ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY

AUPO

MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

NEWS & VIEWS

SEPTEMBER 2002

PRESIDENT'S PERSPECTIVE

NEW GENERAL COMPETENCIES FOR RESIDENTS

By John P. Shock, MD

The need for organized medicine to become more accountable and responsible to the public for the competency of practicing physicians was the driving force behind the initiative of the Accreditation Council for Graduate Medical Education (ACGME) to establish competency-based training for residents. The current structure-and process-based system defines the present resident training experience by exposure to specific contents for specific periods of time, while a competency-based system defines the desired outcome of training with the outcome driving the educational process. During the past several years there has been a movement towards competency-based curriculum and outcomes evaluation despite the fact that there is very little scientific literature which has evaluated the outcomes of competency-based education. Those studies that favor competency-based education emphasize the following points to ensure a successful outcome.[1]

First, and of critical importance is the strategic planning phase of identifying and defining the competencies needed for professional practice. Secondly, a series of benchmarks or performance indicators describing the outcome expectancy of each competency must be established. Thirdly, the knowledge, skills, and attitudes underpinning each competency need to be clearly written, measurable, and in summation reflect the achievement of that competency. Fourth, the threshold for achieving competence must be predetermined. Fifth, assessment tools must be specifically matched to the competency to effectively evaluate outcomes. Sixth, evaluations should reflect real world observation and consist of a "portfolio" of the assessment tools. Seventh, faculty and learner buy-in with consensus building together with strong administrative support are crucial. The final step in achieving successful implementation is to ensure that those intimately involved with the process assume responsibility for the creation of faculty development programs for the clinical educators who teach the trainees.[1]

COMPETENCIES SCHEDULED FOR RESIDENT EDUCATION

The ACGME has scheduled six general competencies for residents' education in the following areas.[2]

1. **Patient Care.** Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge.** Residents must demonstrate knowledge about established and evolving biomedical clinical and cognate sciences and the application of knowledge to patient care.
3. **Practice-Based Learning and Improvement.** Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
4. **Interpersonal and Communication Skills.** Residents must be able to demonstrate interper-

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President's Perspective, continued from page 1

sonal and communication skills that result in effective information exchange and teaming with patients, their patient families, and professional associates.

5. **Professionalism.** Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **System-Based Practice.** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

In addition, each residency program must demonstrate that it has an effective plan for assessing residents' performance throughout the program by the use of dependable measurement tools of required skills for each competency. There also must be mechanisms for providing regular and timely performance feedback to residents, and a process involving use of assessment results to achieve progressive improvement in residents' competence and performance. The ACGME expects each residency training program and its faculty to use the residents' assessment results to evaluate how effective the residency program is educating its residents.

Toolbox of Assessment Methods

Over the next few years, each residency training program director and the program's faculty members will need to develop various experiences for residents so that they may acquire the skills to become competent in the six areas. As stated above, departments also need to develop measurement tools to determine if the competency has been achieved, and these assessment tools must be specifically matched to the competency to effectively evaluate outcomes. Below is a list of recommended assessment tools and a short description of each.[3] For a more detailed description of each tool listed, you are referred to www.acgme.org.

1. **360-Degree Evaluation Instrument.** 360-degree evaluations consist of measurement tools completed by multiple people in a person's sphere of influence.
2. **Chart Stimulated Recall Oral Examination (CSR).** In a chart stimulated recall (CSR) examination patient cases of the examinee (resident) are assessed in a standardized oral examination.
3. **Checklist Evaluation.** Checklists consist of essential or desired specific behaviors, activities, or steps that make up a more complex competency or competency component.
4. **Global Rating of Live or Recorded Performance.** Global rating forms are distinguished from other rating forms in that (a) a rater judges general categories of ability instead of specific skills, tasks or behaviors; and (b) the ratings are completed retrospectively based on general impressions collected over a period of time derived from multiple sources of information.

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Preliminary Program-in-Brief

January 30 – February 1, 2003

Indian Wells, California

37th Annual Meeting

Registration materials for the 2003 Annual Meeting will be mailed to you soon. We will now venture to the Renaissance Esmeralda Resort in Indian Wells (Palm Springs), California. The 2003 meeting will have the same schedule as the 2002 meeting which will require you to arrive on Wednesday, January 29th as the program will begin promptly at 8:00 a.m. on Thursday, January 30th. Please review your registration materials upon receipt and if you have any questions, call the San Francisco office at (415) 561-8548. Program planning for this meeting is near completion. Topics for the meeting symposia will focus on timely issues of concern to all members. A portion of the program will be comprised of workshops. Following is a preliminary schedule for the meeting. Some topics and speakers are subject to change.

Thursday, January 30, 2003

7:00am–8:00am	Registration and Continental Breakfast
8:00am–12:30pm	Business Management: Faculty, Compensation and Retention
12:30pm–1:30pm	LUNCH (on your own)
1:30pm–4:30pm	Program Directors Meeting
6:00pm–8:00pm	New Members & Guests Buffet Reception (By Invitation Only)

Friday, January 31, 2003

7:00am–8:00am	Registration and Continental Breakfast
8:00am–10:00am	Symposium: Ethics in Residency Programs
10:00am–11:00am	Symposium: AUPO/RPB Resident & Fellow Research Forum
11:00am–11:30am	BREAK
11:30am–1:00pm	Workshops and Discussion Groups: 1.RRC: The Accreditation Process 2. Chairpersons Forum 3. Core Competencies 4. Department Development
6:00pm–10:00pm	Reception and Banquet (Buffet)

Saturday, February 1, 2003

7:00am–8:00am	Slide Exchange, Registration and Continental Breakfast
8:15am–9:15am	Symposium: Subspecialty Accreditation Follow-up
9:15am–9:45am	Practice Benchmarking
9:45am–10:15am	BREAK
10:15am–11:30am	Organization Reports: AAO, ABO, RPB, NEI, FFB, and ARVO
11:30am–12:30pm	Business Meeting
12:30pm	Meeting Adjournment

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The Rennaissance Esmeralda Resort in Indian Wells, California.

