SRG=AED&SRGDISPLAY=AED

CENTRAL VISUAL PROCESSING (CVP, formerly Vis B)

Content: The Central Visual Processing [CVP] Study Section reviews basic, applied, and clinical research on the development, aging, structure, function, and disorders of those portions of the brain that subserve visual sensation (e.g., color, space/form, motion, depth) and control of eye movements (saccadic, smooth eye movements, optokinetic).

Keywords: CNS visual processing & visual ocular motor (oculomotor) control, binocular vision, amblyopia, strabismus, central accommodative processing, color vision, stereopsis, low vision, myopia, cortical & subcortical processing, visual orientation, visual attention

Scientific Review Administrator (SRA):
Michael Steinmetz, Ph.D.
301-435-1247
Steinmem@csr.nih.gov

Link to Recent Rosters:
http://www.csr.nih.gov/Roster_proto/section1_list_detail.asp?SRG=CVP&SRGDISPLAY=CVP

BIOLOGY AND DISEASES OF POSTERIOR EYE (BDPE, formerly Vis C)

Content: The Biology and Diseases of the Posterior Eye [BDPE] Study Section reviews applications for basic, applied, and clinical research on the posterior portion of the eye (i.e., that are focused on the structure, function, and disorders of the retina, retinal pigmented epithelium, choroid, and retinal vasculature). It also addresses related disorders such as degenerative and vascular diseases and retinal involvement in diabetes.

Keywords: Retina, retinal pigment epithelium, Bruch's membrane, choroid, retinal vasculature, phototransduction, retinal circuitry, retinal genetics, retinal development, retinal biochemistry/ cell biology/ molecular biology/ biophysics/ pharmacology, retinal degenerative and neovascular diseases

Scientific Review Administrator (SRA):
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Link to Recent Rosters:
http://www.csr.nih.gov/Roster_proto/section1_list_detail.asp?SRG=BDPE&SRGDISPLAY=BDPE

Visual Systems Small Business SEP (BDCN -12)

Content: The topics covered in BDCN (12): Visual Systems Small Business SEP include novel pharmacological agents and medical devices, monitoring systems and adaptation/ improvement of existing technologies for normal and pathologic states of the eye. Also included is the development of devices to aid the blind and visually impaired.

Keywords: Disease treatments, refractive correction, visual optics, visual screening, drug discovery & delivery, gene therapy, ophthalmic instrumentation, development of surgical technology, instrumentation & prostheses, glaucoma drainage devices, navigation devices, Braille & graphics tools, low vision aids

Scientific Review Administrator (SRA):
Jerry Wujek, Ph.D.
301-435-2507
wujekjer@nih.gov

Link to Recent Rosters:
http://www.csr.nih.gov/Roster_proto/listdetail_other.asp?SRG=BDCNF&type=sbst&SRGDISPLAY=BDCN-F&GROUPCODE=12

AUPO/RPB RESIDENT AND FELLOW RESEARCH FORUM

By Stuart L. Fine, MD

The 8th Annual AUPO/RPB Resident and Fellow Research Forum was held on January 27, 2006 in Sarasota, Florida. The program included four stimulating presentations followed by four scholarly discussions.

- *Retinal ganglion cell death after axon injury:*
Role of physiologic levels of electrical activity
Jeffrey L. Goldberg, M.D., Ph.D.,
University of Miami
Discussant: Paul R. Lichter, M.D.,
University of Michigan
- *Ethnic variation in AMD-associated complement factor H polymorphism Y402H*
Michael Grassi, M.D., University of Iowa
Discussant: Henry J. Kaplan, M.D.,
University of Louisville
- *Trachoma in flies and children after Azithromycin treatment: Should we rethink the WHO paradigm?*
Scott Lee, M.D., M.P.H., UC San Francisco
Discussant: Dan B. Jones, M.D.,
Baylor College of Medicine
- *Corneal avascularity is due to soluble VEGF receptor-1*
Miho Nozaki, M.D., University of Kentucky
Discussant: Carmen A. Puliafito, M.D.,
University of Miami

Nearly 100 members and associate members attended the Forum. By all accounts, this year's presentations and discussions were the best in the eight-year history of the AUPO/RPB Forum. Special thanks go to the presenters and the discussants and also to the AUPO members, Drs. Barrett Haik, Eve Higginbotham, Henry Kaplan, James McCulley, and Alfredo Sadun, who reviewed and ranked the 35 abstracts, a process which identified four topics that were of obvious interest to the audience.

AUPO is grateful to RPB for its continuing generosity and particularly for its support of the annual AUPO/RPB Resident and Fellow Research Forum.



THE AUPO FCC SYMPOSIUM JANUARY 27, 2006, SARASOTA, FL

PRESENTERS AT THE SYMPOSIUM

Introduction: Importance of the AUPO FCC process to the AUPO

Gary Abrams and Bartly Mondino

Overview of How We Got from There to Here

Stuart Fine

AUPO FCC A Web-Based Compliance System with Current Goals and Objectives

John Keltner

Pediatric Ophthalmology and Experience with Compliance and Transition to AUPO FCC

Steve Rubin

Cornea, External Disease, and Refractive Surgery and Experience with Starting the AUPO FCC Compliance Process

Michael Belin

Reports of Plans for other Subspecialties to enter the Compliance Process:

Glaucoma – **Louis Cantor**

Neuro-Ophthalmology – **Steve Feldon**

Pathology – **Hans Grossniklaus**

Retina – **George Williams**

Uveitis – **Gary Holland**

The AUPO Fellowship Compliance Committee (AUPO FCC) Symposium was held on January 27, 2006 in Sarasota, Fla. The purpose of the Symposium was to provide the AUPO members and guests with an update on the activity of the FCC since its inception. The goals and objectives of the AUPO FCC are to provide a system of compliance that will enhance patient care for ophthalmologic diseases by promoting uniform standards for fellowship training and educational programs in the United States and Canada. The AUPO FCC has been modeled after a successful program of standardized fellowship educational requirements conducted by the American Association for Pediatric Ophthalmology & Strabismus (AAPOS) for the last 9 years.