Administrators section

Wednesday, January 29, 2003

7:30pm–9:30pm	Dessert Reception and Opening Remarks

Thursday, January 30, 2003

7:00am–8:00am	Registration and Continental Breakfast
8:00am–12:30pm	Business Management: Faculty Funding, Compensation and Retention
12:30pm–1:30pm	LUNCH (on your own)
3:00pm–7:30pm	Palm Springs Tram, Dinner and Downtown Fair

Friday, January 31, 2003

7:00am–8:00am	Registration and Continental Breakfast
8:00am–10:45am	Administrator's General Session
	Leadership and Positive Motivation
10:45am–11:00am	BREAK
11:00am–12:30pm	Cluster Groups: Grant Management, Satellites, Electronic Communication, HIPAA, and Electronic Medical Records (Box Lunch)
12:30pm–12:45pm	BREAK
12:45pm–2:00pm	Administrator's General Session Internal Marketing in an Academic Setting
2:00pm–3:00pm	Special 9/11 Presentation
6:00pm–10:00pm	Reception and Banquet (Buffet)

Saturday, February 1, 2003

8:15am–9:15am	Symposium: Subspecialty Accreditation Follow-up
9:15am–9:45am	Practice Benchmarking
9:45am–10:15am	BREAK
10:15am–11:30am	Administrator's General Session What's Happening in My Backyard 1 What's Happening in My Backyard 2 What's Happening in My Backyard 3
11:30am–12:00pm	Business Meeting
12:00pm	Meeting Adjournment

The Grand Staircase at the Esmeralda Resort.

What's New at The NEI

VISION
Public Information Network

More than 140 members from 51 departments of ophthalmology and 16 schools and colleges of optometry are now members of the VISION Public Information Network. The Network, coordinated by the National Eye Institute, collaborates with member institutions to communicate vision research results to the public. The Network Web site (www.visionnetwork.nei.nih.gov) lists member institutions and provides links to their web sites.

The annual Network meeting was held in New York City in March 2002 and attracted 64 registrants from 32 eye institutes and departments of ophthalmology and 9 schools and colleges of optometry. Participants rated the program content and opportunity to interact with colleagues as excellent. A meeting summary is available at www.visionnetwork.nei.nih.gov/meetings_and_events/index.html.

Network members play an important role in disseminating the results of NEI-funded research through the media.

- In October 2001, the NEI released the results of the Age-Related Eye Disease Study (AREDS). With the help of 15 Network member institutions and Study Centers in 11 states, AREDS achieved more than 174 million "audience impressions" by the end of 2001, resulting in almost 18,000 visitors to the NEI Web site and more than 2,000 requests to the NEI for information.
- In March 2002, the NEI released the results of the Amblyopia Treatment Study with the assistance of 27 Network member institutions and Study Centers in 20 states.
- In June 2002, the results of the Ocular Hypertension Treatment Study were released. Nineteen Network member institutions and Study Centers in 13 states participated in the media blitz.

THE EYE SITE—A Traveling Exhibit on Low Vision for Shopping Centers

The National Eye Institute's THE EYE SITE—A Traveling Exhibit on Low Vision for Shopping Centers continues a nationwide tour. Since the tour was launched in 2001, more than eight million people have had the opportunity to visit the exhibit and learn about low vision.

By the end of 2002, two identical exhibits will have visited 32 malls in 14 states, including Arkansas, California, Connecticut, Florida, Indiana, Massachusetts, Mississippi, New Hampshire, New Mexico, New York, Nevada, North Carolina, South Carolina and Virginia. Planning is underway for 2003–2004 tours, with possible stops scheduled in Washington, DC, Pennsylvania, Colorado, and northern California. For more information on how to sponsor the exhibit in your state, visit THE EYE SITE Web site at www.nei.nih.gov/nehep/eyesite and complete the online application.

NEI Budget Update

FY 2002. The NIH received an appropriation of $23.6 billion, equivalent to a $3 billion or 15 percent increase over FY 2001. The NEI received a FY 2002 appropriation of $581 million. Compared to FY 2001, this level represents an increase of just over $70 million or 14.4 percent. Compared to other disease-oriented research Institutes, the NEI's increase was the second largest at NIH. The most significant increase within the NEI budget is in research grants which received $53 million more than last year.

FY 2003. The FY 2003 President's Budget proposes to complete the promised five-year doubling of the NIH budget with a request of $27.3 billion, an increase of $3.7 billion or 15.7 percent over FY 2002. If enacted, most Institutes and Centers would receive increases between 7 and 9 percent; two exceptions would be National Institute of Allergy and Infectious Diseases (NIAID) and the National Cancer Institute. Of the $3.7 billion increase for NIH, $1.2 billion is proposed for NIAID's biodefense research and infrastructure, and $.5 billion is for cancer research.

The budget requested for the NEI is $632 million, an increase of almost $50 million or 8.4 percent over the FY 2002 level. Like most Institutes and Centers, NEI's FY 2003 budget request falls short of the doubling goal. The National Alliance for Eye and Vision Research and other vision research advocacy organizations are supporting a FY 2003 Professional Judgment Budget of $692 million. This level is $111 million or 19 percent higher than NEI's FY 2002 budget, and would nearly achieve the doubling goal.

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View From RPB

By Thomas F. Furlong

RPB Ophthalmological Associate Membership Campaign Underway

For over 40 years, Research to Prevent Blindness (RPB) has been a unique and respected partner of ophthalmology, channeling hundreds of millions of dollars into eye research. It has made available to departments of ophthalmology nationwide the financial resources, scientific personnel, equipment, and laboratory space needed to establish and to expand research programs. The effort has sparked numerous scientific advances that have revolutionized the practice of ophthalmic medicine. In short, RPB has helped thrust ophthalmology into the forefront of modern medical science.

At the same time, RPB has worked hard to bring to national attention the nature of eye diseases and the vastly increased capacity of ophthalmologists to manage them. Thousands of eye physicians and vision scientists have rallied in support of these efforts by joining RPB's Ophthalmological Associate Membership Program, launched in 1971.

Since the program's inception, all membership dues have been used exclusively to advance eye research. In addition, many RPB Associate Members actively encourage their patients to give generously to the organization. Support realized from these efforts now totals several million dollars.

The RPB Ophthalmological Associate Membership program has been strengthened in recent years with the help of chairs of departments of ophthalmology who have personally extended membership invitations to colleagues and alumni. This year, all members will receive a newly designed and professionally attractive plaque that reminds patients of their commitment to medical research aimed at preserving vision and restoring sight.

Many departments are devoting newsletter space to encourage participation in the program, helping to create an awareness in fellow ophthalmologists that many treatments integral to their daily practice might never have materialized without the visionary leadership of RPB.

RPB to Hold 16th Biennial Science Writers Seminar in Eye Research

One of RPB's better known public education efforts is its Biennial Science Writers Seminar in Eye Research for the nation's leading science, medical and health writers. RPB will hold its 16th Biennial Science Writers Seminar in Washington, DC September 22–25, 2002, featuring reports from the nation's leading ophthalmic scientists concerning the latest advances in eye research.

Last year, RPB invited AUPO members to suggest topics and speakers, keeping in mind our history of providing a platform for leading vision scientists presenting major new advances in fighting eye disease. Those who responded have helped create a program that includes more than 30 world-class investigators, a lineup that ranks with the finest, most newsworthy presented to date. It is RPB's hope that the Seminar will yield, as it has traditionally, news reports that reach national and international audiences via print, electronic and broadcast media.

It is RPB's belief that increased public awareness bolsters public support for vision research and thereby spurs progress in preventing the loss of sight. After each Seminar, RPB publishes a compilation of all scientific papers presented and distributes it to practicing ophthalmologists and vision scientists nationwide. Large print reproductions of selected reports are also made available to members of the general public. To obtain a copy of the most recent compilation, or any other RPB Publication, call (800) 621-0026. You may also review and download these and other recent publications on the RPB website at www.rpbusa.org.

Over the decades, RPB has earned the respect of both professional and lay groups for disseminating reliable information. This year, the U.S. Department of Energy and the U.S. Department of Commerce National Institute of Standards and Technology (NIST) selected an RPB poster concerning its Science Writers Seminar for presentation at a national forum on Communicating the Future: Best Practices in Communication of Science and Technology to the Public which was attended by hundreds of science communicators from around the world.

RPB Selects Scientists to Receive RPB-Walt and Lilly Disney Special Scholars Awards for Amblyopia Research

Research to Prevent Blindness (RPB) has selected two leading vision scientists to receive the inaugural RPB-Walt and Lilly Disney Special Scholars Award

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The New PhRMA Code

By Samuel Packer, MD

Codes of ethical behavior are an essential component of a Profession. Physicians have had a code of ethics since 1847, when the American Medical Association wrote its first code. The AMA's code has, as its intent, "…regulating the clinical judgment, decision-making, and behavior of physicians; of shaping the policies and practices of health care organizations; and of contributing to the formation of health policy."[1] The American Academy of Ophthalmology (AAO) has a particularly unique code of ethics in that it was given an affirming Advisory Opinion from the Federal Trade Commission prior to being adopted by the AAO membership.[2] The Academy is the first, and only to date, health sciences organization to seek and obtain the approval for a code of ethics by the FTC. Members of the AAO pledge to abide by the rules of the code as a condition of continued membership.

I mention the above so as to highlight the differences that exist between our Professional codes of ethics and the new PhRMA (Pharmaceutical Research and Manufacturers Association) Code of Interactions with HealthCare Providers (the PhRMA Code) that has been adopted by the pharmaceutical industry. Adherence to the rules of the Academy's code of ethics is mandatory, while adherence to the PhRMA code is apparently voluntary. Both codes have aspirational (non-enforceable) principles. The PhRMA code states that it is "…committed to the highest ethical standards."[3] A critical difference between codes for physicians and those for industry is that physicians are the ethical and legal fiduciaries of patients, while pharmaceutical companies are fiduciaries of stockholders (legally enforceable). Both parties have an interest in the delivery of health care and the new PhRMA code helps state that there should be greater congruence of behavior that is in the best interest of patients. The moral difficulties in the appropriate provision of health care will be more effectively dealt with if there is agreement concerning the importance of responding to the ethical concerns of society in a positive (ethical) and collective manner. "Today, we face another, but far more complicated, moral crisis. The enormous power of medical technology, coupled with the legitimization of market ethos in health care, threatens to overshadow both physician and patient."[4]

The goals of the new PhRMA code are

1. inform health care providers about benefits and risks,
2. provide scientific and educational information,
3. support research and information, and
4. obtain feedback and advice about products through consultation with medical experts.