There are nineteen (19) voting members: seven pairs from the representative subspecialties (Cornea, Glaucoma, Neuro-ophthalmology, Pathology, Pediatrics, Retina, and Uveitis), one from the AAO Council, and four (4) from AUPO. There are four non-voting advisors and one non-voting manager. The total organization consists of 24 individuals. On the following page there is a listing of these individuals. There is one standing committee—the Review Committee—and other committees will be formed as necessary. The AUPO, the ophthalmic subspecialty societies (with the exception of oculoplastics and orbital surgery), and fellowships (through a dues structure) have financed the compliance program.

Participation is voluntary, but it is expected that some subspecialties may withhold society membership from graduates of non-participating or non-compliant programs. Each subspecialty through the action of its subspecialty organization(s) will define a set of criteria for its own subspecialty, constituting standards for fellowship training to include curriculum as well research and clinical experience. In addition, the FCC will develop general guidelines applicable to all fellowships. The FCC will help to coordinate the establishment of fellowship guidelines and monitor compliance of individual fellowship programs with these guidelines. The FCC will make determinations of the compliance of initial applications of individual fellowship programs for inclusion in the Compliance Process. Fellowship Programs admitted to the Compliance Process will be monitored on a triennial or quadrennial review basis to ensure that they remain in compliance. Each graduate of a participating program, upon completion of the fellowship, will complete a detailed confidential “Exit Survey” questionnaire concerning his/her experience as a fellow. The questionnaires will be individualized by subspecialty and based on the fellowship guidelines of that subspecialty. The AUPO FCC will monitor, on an annual basis, some metrics from the fellowship questionnaires. Among the metrics to be monitored are number of surgeries performed and

assisted by each fellow, number and training of faculty members teaching the fellows, number and types of teaching experiences (including formal conferences, teaching rounds, etc.), frequency of night and weekend on-call coverage, and relationship of the fellow with faculty, staff, and residents. Application and compliance monitoring will be accomplished through an entirely web-based system.

Pediatric ophthalmology was “grandfathered” into the AUPO FCC Compliance Process on July 1, 2005 because of their previous 9-year compliance process through the AAPOS. Cornea, external disease and refractive surgery had its guidelines approved and fellowship programs began applying in July 2005 for fellowships starting July 2006. Neuro-ophthalmology and glaucoma fellowship programs will become eligible in July 2006 for fellows starting in July 2007. The subspecialties of pathology, retina, and uveitis are expected to join the AUPO FCC Compliance Process in July 2007 for fellows starting in July 2008.



For the AUPO FCC Compliance Process to be successful, the AUPO FCC feels that it is essential that Department Chairs and Program Directors notify any residents seeking applications for an Ophthalmology Subspecialty Fellowship on the AUPO SF Match Web site (www.sfmach.org) to look for the AUPO FCC Compliance Logo which indicates that a fellowship program is in AUPO FCC Compliance and thus meets the educational standards developed by that subspecialty and is approved by the AUPO FCC. In addition, programs in AUPO FCC Compliance will be listed on the AUPO FCC Web site (www.aupofcc.org).

In summary, the AUPO FCC program offers educational standards, protection of the public, protection of institutions, protection of trainees, accountability and enforcement. This compliance process is voluntary and will be financed by participating fellowship programs, subspecialty societies, and AUPO. It will be a Web-based, cost effective compliance system. AUPO, the organization with responsibility for planning, promoting, and delivering graduate medical education in ophthalmology, will provide oversight to the AUPO FCC. The proposed system has broad support among most subspecialty societies and by the AUPO membership. The success of the program will be assessed by AUPO on an annual basis.

Initial Board of Managers

Sub-Specialty Representatives:

Michael W. Belin, MD
(Cornea, External Disease & Refractive Surgery)
David B. Glasser, MD
(Cornea, External Disease & Refractive Surgery)
Louis B. Cantor, MD (Glaucoma)
Robert L. Stamper, MD (Glaucoma)
John L. Keltner, MD (Neuro-ophthalmology)
Steven E. Feldon, MD (Neuro-ophthalmology)
Hans E. Grossniklaus, MD (Pathology)
Gordon Klintworth, MD PhD (Pathology)
Steven E. Rubin, MD (Pediatric ophthalmology)
Thomas D. France, MD (Pediatric ophthalmology)
Daniel F. Martin, MD (Retina)
George A. Williams, MD (Retina)
Gary N. Holland, MD (Uveitis)
Douglas A. Jabs, MD (Uveitis)

American Academy of Ophthalmology Council representative:

Malcolm L. Mazow, MD 2004–2005
Martin Wand, MD 2005–Present

Association of University Professors of Ophthalmology representatives:

Gary W. Abrams, MD (AUPO President)
Bartly J. Mondino, MD (AUPO EVP)
Paul D. Langer, MD (AUPO PD Representative)
Travis A. Meredith, MD (AUPO Representative)

Advisors to AUPO FCC:

Stuart Fine-Retina
AUPO-Founding Co-Chair and Senior Advisor
David Parke, II – Retina – AUPO
Ronald Smith – Cornea – AUPO
Robert Yee – Neuro-op – AUPO

Officers:

John L. Keltner, MD, Chair, Secretary, Treasurer
Travis A. Meredith, MD, Vice Chair
Steven E. Rubin, MD, Review Committee Chair
Michael W. Belin, MD, Review Committee Vice Chair

Manager/Coordinator:

Lisa Brown

OPHTHALMOLOGY MEDICAL STUDENT EDUCATION REFORM SYMPOSIUM: A SUMMARY

Linda Mottow Lipa, MD

Longitudinal education studies (Ophthalmology 2206:113;133-139) recently confirmed what we have long suspected: ophthalmology has been marginalized in the medical school curriculum, with worrisome results. The AUPO kindly invited me to the 2006 annual meeting to organize and moderate a symposium highlighting the issues involved.

The symposium goals were to:

- Illustrate the effect of curricular marginalization on students' eye examination skills
- Consider implications for referral patterns and patient care
- Propose remedies
- Discuss strategies for implementing reform

The panel represented the perspectives of

- Richard Hawkins, MD – Deputy Vice President of Assessment Programs, National Board of Medical Examiners
- Stuart Fine, MD – Chair of the Scheie Eye Institute, University of Pennsylvania
- Eve Higginbotham, MD – Chair of Ophthalmology, University of Maryland, and incumbent Dean, Morehouse School of Medicine
- Joe Robertson, MD – Chair of Ophthalmology, and Dean, Oregon Health Sciences University

Despite repeated calls for education reform in the past 15 years, the 2004 AUPO curriculum survey demonstrated further cutbacks in ophthalmology education. My introduction stressed the current focus on outcomes rather than content, summarized our experience with skills erosion, and provided further data suggesting a trend rather than an isolated finding. Funduscopy simulator assessment data from UCI in 2002 convinced the California Consortium for the Assessment of Clinical Competence to include fundus slides in an inter-station exercise within their state-wide clinical performance examination since 2003. In 2005, five schools used the UCI simulators for funduscopy skills assessment. Their experience fueled a movement for more robust funduscopy teaching and assessment across California—and beyond—and collaborative studies within the Consortium.

Dr. Hawkins described the newly created clinical skills exam, USMLE Step 2 Clinical Skills (CS). Step 2 CS was implemented to ensure that applicants for licensure in the United States have attained competence with regard to the fundamental clinical skills essential

to safe and effective patient care: obtaining a relevant medical history, performing a focused physical examination, communicating effectively with patients, and in interpreting and coherently documenting findings from the patient encounter. Clinical findings from the history and physical contribute about 80% of information leading to a correct diagnosis, with 15-20% of diagnostic information coming from laboratory tests and imaging. He cited eye examination skills as among four fundamental student skills weaknesses frequently reported by medical educators in various settings. Several hypothetical scenarios in which ocular symptoms and signs would be considered fundamental to diagnosis and case management in Step 2 CS were illustrated.

Dr. Fine related a rich history of curricular evolution at Johns Hopkins, from a few lectures within pediatrics in 1975 (when the ophthalmology faculty numbered seven), to a one week course inspiring scores of students who are now distinguished colleagues. The curriculum at Penn, a large established program, is modeled after one he developed and refined at Hopkins, with lecture and clinic hours spanning a week, occurring 15 times a year, and taught half by faculty, and the other half split between residents and fellows. Success of the course relies on administration by a committed medical education director, who receives 15% salary support. Dr. Fine felt strongly that one week of dedicated clerkship time is essential, and that total integration within the curriculum should be resisted to prevent ophthalmology from disappearing altogether. However, he considered supplemental reinforcement of the course objectives, including assessment of skills, to be desirable in an integrative setting.

Dr. Higginbotham provided the perspective of the chair of a smaller, growing state school program. Maryland has embedded lectures plus one day of lectures/clinic during surgery. The Sight Savers program, pioneered at Maryland (now in 43 schools, having screened ~ 25,000 individuals and funded by the Friends of the Congressional Glaucoma Caucus Foundation), provides additional experience. Residents and students together screen patients for glaucoma, under the aegis of a glaucoma faculty member, simultaneously reinforcing examination skills and performing community service. Outcomes studies indicated improved skills in participants vs. controls. Dr. Higginbotham also stressed the political importance of persuading our next generation of primary care col-

leagues, AAMC leaders, chairs, and deans that ophthalmology is an important component of medical care. Ignoring student education risks further marginalization of ophthalmology within the medical school culture, with relegation of student teaching to emergency medicine physicians and optometrists. Since medical schools can be accredited without having a department of ophthalmology, Dr. Higginbotham, as an incumbent Dean, advocates convincing the Liaison Committee on Medical Education (LCME) that ophthalmology should be required for full accreditation.