Further, their code states that informational presentations by or on behalf of a pharmaceutical company should have "no educational/recreational events," be offered in an "appropriate venue and manner," and have "no spouse or guest paid for."[3] This would preclude many of the egregious "gifts" that industry has historically provided to ophthalmologists and allow fewer opportunities to create conflicts of interests on the part of physicians. The code furthers states that any financial support given for third-party educational or Professional meetings should be given to the conference's sponsor and that there be no compensation for travel, lodging or other personal expenses. Again, this would go a long way to preserve the ethical/Professional integrity of academic/clinical meetings. The media has exposed egregious gifts and travel arrangements to doctors that have eroded the trust that is essential for the doctor-patient relationship and for maintaining our value to society.[5] Physicians must not lose sight of the fact that they are first the agents of patients. Physicians must not be perceived as working for (or being the agents of) pharmaceutical companies.

There will be opportunity for drug companies to reach their goals. Specifically, their need for feedback and advice can be achieved through the honest use of consultants and they have given a definition for consultant status as one that includes the need for a contract, for expertise and for speaker training. In addition, companies will continue to be able to support educational events by supporting such events and departments, but these events will not have speakers and content determined by the drug companies. The need for physicians to have their medical decisions independent of financial arrangements with industry is recognized in the new PhRMA code.

Finally, it is essential that physicians and pharmaceutical representatives work together to fulfill the

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Administrators Update

By Brent Carreau, MBA

Following the recent AUPO Administrators Board meeting in New York, I am honored to introduce myself as the new President of our organization. Over the past 13 years, my administrative career in ophthalmology has offered me many rewarding experiences. Serving on our board the last few years would rank right up near the top. I've tremendously enjoyed the exchange of information and camaraderie that has been generated in this forum. I welcome the opportunity to serve in the leadership role of President and am pleased to announce Cheryl Formes from University of Texas, Dallas as our new Vice-President. It seems completely appropriate to acknowledge the significant contribution Ricky Bass has made as my predecessor. He has been a good friend and a terrific leader. Ricky will remain active on the board as past-President and we will strive to build upon the positive momentum he has created for our organization.

In addition to the aforementioned leadership transition, the board of directors had an engaging and highly productive meeting in mid-July. We invested a significant amount of time constructing the program for our upcoming annual meeting. We continue to make a focused effort to design the content around the input of our members. We were delighted with the high return rate of feedback forms last year. While this is obviously a desired and positive outcome, it presents some degree of challenge in accommodating everyone's suggestions. However, every comment was reviewed and we have tried to incorporate as much member input as possible into our program. In this newsletter, you should find a basic outline of our program. More details will be forthcoming in the weeks ahead. Our entire board was excited about the meeting content and of course, the social events that Thelma does such a great job planning. I would strongly encourage you to attend the annual meeting, as we will be focusing on administrative issues in ophthalmology from an academic perspective that one would be hard-pressed to find in other programs.

On the topic of continuing education, another AUPO course at the Anderson School of Business Management of UCLA is also forthcoming. This is scheduled for June 12–14, 2003. I attended this meeting in 2001 and found it quite valuable. There is the high-quality faculty and didactic content one might expect, but it also provides a unique environment to directly apply progressive business concepts to specific challenges and opportunities we face in academic ophthalmology. Please consider participating in this important course.

On behalf of the AUPO Administrators Board, I want to thank you for your ongoing support and participation. I know that a number of you have been active on our listserve. If you have not participated to this point, I would encourage you to consider doing so. One of the greatest resources available to us as administrators participating in AUPO is the wealth of experience and expertise amongst our membership. Further to this point, we will have an updated Network Resource Directory to present to you at the annual meeting. Please e-mail me anytime at carreaub@ohsu.edu. I'm looking forward to serving as President. ■

Future Annual Meeting Dates

2003	**January 30-February 1, Renaissance Esmeralda Resort – Indian Wells, California**
2004	**January 29-31, The Ritz-Carlton - Sarasota, Florida**
2005	**January 27-29, The Westin Kierland Resort – Scottsdale, Arizona**

Things You Should Know

AUPO Board of Trustees Highlights

The Board of Trustees (Board) met in New York on July 19th. Once again, a joint session of AUPO Resident and Fellow Research Forum presenters and KO8 grantees was held at the ARVO Annual Meeting and it was extremely successful. Dr. Christopher Westfall was nominated to serve as the JCAHPO representative. An ad hoc committee of the Board was formed to review the financials and annual budget.

The Board reviewed, refined and finalized plans for the 2003 Annual Meeting. As in the past, there will be a management course on Day 1 of the meeting. The course objective is to help departments optimize operations to increase revenue; it will use a common vocabulary and combine the specific with the generic. There will be four workshops and an afternoon will be devoted to the Program Director's Meeting. In addition to an Ethics Symposium presented by Dr. Samuel Packer there will be an one-hour follow up symposium on subspecialty accreditation.

The next AUPO/UCLA management course will be June 12-14, 2003 at the UCLA campus.

Annual Business Meeting

The membership is invited to submit agenda items to the Executive Vice President for consideration at the Annual Business Meeting. Submission of items of business in advance will allow full discussion of issues of concern by all AUPO members.

AUPO/UCLA Management Course

Mark Your Calendars… The next AUPO/UCLA Management Course will be held **June 12–14, 2003** on the UCLA campus. This program is designed to provide necessary management principles and approaches for ophthalmology leaders including department chairs, vice-chairs, chief administrators, financial officers and other top administrators, program directors and faculty with leadership potential. The 2003 course will have new information incorporated. More information to follow in the coming months.