From the Dean's point of view, Dr. Joe Robertson maintained that almost all departments receive money from their dean's office, and student education should have priority for its use. He felt that a one week dedicated ophthalmology experience was optimal, and, if no curricular time is provided, should be offered during the summer between years one and two. Extending the experience further would best be accomplished via a Trojan horse approach than a frontal assault. He challenged ophthalmology faculty to take on preceptorships in introductory courses, and to infiltrate the curriculum. He advocated obtaining outcomes assessment data to back up requests, and forming coalitions with other marginalized specialties, like ENT, dermatology

and orthopedics before trying to convince the Council of Deans for organizational action.

I proposed that the AUPO establish a task force to produce actionable items. To start, creating a list-serve for Medical Education Directors would allow collaborative strategizing, while awaiting a forum through future AUPO associate membership. On a school level, we need to effect representation on curriculum committees, implementation of outcomes assessment tools, strong relationships with clinical skills teams and associate deans in departments of Medical Education, and solicit financial support from the Dean. To improve equipment access, we should urge ophthalmoscope purchase by students and schools, and solicit donations for equipment libraries for sign-out. Departments should provide incentives for faculty participation, and funding for meded directors. Faculty development programs for ophthalmology residents and faculty would generate more meaningful student evaluations. Programs for primary care faculty would enhance skill comfort, raise expectations for student performance, and encourage role modeling, resulting in better patient care, and improved referral relations.

I thank the AUPO leadership for hosting this symposium.

THE ACADEMY'S ETHICS LECTURE PROGRAM

By Charles M. Zacks, MD

In a recent survey of AUPO members, nearly all of those responding agreed that ethics and professionalism is very important to clinical competence, and all acknowledged that the ACGME requires ethics as a documented part of residency curriculum. Nevertheless, only 19% had utilized the Academy's ethics lecture program, and 40% were unaware of the offering.

Although the AAO Ethics Committee has offered on-site lectures for over 10 years, we now realize in retrospect that the quality has been inconsistent. Lecture content has been very dependent on the lecturer's individual perspective and effort, and some were criticized as too theoretical or philosophical, with insufficient emphasis on every-day ethical concerns.

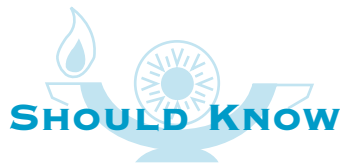
More recently, the Ethics Committee has developed a new program, with an introduction to the Academy and its Code of Ethics, using a case study format. Through detailed scripting, the content is more uniform, comprehensive and consistent in quality, making the best possible use of available time. The program emphasizes that becoming a member of the community of ophthalmologists requires adhering to specific stan-

dards of professional conduct: These standards are of benefit for optimum patient care, ethical research, avoidance of conflict-of-interest pitfalls, and improvements in risk management.

Acknowledging that the time and interests of programs may differ, the program is offered in a modular form, currently consisting of up to four lectures, followed by an informal resident seminar. Total time allotted can vary from 1 hour to one half day, and can be incorporated into existing formats such as Grand Rounds. Lecture content can be made available for review prior to the program.

The Academy's Ethics Education Lecture Program can help ophthalmology residency programs enhance their curriculum in professionalism, and meet ACGME requirements with greater quality and efficiency than had been available before. Inquiries regarding the program may be directed to the Academy's Ethics Committee via the Ethics Program Manager, Mara Pearse Burke at (319) 351-0440, (ethics@aao.org) or Charles Zacks, Ethics Committee Chair at (207) 774-8277 (czacks@nlis.net).

THINGS YOU



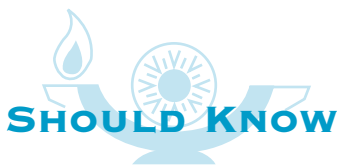
AUPO BOARD MEETING HIGHLIGHTS JANUARY 2006

- Decided on symposia topics for the 2007 Annual Meeting in Indian Wells, California.
- Approved seeking consulting services for a compensation survey.
- Accepted a proposal to continue scheduling the Educating the Educators meeting the day before the AUPO Annual Meeting in 2007.
- Approved donations to the JCAHPO Foundation, AEVR/NAEVR, and to ARVO to support a Clinician Scientist Luncheon.
- Appointed Dr. Susan Ksiazek as the new CMSS representative.
- Reviewed a draft of the Roles and Responsibilities of the Program Directors Council.
- Reconfirmed that the ACGME allows for only one Program Director and therefore there may be only one AUPO Associate Member from each institution.
- Discussed a Memo of Understanding with the American Academy of Ophthalmology for a joint Program Directors web site.
- Committed continued financial support for the AUPO Fellowship Compliance Committee.
- Confirmed Goal Committee members.
- Met with AVAO President, Dr. Nathan Ravi, and established a symposium on a veteran's affairs topic for the 2007 Annual Meeting.
- Met with AEVR/NAEVR representative James Jorkasky.
- Approved a resolution in support of a new technology plan for the San Francisco Matching Program.
- Appointed Dr. Christopher Westfall to a second term as a JCAHPO representative and invited Dr. Kirk Packo to serve as a second representative.
- Approved a resolution to update the signature authorization information for AUPO's investment and bank accounts.
- Reviewed AUPO's insurance coverage.
- Reviewed the 2006 budget.
- Selected the Ritz Carlton Sarasota for the 2010 Annual Meeting.

ANNUAL BUSINESS MEETING HIGHLIGHTS, JANUARY 2006

- Introduced new staff: Linda Christopher, Director of San Francisco Association Management Services; Lisa Brown, Client Services Manager for AUPO; Carl Ware, Manager of the San Francisco Matching Program.
- Announced approval of a new technology plan for the Match that will enhance the services provided.
- Noted that the successful Educating the Educators meeting for Program Directors will be held prior to the AUPO Annual Meeting again in 2007.
- Congratulated Dr. Stephen Tsang as the recipient of the second Becker Award and thanked Mark Blumenkranz for his efforts related to this award.
- Announced that the Straatsma Award for Excellence in Resident Education would be open for nominations shortly, and thanked David Parke for his guidance as Chair of the Committee.
- Expressed concern on behalf of AUPO/ARVO/AO about the lack of clinician scientists involved with the NIH study sections and encouraged Chairs to enlist their faculty to participate.
- Approved the election of all new members as read with the addition of Dr. Keith Carter.
- Approved the election of all new Associate Members as read.
- Approved Mark Blumenkranz for President-Elect.
- Approved Hilel Lewis as Trustee-at-Large.
- Approved by overwhelming majority vote, a Bylaw change allowing Associate Members to attend the Annual Meeting when their Chair is absent.
- Approved unanimously a Bylaw change allowing Research Directors to join the AUPO as Associate Members.
- Approved additional changes to the Bylaws as presented. (involves changing the word may to shall in several places)
- Appealed to members to allow faculty to participate in the EyeCare America program.

THINGS YOU



HEED OPHTHALMIC FOUNDATION RETREAT

By Stuart L. Fine, MD

The Heed Ophthalmic Foundation will sponsor a two-day retreat for first- and second-year residents at the Airlie Conference Center, Warrenton, Virginia, September 17 and 18, 2006. The goal of the retreat is to promote academic careers among first- and second-year residents of exceptional promise for academic and investigative ophthalmology.

Participants will include 25 first and second year residents nominated by their Chairs, 7-10 recent K-grant awardees, 7-10 recent R01 awardees, and several seniors, including Heed Foundation Trustees. Dr. Paul Sieving and other leaders of the NEI will participate in the meeting.

There will be no formal research presentations. During a series of informal sessions, young investigators will inform younger investigators of "How I Got From Here To There." Topics for discussion will include:

- Why an academic career?
- The job interview
- Academic appointments and promotions
- Variability across universities with respect to track and criteria for promotion
- Full time v. part time position
- Geographic considerations in choosing a position

- How teaching is evaluated in academic medical centers
- How faculty effort is evaluated
- Opportunities for research support from NIH, foundations, and industry
- How grants are prepared
- Entrepreneurial opportunities for academic faculty
- Differences between clinicians, clinician-scientists, and clinician-educators
- What is a start-up package?
- Mentors and mentoring
- Leading a balanced life

Ophthalmology department chairs and residency program directors will be asked to nominate current first and second year residents by March 1. The Heed Foundation Trustees will evaluate the applications and select the 25 who will be invited to participate. Those residents selected will be informed by the first week of April. All expenses will be paid by the Heed Foundation. A follow-up evaluation and plans for the future will be presented at the AUPO meeting in February 2007.

Future Annual Meeting Dates

February 1–3, 2007

Renaissance Esmeralda Resort & Spa ~ Indian Wells, California

January 31–February 2, 2008

The Ritz-Carlton ~ Sarasota, Florida

January 29–31, 2009

Renaissance Esmeralda Resort & Spa ~ Indian Wells, California

THINGS YOU



STRAATSMA AWARD FOR EXCELLENCE IN RESIDENT EDUCATION CALL FOR NOMINEES

Description of the Award:

The Straatsma Award for Excellence in Resident Education (the "Straatsma Award") was established through the generosity of the American Academy of Ophthalmology (AAO), the Association of University Professors of Ophthalmology (AUPO) and private funds to recognize and celebrate an outstanding Program Director in ophthalmology. The award carries the name and honors the accomplishments of Bradley R. Straatsma, M.D., J.D., former Chairman of the Department of Ophthalmology at UCLA and former Director of the Jules Stein Eye Institute. The award will be presented annually at both the Annual Meetings of the AAO and of the AUPO and will carry a cash prize.

Criteria for Nomination:

Nominees for the Straatsma Award must fulfill the following criteria:

- Be an Associate Member of the AUPO and a Member or Fellow of the AAO
- Have served as a Program Director at an ACGME-accredited AUPO member program for a minimum of 5 years
- Currently serve as the Program Director
- Embody the qualities of:
 - Commitment to resident education
 - Dedication to the residency training process
 - Active engagement in program leadership
 - Innovation in and/or advancement of residency education at the local and/or national level
- Be the consummate teacher/mentor/advisor

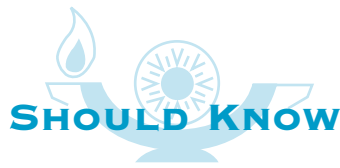
Special consideration in the selection process will be given:

- In recognition of current activities, not simply to length of service or to contributions made many years previously
- To nominees who have published in peer-reviewed literature on subjects related to residency education
- To innovative work
- To those who have achieved a leadership role in medical education
- To achievement in mentoring other educators/future educators

Nomination Process:

- Candidates must be nominated by their Department Chair
- The Application Packet must include the following items:
 - A letter (not to exceed three pages) from the Chair summarizing the Nominee's special qualifications for the Award and verifying that, if awarded
 - The cash prize will be awarded directly to the Awardee and not counted against normal compensation or deposited in Department accounts
 - The Awardee will attend both the Annual Meetings of the AAO and of the AUPO to receive the Award
 - Two (2) supporting letters (each not to exceed two pages) from faculty, current residents, or past residents who trained under the Nominee
 - A copy of the Nominee's current Curriculum Vitae
 - A signed letter from the Nominee (not to exceed two pages) summarizing the Nominee's accomplishments as Program Director and plans for future activities. The Nominee must also agree in the letter to address the Program Director's Meeting at the AAO and AUPO Annual Meetings on a topic(s) related to residency training if chosen as the Awardee
- Re-applicants: If this represents a reapplication from last year, it is not necessary to complete an entirely new application. Simply resubmit the identical package with a supplementary letter not to exceed one page that updates any relevant information and carries the signature of Department Chair and the nominee.
- Ten (10) copies of the completed application packet must be compiled by the Department Chair and received by the AUPO office by **Monday, May 15, 2006** at: AUPO, P.O. Box 420369, San Francisco, CA 94142-0369
- All completed applications will be reviewed by a Selection Committee and a recommendation forwarded to the AUPO Board of Trustees for approval and subsequently to the Senior Secretary for Education of the AAO for approval.
- The Awardee will be notified by July 1, 2006.

THINGS YOU



FACULTY POSITIONS AVAILABLE MARCH 2006

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.

DALHOUSIE UNIVERSITY OCUPLASTIC/ORBIT SUB-SPECIALISTS IN OPHTHALMOLOGY

Dalhousie University and Capital Health is seeking a qualified full-time oculoplastic/orbit sub-specialist to practice in a challenging and rewarding academic environment. Candidates for this position should have completed a minimum of 12–24 months of post-residency fellowship training in oculoplastic/orbit including active exposure and participation in clinical research. The successful candidate will possess good clinical and surgical skills, demonstrate an ongoing interest in clinical and/or basic science research and teaching. He/she should be certified or eligible for certification by the Royal College of Physicians and Surgeons of Canada, must be eligible for a full medical license in the province of Nova Scotia, and be eligible for attending privileges at Capital Health. This is a clinical continuing track university position. Halifax, the capital city of Nova Scotia, has excellent educational and recreational facilities.

Send applications with up-to-date curriculum vitae and the names of three referees to:

Dr. A.F. Cruess, Professor and Head
Department of Ophthalmology & Visual Sciences
Dalhousie University
District Chief, Capital District Health Authority
Rm. 2035, 2 West Victoria Bldg.
1278 Tower Rd.
Halifax NS B3H 2Y9

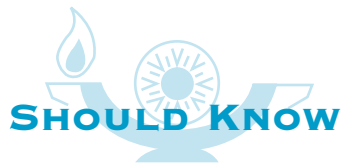
DOHENY EYE INSTITUTE GLAUCOMA

An Assistant or Associate Professor position is currently available at the University of Southern California, 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. Time will be divided between Glaucoma specialty care, research, and teaching. 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. 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 including: clinical care, a strong commitment to teaching and supervision of residents, fellows and clinical research.

Salary and academic rank negotiated based on qualifications and experience. USC is an equal opportunity employer. Please send CV and cover letter to:
Rohit Varma, MD, MPH
Chair, Glaucoma Search Committee
Doheny Eye Institute
1450 San Pablo Street
Los Angeles, CA 90033
e-mail: rvarma@usc.edu

THINGS YOU



MONTEFIORE MEDICAL CENTER PEDIATRICS, NEURO-OPHTHALMOLOGY, AND GLAUCOMA FACULTY POSITIONS

The Department of Ophthalmology of the Montefiore Medical Center/Albert Einstein College of Medicine welcomes applications for instructional and clinical track faculty in Pediatrics, Neuro-ophthalmology and Glaucoma. The positions include patient care, teaching and research activities. Candidates should have an MD degree and be Board-eligible or Board-certified in Ophthalmology. Academic rank and salary are commensurate with experience and academic credentials.

Forward inquiries to:
Harry M. Engel, MD
Department of Ophthalmology
Montefiore Medical Center
111 East 210th Street
Bronx, New York 10467
hengel@montefiore.org
718-920-6665

The Montefiore Medical Center/Albert Einstein College of Medicine is a Non-discriminatory Affirmative Action Employer.

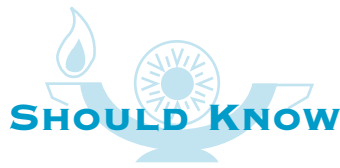
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO GLAUCOMA SPECIALIST

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 17 faculty members including 4 PhDs, 12 residents and 1-4 fellows. Candidates must have an MD 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. MD/PhDs are especially desirable and have opportunities for endowed positions. A two-person team consisting of an MD clinician and a PhD researcher can also apply, with one of the two occupying an endowed professorship. Academic rank is based upon qualifications. The University of Texas Health Science Center at San Antonio is an affirmative action/equal opportunity employer.

Interested persons should contact:

W. A. J. van Heuven, MD
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

THINGS YOU



THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

The Department of Ophthalmology at the University of Texas Health Science Center at San Antonio is seeking a full-time academic oculoplastics & orbit specialist in a department with 17 faculty members including 4 PhD's, 12 residents and 1-4 fellows. Candidates must have an MD degree, be board-certified or eligible, have completed an oculoplastics fellowship (ASOPRS preferred) and be able to obtain a Texas license. Requirements include excellence in medical/surgical oculoplastics, enthusiasm for teaching and experience/interest in research. Academic rank is based upon qualifications and experience. Competitive salary and benefits. Position available Spring 2006. The University of Texas Health Science Center at San Antonio is an affirmative action/equal opportunity employer.