2002-2003 Directory

The new 2002-2003 Directory will be mailed to all members this September. If you need additional copies, please contact the San Francisco office at (415) 561-8548.

Dues Reminder

If your 2001-2002 Dues are still outstanding, you will receive a past due notice in September. Remember when it comes time to register for the Annual Meeting, if your dues are unpaid Members and Associate Members will not be able to register and Administrators will need to register as a non-member. Contact the San Francisco office at (415) 561-8548 if you have questions regarding your Member or Associate Member dues status or contact Thelma de Souza at (415) 502-1127 about your Administrator dues status.

New Members

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

Members

Paul A. Edwards, M.D.
Henry Ford Hospital (Detroit, MI)

Frederick S. Mikelberg, M.D.
University of British Columbia (Vancouver, BC)

Associate Members

Malvin D. Anders, M.D.
King/Drew Medical Center (Los Angeles, CA)

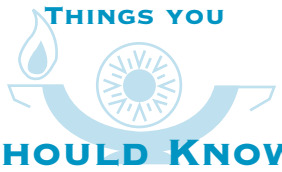
Preston H. Blomquist, M.D.
University of Texas Southwestern Medical Center (Dallas, TX)

Natalie C. Kerr, M.D.
University of Tennessee (Memphis, TN)

Wai-Ching Lam, M.D.
University of Toronto (Toronto, ON)

Mark D. Mifflin, M.D.
University of Utah/Moran Eye Center (Salt Lake City, UT)

Stephen G. Schwartz, M.D.
Medical College of Virginia Commonwealth University (Richmond, VA)



The Wilmer Eye Institute Announces The Maumenee Clinician-Scientist Scholarship

The Wilmer Eye Institute seeks to identify an outstanding ophthalmologist who is dedicated to developing a career combining research and patient care. The competitive candidate will demonstrate a commitment of a 3-5 year program (at least 80% time in research) aimed at developing research skills and independence under the guidance of a Wilmer senior faculty mentor to be chosen by the applicants. A candidate must be a United States citizen (or a non-citizen national of the United States or be lawfully admitted for permanent residence). Salary support is available for the first year of mentorship. Candidates interested in either basic science or patient-oriented research (e.g. clinical trials/epidemiology) are encouraged to apply. Completed applications are due on October 15, 2002, and the successful candidate will be notified by November 15, 2002. To request an application and further description of the program, contact:

Oliver D. Schein, MD, MPH
oschein@jhmi.edu

Jeffrey Berger Ophthalmic Scientist Career Development Award

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

Clinician-Scientist Fellowship

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

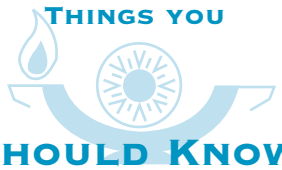
One-year Heed Foundation Fellowship

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

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

Ophthalmic Pathology Fellowship

Research to Prevent Blindness and the American Ophthalmological Society – Knapp Fund is offering a two-year postgraduate fellowship for training in ophthalmic pathology with an annual stipend of $52,500. The first year of the proposed fel-



lowship program will be spent in the study of diagnostic pathology and in the initiation of experimental eye pathology laboratory research. The second year of fellowship training will include experimental pathology research combined with exclusive time in diagnostic pathology or time in a relevant clinical subspecialty. Applicants must be graduates of a medical school accredited by the AAMC, citizens of the United States, and have plans for an academic career. Deadline for submission of applications: January 15, 2003 for fellowship starting in July, 2003. Please direct all inquiries and requests for application materials to AOS-Knapp Fund (see below).

AOS-Knapp Fund Fellowship

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

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

Faculty Positions Available September 2002

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

Retinal Degeneration, Glaucoma, Ocular Immunology and Infectious Disease

The Department of Ophthalmology and Visual Sciences invites applications for up to three full-time, tenure-track appointments at the rank of Assistant Professor or higher. Candidates must hold a Ph.D. or M.D. degree or equivalent, have relevant postdoctoral experience and a strong record of accomplishment in research. Candidates will be expected to establish or maintain a vigorous, independently funded research program. A competitive salary, ample start-up package and first-class laboratory space will be provided. We are seeking candidates with interests in the broad areas of retinal degeneration, glaucoma, ocular angiogenesis and ocular immunology/infectious disease. The individuals selected will be expected to contribute to a strong basic and clinical research group that is a leader in grant funding from the NIH and private foundations. Scientists using approaches that include molecular biology, genetics, developmental biology, cell biology, microbiology and neurobiology will find a supportive community of distinguished colleagues at Washington University. The graduate program in the Division of Biology and Biomedical Sciences (DBBS) has been a model for free standing, interdisciplinary graduate training since 1973 and supports the largest M.D./Ph.D. training program in the U.S. Department members with appointments in the DBBS have access to a large pool of talented Ph.D. and M.D./Ph.D. students. Applications will be considered beginning in mid-August, 2002. We expect to fill these positions by the spring or summer of 2003. Washington University is an Equal Opportunity/Affirmative Action Employer. Women and minorities are especially encouraged to apply. To ensure full and timely consideration, submit (1) a current CV, list of publications and grant support, (2) a brief statement of research interests and (3) contact information for three references by surface mail or E-mail to:

Dr. David Beebe
Chair of the Search Committee
Department of Ophthalmology and Visual Sciences, Campus Box 8096
Washington University
St. Louis, MO 63110
beebe@vision.wustl.edu