Interested persons should contact:

W. A. J. van Heuven, MD
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 UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

The Department of Ophthalmology at the University of Texas Health Science Center at San Antonio is seeking a full-time academic vitreo-retinal specialist in a department with 17 faculty members including 4 PhD's, 12 residents and 1-4 fellows. Candidates must have an MD degree, be board-certified or eligible, have completed a retina fellowship, and be able to obtain a Texas license. Requirements include excellence in medical/surgical retina, enthusiasm for teaching and experience/interest in research. Academic rank is based upon qualifications and experience. Competitive salary and benefits. Position available Spring 2006. The University of Texas Health Science Center at San Antonio is an affirmative action/equal opportunity employer.

Interested persons should contact:

W. A. J. van Heuven, MD
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

THINGS YOU



UT SOUTHWESTERN

The Department of Ophthalmology at UT Southwestern is now recruiting an additional Pediatric Ophthalmologist at the Assistant Professor or Associate Professor level. We seek an outstanding individual with an MD degree who is board certified (or eligible) by the American Board of Ophthalmology. Successful completion of a Pediatric Ophthalmology fellowship is required. Duties will include sharing in the responsibility, with existing faculty, for didactic and clinical training of residents and fellows and clinical care of patients at Children's Medical Center of Dallas and UT Southwestern affiliated faculty practice sites. The successful applicant must have demonstrated medical and surgical skills and interest in all aspects of Pediatric ophthalmology. An established interest in and/or willingness to pursue clinical research is desirable.

The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Interested individuals should send curriculum vitae, names of three professional references, and a cover letter to:

David R Weakley MD
 Chief of Ophthalmology
 Children's Medical Center of Dallas
 Professor of Ophthalmology
 The University of Texas Southwestern
 Medical Center at Dallas
 5323 Harry Hines Blvd.
 Dallas, TX 75390-9057

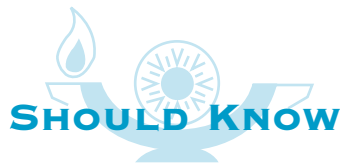
UT SOUTHWESTERN

The Department of Ophthalmology at UT Southwestern announces an opening for an Assistant Professor, Associate Professor or Professor to join clinician science faculty members who are housed in a recently renovated, modern retinal research lab. We seek an individual with a PhD, with strengths in molecular biology or molecular genetics and established interest in retinal degenerative disease (e.g., age-related macular degeneration or vascular disease). Investigators with current funding from NIH or NSF and a strong publication record are the most competitive and may qualify for an endowed tenured faculty appointment.

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

THINGS YOU



UT SOUTHWESTERN

The Department of Ophthalmology at UT Southwestern announces an opening for an Assistant Professor. We seek an outstanding individual with an MD 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, MD
 Professor and Chairman
 Department of Ophthalmology
 The University of Texas Southwestern
 Medical Center at Dallas
 5323 Harry Hines Blvd.
 Dallas, TX 75390-9057

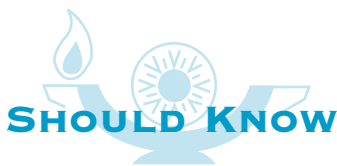
UT SOUTHWESTERN

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 MD 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 department, 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, MD
 Professor and Chairman
 Department of Ophthalmology
 The University of Texas Southwestern
 Medical Center at Dallas
 5323 Harry Hines Blvd.
 Dallas, TX 75390-9057

THINGS YOU



UT SOUTHWESTERN

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. This individual will serve primarily as faculty supervising the resident clinics and operating rooms at Parkland Memorial Hospital, the main teaching hospital for the Medical Center. Must have interest in teaching and clinical research and willing to practice comprehensive ophthalmology, though applicants with special skills (eg, subspecialty training) may be able to be accommodated. There will also be the opportunity to develop a comprehensive or subspecialty practice within the department private/referral practice if desired.

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:

Preston Blomquist, M.D.
Associate Professor
Department of Ophthalmology
The University of Texas Southwestern
Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-9057

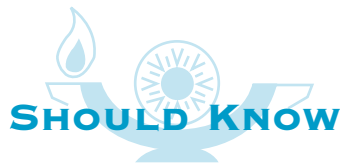
UT SOUTHWESTERN

The Department of Ophthalmology at UT Southwestern announces an opening for an Assistant Professor, Associate Professor or Professor. We seek an outstanding individual with an M.D. degree who is board certified or board eligible in ophthalmology. This position is for a comprehensive ophthalmologist, ideally with subspecialty training that will hold a staff position at the VA North Texas Health Care System and be responsible for teaching ophthalmology residents at the Dallas Veteran Affairs Medical Center. Demonstrated interest in scholarly pursuits is preferable. Qualified applicants should demonstrate a distinguished record of performance in teaching and clinical care. Applicants are subject to drug testing. Dallas VA Medical Center is a non-smoking facility.