Cornea and External Disease

The Department of Ophthalmology, University of North Carolina at Chapel Hill is accepting applications for a full-time, tenure tract faculty position in Cornea and External Disease. Candidates must be Board certified (or eligible), fellowship trained in corneal and external diseases, and have successfully completed a fully accred-

ited residency training program in ophthalmology. A strong interest and experience in refractive surgery is desired. Responsibilities include patient surgical and medical care of cornea/external diseases, providing high quality resident and medical student training, and participation in clinical and/or basic research. North Carolina licensure or eligibility is required to finalize appointment. The University of North Carolina at Chapel Hill is an Equal Opportunity/ADA Employer. Academic rank and salary are based on experience and credentials. Inquiries should be directed to:

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

Cornea/Glaucoma/Pediatric Ophthalmology and Strabismus/Retina

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

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

Glaucoma

The Medical University of South Carolina, Storm Eye Institute has an opening for a Glaucoma faculty member. This is a good opportunity for someone who wants to teach and be busy. There are clinical trials and a basic research infrastructure for glaucoma. This position is open now. Please contact:

M. Edward Wilson, M.D.
Professor and Chairman, Department of Ophthalmology
Director, Storm Eye Institute
Medical University of South Carolina
Charleston, SC 29425
wilsonme@musc.edu
(843) 792-7622; FAX (843) 792-1166

Glaucoma

The Department of Ophthalmology, Harkness Eye Institute, Columbia University College of Physicians and Surgeons, is seeking applicants for a full-time faculty position in Glaucoma at the Assistant Professor level. Candidates must have completed an accredited residency program in ophthalmology, undertaken subspecialty training in glaucoma, and be certified/eligible by the American Board of Ophthalmology. Responsibilities include direct patient care and didactic and clinical training of medical students, residents, and fellows. An interest in clinical and/or laboratory research is highly desirable. For further details, please consult the July 2002 issue of American Journal of Ophthalmology (classified advertisements section). Columbia University takes affirmative action to ensure equal opportunity. Interested applicants may send a statement of interest, curriculum vitae and the names of 3 to 5 references to:

James C. Tsai, M.D.
Director, Glaucoma Division
Associate Professor of Ophthalmology
Harkness Eye Institute, Columbia University
635 West 165th Street
New York, NY 10032
(212) 305-4634; FAX (212) 305-5962
jct2002@columbia.edu

Comprehensive Ophthalmology

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a Comprehensive Ophthalmologist to serve as a full-time faculty member and Chief of the Ophthalmology Service at Ben Taub General Hospital of the Harris County Hospital District, an affiliated hospital of the Baylor residency training program. The position is available on or before July 1, 2003. Candidates must be certified or eligible for certification by the American Board of Ophthalmology. Fellowship training in anterior segment surgery or ocular trauma is desirable. Responsibilities include supervision of residency training and patient care and administration of business operations at Ben Taub General Hospital; practice in comprehensive ophthalmology as a member of the Baylor Eye Consultants; and participation in other academic programs of the Department. Baylor College of Medicine is an Equal Opportunity/Affirmative Action/Equal Access College. Interested individuals should contact Dan B. Jones (see below).

Vitreo-Retinal Surgery

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a new faculty member in Vitreo-Retinal Diseases and Surgery at the rank of Assistant Professor, tenure track. The current vitreo-retinal faculty is comprised of Eric R. Holz, M.D.; Richard A. Lewis, M.D.; Alice R. McPherson, M.D.; and William F. Mieler, M.D. Candidates should have completed one or more years in fellowship training in vitreo-retinal diseases and surgery and must be certified or eligible for certification by the American Board of Ophthalmology. Responsibilities include supervision of the residents and clinical fellows in patient care and education in the affiliated hospitals; participation in the consultative practice of the Baylor Eye Consultants; and contributions to other academic activities of the Department and College. Experience and interest in transitional or clinical research are desirable. Baylor College of Medicine is an Equal Opportunity/Affirmative Action/Equal Access College. Interested individuals should contact Dan B. Jones (see below).

Pediatric Ophthalmology

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a new faculty member in Pediatric Ophthalmology at the rank of Assistant Professor, tenure track. The current faculty in pediatric ophthalmology and adult strabismus comprises David K. Coats, M.D.; Evelyn A. Paysse, M.D.; and Kimberly G. Yen, M.D. Candidates should have completed one year of fellowship training in pediatric ophthalmology and must be certified or eligible for certification by the American Board of Ophthalmology. Responsibilities include participation in the consultative practice of the Baylor Eye Consultants in the Clinical Care Center of Texas Children's Hospital; in educational programs for residents, fellows, and medical students; and in other academic activities of the Department and College. Baylor College of Medicine is an Equal Opportunity/Affirmative Action/Equal Access College. Interested individuals should contact Dan B. Jones (see below).

Glaucoma

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a new faculty member in Glaucoma at the rank of Assistant Professor, tenure track. The current glaucoma faculty comprises Ronald L. Gross, M.D. and Silvia Orengo-Nania, M.D. Candidates should have completed one or more years in fellowship training in glaucoma and must be certified or eligible for certification by the American Board of Ophthalmology. Responsibilities include supervision of the residents and clinical fellows in patient care and education in the affiliated hospitals; participation in the consultative practice of the Baylor Eye Consultants; and contributions to other academic activities of the Department and College. Experience and interest in basic science and clinical research are highly desirable. Baylor College of Medicine is an Equal Opportunity/Affirmative Action/Equal Access College. Interested individuals should contact Dan B. Jones (see below).