The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Interested individuals should send curriculum vitae and the names and addresses of three references, with a cover letter to:

Carol G. Reinert, M.D.
Dallas Veterans Affairs Medical Center
4500 S. Lancaster Road
Dallas, Texas 75216
Email: Carol.Reinert@med.va.gov

THINGS YOU



VIRGINIA COMMONWEALTH UNIVERSITY GLAUCOMA FACULTY POSITION #F-5647 VITREORETINAL FACULTY POSITION #F-6245

The Department of Ophthalmology is seeking candidates for two (2) full-time, non-tenure track positions at the Assistant/Associate Professor level: Glaucoma Surgeon & Vitreoretinal Surgeon. Applicants should have experience in glaucoma/vitreoretinal surgery and be dedicated to teaching; research and exemplary patient care to be conducted at VCU Medical Center and at our satellite facilities. The positions may also serve as the Residency Program Director or Resident Clinic Medical Director. Completion of residency training and a fellowship in glaucoma/vitreoretinal diseases is required. Rank is dependent upon qualifications, training and experience. The successful candidate must be Board-certified/eligible and licensure in the State of Virginia is required. No later than March 31, 2006, interested individuals should send an updated curriculum vita, three letters of reference and a letter describing interests and accomplishments to:

William H. Benson, MD
Professor and Chairman
Department of Ophthalmology
Attn: Search Committee
P.O. Box 980262
Richmond VA 23298-0262

Virginia Commonwealth University is an equal opportunity/affirmative action employer.

Women, minorities and persons with disabilities are encouraged to apply.

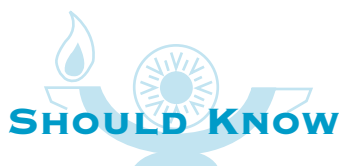
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE K12 CAREER DEVELOPMENT PROGRAM

The Department of Ophthalmology and Visual Sciences at Washington University has received a K-12 mentored clinician scientist training grant, "Physician Researchers in Ophthalmic Sciences" (PROS) from the National Eye Institute. We are currently accepting applications for this program.

The PROS program is a four-year, mentored training program open to US citizens or permanent residents who have completed medical residency and fellowship, typically in ophthalmology. The training program consists of general and specific didactic courses and an intensive mentored research project. Two tracks are available. The first is a bench/translational scientist track, consisting of basic science research in the individual's field of choice, toward the end of applying these findings to patient care. The second track is a clinical investigator track, which includes mentoring, coursework, and research in clinical trial design and execution. It is anticipated that at the end of the four-year training program, the participant will be able to undertake independent research in his or her chosen field.

The Department of Ophthalmology and Visual Sciences of Washington University offers a wealth of research and training opportunities. The department consists of 40 full-time faculty studying a broad range of ophthalmic disease. The K12 program will allow participants to take advantage of several internationally recognized areas of clinical and scientific excellence with active translation research programs, including uveitis, ocular oncology, molecular diagnostics, glaucoma, and pathology. The department is the third-leading recipient of National Eye Institute grant funds and has dedicated core facilities for use by the trainee, including a knockout-transgenic mouse facility, confocal microscopy facility, and extensive biostatistics module. Washington University in St. Louis is a leading research medical school and is currently fourth

THINGS YOU



in the nation in National Institutes of Health research funding. The medical school is consistently ranked in the top five in the nation in multiple surveys.

It is anticipated that the Scholar will receive appointment at the level of instructor or assistant professor. The training grant stipulates the trainee will devote at least 75% time to his or her research and training endeavor. In the remaining time, the trainee will be able to practice ophthalmology in his or her subspecialty and participate fully in the academic life of the department. Compensation will be competitive and commensurate with rank. The program provides 75% of the Scholar's salary, and \$30,000 per year for research expenses. We urge potential candidates to APPLY NOW for this program.

Applications are requested by March 15, 2006 for the first grant cycle, but will be considered on a rolling basis after that date. Interested individuals should submit (e-mail preferred) a curriculum vitae and names of references to:

Katie Neely
Department of Ophthalmology & Visual Sciences
Washington University School of Medicine
660 S. Euclid Ave., Campus Box 8096
St. Louis, MO 63110
(314) 362-4179 (phone)
(314) 747-4576 (fax)
neely@vision.wustl.edu

Two positions are available for the coming academic year.

Washington University is an equal opportunity employer and is interested in receiving applications from all qualified individuals. The composition of America's workforce and institutions of higher education is changing. Washington University is committed to fostering a diverse network of faculty, students and staff from a variety of backgrounds – cultural, ethnic, social and creative talents. The University has formed collaborations with gov-

ernments, schools and cultural groups to ensure access to higher education for individuals from groups traditionally underrepresented in college and professional careers.

YALE EYE CENTER ACADEMIC CORNEA/ REFRACTIVE SURGERY POSITION

The Department of Ophthalmology and Visual Science, Yale University School of Medicine, is accepting applications for a full time faculty position in cornea and refractive surgery. Rank and academic track will be commensurate with the individual's credentials. Candidates must be certified or eligible for certification by the American Board of Ophthalmology and must have completed fellowship training in the areas of cornea, external disease, and refractive surgery. In addition to clinical excellence, candidates should have a strong commitment to education and academic activities.

Please submit a cover letter, current curriculum vitae, and names of four references to:

M. Bruce Shields, MD
Professor and Chairman
Yale University School of Medicine
Department of Ophthalmology and Visual Science
P. O. Box 208061
New Haven CT 06520-8061

Yale University is an Affirmative Action/Equal Opportunity Employer