Physician-Scientist in Pediatric Ophthalmology

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a Physician-Scientist in Pediatric Ophthalmology for appointment at the rank of Assistant Professor, tenure track. Candidates must have had experience in basic research, completed one year of fellowship training in pediatric ophthalmology, and be certified or eligible for certification by the American Board of Ophthalmology. The faculty member is expected to establish a basic or translational research program in pediatric ophthalmology. Other responsibilities include participation in the consultative practice of the Baylor Eye Consultants in the Clinical Care Center of Texas Children's Hospital; in educational programs for residents, fellows, and medical students; and in other academic activities of the Department and College. Baylor College of Medicine is an Equal Opportunity/Affirmative Action/Equal Access College. Interested individuals should contact:

Dan B. Jones, M.D.
Professor and Chairman
Department of Ophthalmology
Baylor College of Medicine
One Baylor Plaza
Houston, Texas 77030
(713) 798-5951 Fax (713) 798-3026

Vitreo-Retinal Diseases

The Department of Ophthalmology at UT Southwestern announces an opening for an additional Assistant Professor or Associate Professor or Professor. We seek an outstanding individual with an M.D. degree who is ABO Boarded or Board eligible in ophthalmology with at least two years of subspecialty training in Vitreo-Retinal Diseases. Must have demonstrated skills in the area of surgical vitreo-retinal disease and medical retina and background interests in clinical or basic science research in retinal vascular 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 diseases with established investigators in our department. 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 (see below).

Vitreo-Retinal Diseases

The Department of Ophthalmology at UT Southwestern announces an opening for an additional Assistant Professor or Associate Professor or Professor. We seek an outstanding individual with an M.D. degree who is ABO Boarded or Board eligible in ophthalmology with at least two years of subspecialty training in Vitreo-Retinal Diseases. Must have demonstrated skills in the area of surgical vitreo-retinal disease and medical retina. Duties will include sharing in the responsibility, with existing faculty, for didactic and clinical training of residents, fellows and practicing ophthalmologists in vitreo-retinal and medical retinal diseases. Provide high quality clinical care to patients with vitreo-retinal and medical retinal diseases at UT Southwestern Medical Center. Must have demonstrated skills in the area of medical and surgical vitreo-retinal disease and may or may not have an interest in clinical or basic science research. 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

What's New at The NEI, continued from page 5

The House and Senate are not expected to mark up the appropriation bills until late summer, which will likely delay passage of an appropriation bill beyond October 1, 2002.

NEI Division of Extramural Research

The NEI Division of Extramural Research (DER) has a new telephone number, which serves as a single point of contact to reach any staff: (301) 451-2020.

The Grants Management Branch of the DER has hired two new employees. Mr. J. Kevin Keating came to the NEI from the National Heart, Lung, and Blood Institute (NHLBI), where he served as a Grants Management Specialist for 11 years. Mr. Keating's responsibilities there included the Pediatric Heart Disease Clinical Research Network and the NHLBI Program of Excellence in Gene Therapy. Mr. Keating has experience in managing multidisciplinary collaborative grants, and is managing grants in the areas of Strabismus, Amblyopia, Visual Processing, and Low Vision and its Rehabilitation.

Ms. Chris A. Davis joined the NEI from the National Institute of Neurological Diseases and Stroke, where she was a Grants Management Specialist handling a mixed portfolio of research project and small business grants. At the NEI, Ms. Davis manages the Small Business Innovative Research and Small Business Technology Transfer grants, as well as a portfolio of grants in the area of Retinal Diseases Research.

In January 2002, the NEI announced a new Program, *Vision Research Infrastructure Development Grants* (R24). The award is designed for institutions where three or more investigators hold independent NEI research awards. The objectives of the initiative are:

1. Provide small groups of investigators with additional, shared support to enhance their capability for conducting vision research;
2. Strengthen institutional capacity for conducting vision research;
3. Facilitate collaborative studies of the visual system and its disorders; and
4. Attract scientists of diverse disciplines to research on the visual system.

These R24 grants have a single annual receipt date of August 27. Investigators may request up to $750,000 over a five year period. Details regarding this and all other NEI-supported mechanisms are available on our web site, http://www.nei.nih.gov. ■

View From RPB, continued from page 6

for Amblyopia Research. The awards were created through a $500,000 pledge from The Walt and Lilly Disney Foundation.

The scientists selected to receive the first awards, totaling $100,000, are R. Lawrence Tychsen, M.D., of the Washington University School of Medicine, and John D. Porter, Ph.D., of Case Western Reserve University School of Medicine. Dr. Tychsen is researching the neural mechanisms that cause crossed eyes and brain abnormalities in infants. Dr. Porter is extending his work into gene profiling pertinent to amblyopia.

The RPB-Walt and Lilly Disney Special Scholars Award provide funds to respected ophthalmic scientists for research into improved detection, treatment or cures for amblyopia. It is offered to M.D.s or Ph.D.s pursuing research of unusual significance and promise.

Application guidelines for this and other RPB grants can be obtained by contacting Marilyn Janulet Brody, RPB Grants Administrator, at (800) 621-0026 or mbrody@rpbusa.org.

RPB Mourns The Death of Lew R. Wasserman

The Trustees, Scientific Advisors and Staff of Research to Prevent Blindness (RPB) mourn the death of Lew R. Wasserman, Chairman Emeritus, Benefactor and Charter Member of the Board of Trustees since 1960. Mr. Wasserman was a quiet but dominant force in promoting eye research and, with his wife Edie Wasserman, contributed generously to RPB. Under his leadership, RPB channeled hundreds of millions of dollars to support research into all blinding diseases at medical institutions throughout the U.S. As a result of that work, millions of people enjoy sight today who would otherwise be blind. On their behalf, we express heartfelt gratitude for Mr. Wasserman's efforts to help preserve and to extend the gift of sight to this and future generations. ■

David F. Weeks, RPB Chairman
Diane S. Swift, RPB President

President's Perspective, continued from page 2

5. **Objective Structured Clinical Examination (OSCE).** In an OSCE one or more assessment tools are administered at 12 to 20 separate standardized patient encounter stations, each station lasting 10-15 minutes.
6. **Procedure, Operative, or Case Logs.** Procedure, operative, or case logs document each patient encounter by medical conditions seen, surgical operation or procedures performed.
7. **Patient Surveys.** Surveys of patients to assess satisfaction with hospital, clinic, or office visits typically include questions about the physician's care.
8. **Portfolios.** A portfolio is a collection of products prepared by the resident that provides evidence of learning and achievement.
9. **Record Review.** Trained staff in an institution's medical records department or clinical department performs a review of patients' paper or electronic records.
10. **Simulations and Models.** Simulations used for assessment of clinical performance closely resemble reality and attempt to imitate but not duplicate real clinical problems.
11. **Standardized Oral Examination.** The standardized oral examination is a type of performance assessment using realistic patient cases with a trained physician examiner questioning the examinee.
12. **Standardized Patient Examination (SP).** Standardized patients (SPs) are well persons trained to simulate a medical condition in a standardized way or actual patients who are trained to present their condition in a standardized way.
13. **Written Examination (MCQ).** A written or computer-based MCQ examination is composed of multiple-choice questions (MCQ) selected to sample medical knowledge and understanding of a defined body of knowledge, not just factual or easily recalled information.

Attached as Figure 1 you will find a sample matrix for Patient Care which is one of the six competencies.

Continued on page 16

Competency	Required Skill	Record Review	Chart Stim. Recall	Checklist	Global Rating	SP	OSCE	Simulations & Models	360° Global Rating	Portfolios	Exam MCQ	Exam Oral	Procedure or Case Logs	Patient Survey
Patient care	Caring and respectful behavior			3		1			2					1
	Interviewing			1		2	1		3					
	Informed decision-making		1	2			2					2		
	Develop and carry out patient management plan	2	1	2	3			2	3					
	Counsel and educate patients and families			3		1	1		2					1
	Performance of procedures a) Routine physical exam b) Medical procedures			2 1	3	1	1	1	2				3	
	Preventive health services	1				2	1			3			2	
	Work within a team			3	3				1					

Ratings are 1 = the most desirable; 2 = the next best method; 3 = a potentially applicable method.

Toolbox of Assessment Methods© *Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS). Version 1.1*

Figure 1. ACGME Competencies: Suggest Best Methods for Evaluation

The New PhRMA Code, continued from page 7

spirit of the new code. Physicians have an obligation to do this,[6] while industry has voluntarily decided that it is in their best interest to form relationships with physicians on a new basis. We should welcome this new effort and embrace the opportunity to reduce the occurrences of relationships with industry that do no allow us to preserve the ethics that form the basis of our Profession. The community of health care providers must cooperate with those stakeholders who have a financial interest in health care and not be at odds with them. If both can be trusted, than all will benefit. ■

References

1. Brody BA., LB McCullough, MA Rothstein, MA Bobinski. *Medical Ethics: Codes, Opinions, and Statements.* The Bureau of National Affairs, 2000, Washington, DC. Preface p.v.
2. Bettman JW Sr. *Ethics and the American Academy of Ophthalmology. Ophthalmol 1996 Suppl*; 103: (85) 529-539.
3. PhRMA Code. http://www.phrma.org
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5. Fukuyama F. *Trust*. Free Press Paperbacks, New York, 1995.
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President's Perspective, continued from page 15

The matrix lists the required skills needed to become competent and suggests the best evaluation method for each.

ACGME Time Table for Implementation

- Phase I (7/2001 – 6/2002) Forming an initial response to changes in requirement.
- Phase II (7/2002 – 6/2006) Sharpening the focus and definition of the competencies and assessment tools.
- Phase III (7/2006 – 6/2011) Full integration of the competencies and their assessment in clinical care.
- Phase IV (7/2011 – beyond) Expansion of the competencies and their assessment to develop models of excellence.

The competency-based process looks good on paper, but it is unproven, and the additional workload for ophthalmology departments is significant. At the University of Arkansas we have hired three additional educators just to deal with this change, and the work of our GME Committee and Program Directors has increased enormously. On the positive side, it is teaching us that we should never become complacent with the traditional way of conducting business and should constantly be looking for better ways to assess the competency of our residents in a wide variety of skills. No doubt, there will continue to be a broad spectrum of acceptable performances, and as in the past, much of what is considered acceptable will continue to be judged on a subjective basis. We must guard against being coerced into trying to assign numbers to every aspect of a trainee's performance and personality. I predict there will need to be many modifications of the competency-based process before it can be fully implemented, and while it is evolving, it is our job to ensure that whatever the final result, we have a tool which adds real value to the way we train and evaluate residents. At the upcoming AUPO meeting a workshop is scheduled to help members address some of the issues surrounding the implementation of the competency-based system. ■

I would like to acknowledge Richard A. Harper, MD, Program Director, Department of Ophthalmology, and GME Committee Chair, College of Medicine, University of Arkansas for Medical Sciences, for his input.

References

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2. ACGME Outcome Project: 9,28.99, http://www.acgme.org/outcome/comp.asp.
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