

ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY

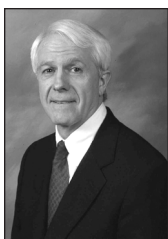
MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS
NEWS & VIEWS

SEPTEMBER 2005

PRESIDENT'S PERSPECTIVE

THE PROGRAM DIRECTOR AS A PROFESSIONAL EDUCATOR

BY GARY W. ABRAMS, MD



Of the functions of Departments of Ophthalmology, educating the ophthalmologists of tomorrow best defines us. The road to excellence for a department of ophthalmology begins with education. In order to have an outstanding educational program, it is necessary to have an exceptional faculty with all areas of our discipline covered by individuals with impeccable credentials and a desire to teach. These unique individuals should be superior clinicians actively involved in direct patient care. Research and discovery are important parts of education, so having clinician-scientists that are able to formulate directions of research, translate basic discoveries into clinical practice, and lead the clinical trials that define clinical care are critical factors in the education of our residents. Basic science in a department of ophthalmology complements education by emphasizing the importance of understanding the basic mechanisms of ocular function and disease. Looking at the programs that are repeatedly recognized as the premier ophthalmology residency programs, they share the characteristics of strong overall programs with strength in clinical care and excellence in research. However, having a strong clinical and research program does not automatically translate into a strong educational program. While research and clinical excellence are required for an outstanding educational program, emphasis and focus on education are the driving forces for quality. Behind every great educational program is

found a program director with exceptional leadership and a committed department chair.

Role of the Chair: The chair's role is to set the highest priority for an excellent residency program and to select and support the program director. While the program director is the lynchpin in developing and maintaining an outstanding residency program, the program will not flourish without the support of the chair. The chair has multiple demands that may take priority. The chair may be heavily involved in departmental and medical school administration, fund-raising, and dealing with multiple constituencies; education may be fully delegated to the program director and the chair may cease to be aware of what is going on in the program. Without regular communication between the program director and the chair, there is the possibility of a drift in the direction of the program that may lead to a "surprise," evidenced by poor resident performance, loss of a good program director, loss of residents, unhappy residents and faculty, and even a risk to continued accreditation. There should be regular meetings between the chair and program director to review progress within the program. There should be support and assistance from the chair in identifying and solving problems within the residency program. The chair should be visible to the residents, a role model for the faculty and recognizable as part of the administration and teaching in the program.

Role of the Program Director: The program director is the single most important individual in the conduct

**Executive Vice President and Editor**

Bartly J. Mondino, MD

President

Gary W. Abrams, MD

President Elect

Marco A. Zarbin, MD

Past President

Bartly J. Mondino, MD

Trustees

Mark S. Blumenkranz, MD

Barrett G. Haik, MD

Travis A. Meredith, MD

Susan H. Day, MD

AUPO Administrators

Cheryl Formes, RN, President

Jonathan Smith, MBA, MS, COE,
Vice President

Thelma deSouza, Secretary/Treasurer

Kathy Austin, Membership

**Send feature articles and
correspondence to:**

Bartly J. Mondino, MD

Department of Ophthalmology

Jules Stein Eye Institute

100 Stein Plaza, UCLA

Los Angeles, CA 90095-7000

Ph: (310) 825-5053 Fax: (310) 206-7488

E-mail: mondino@jsei.ucla.edu

Associate Editor

Cheryl Formes, RN, BSN

Department of Ophthalmology

University of Texas Southwestern Med Ctr

5323 Harry Hines Boulevard

Dallas, TX 75390-9057

**Send announcements, association
news, and address changes to:**

AUPO Administration Office

David Turbert, Coordinator

P.O. Box 420369

San Francisco, CA 94142-0369

Ph: (415) 561-8548 Fax: (415) 561-8531

E-mail: aupo@aao.org

Production

David Turbert

AUPO Administration Office

E-mail: aupo@aao.org

and success of a residency program. There are not enough adjectives to describe the characteristics of a good program director: committed, ethical, honest, energetic, hard-working, responsive, caring, empathetic, inspirational, approachable, dynamic, creative, goal-oriented, observant, tough, kind, flexible and demanding of excellence. The program director must be a communicator, an organizer, a disciplinarian, a counselor and a supporter. He or she must know up-to-date educational techniques, but, above all, the program director must be a leader and a role model.

The role of program director is one of the most difficult jobs in a department of ophthalmology. This difficulty may be reflected in a national trend that shows a reduction in the average length of service of program directors from 20 years ago to the present from 7 years to 2.5 years. The turnover of program directors was more than 30% in the year 2000. Some of the difficulties of program director retention may reflect a number of problems in departments of ophthalmology. The program director may incur a financial penalty for taking on an admittedly difficult task. Some program directors are not even paid for their efforts and I think most would agree that in order to do a good job, the program director should spend at least 30% of his or her time on the job. Others are paid a salary for being the program director, but they may still fall behind colleagues who have emphasized clinical practice. In addition, the program director may not receive academic credit for this critical job in comparison to peers that progress in the traditional academic track of research and publications. There may be a lack of prestige in the department for this important role. They may not be given enough time to do their jobs and there may be unrealistic expectations for clinical productivity that does not take into consideration the time needed for administration of the residency program. In addition, there may be built-in stresses associated with the very public review of performance that comes with the regular RRC review of the program. There may be a hesitancy of more senior faculty members to take on the job of residency program director and the chair may appoint a junior member of the department who does not understand the job and is ill-prepared for the expectations. This may lead to poor preparation, poor performance and rapid turnover as the program director becomes disenchanted with the job. Even with good performance, there may be a tendency to turn it over to a more junior person as the program director progresses in career and seniority.

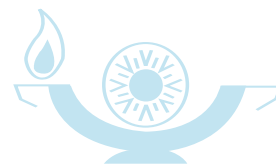
I believe we are seeing encouraging signs of the evolution of the job of program director into a destination rather than a detour. Within the past 5 years, we have seen in the AUPO the growth of a strong program directors organization with a council made up of elected representatives from the membership. The Residency Program Directors Council (PDC) was originally conceived and organized as a response to the requirement by the Accreditation Council for Graduate Medical Education (ACGME) that residency programs be evaluated by actual educational outcomes rather than by the traditional requirement of compliance with existing RRC guidelines.

The outcomes to be measured were defined as “competencies” and the ACGME defined six core competencies; Ophthalmology, as a result of a decision by the American Board of Ophthalmology, has added a seventh competency, surgery. While the ACGME suggested a number of “tools” to measure competency, it was left to the profession to determine what tools should be developed and used in Ophthalmology. The PDC has worked to develop those tools and has invited input from program directors from around the country. They sponsored two workshops on “Educating the Educators,” the first, organized by Andrew Lee at the University of Iowa in May, 2003 and the second organized by Karl Golnik at the University of Cincinnati in September, 2004. Tony Arnold and James Dunn are organizing a third “Educating the Educators” workshop at the next AUPO Annual Meeting. While the methods of measuring competency are still in evolution, they have provided a basic “toolbox” for programs to use in beginning to measure the competencies.

The PDC has brought program directors together and given them a common purpose and common goals. Their goals are to help program directors develop the tools and resources to enhance ophthalmology residency training, advise programs about ACGME/Residency Review Committee site visits, and promote the program director position as a critical academic position. We have seen the growth of a strong group of program directors that have defined the position of program director as a distinct profession. The program directors have formed a listserv for sharing information. We have seen the recognition by the American Academy of Ophthalmology (AAO) of the importance of residency program directors in Ophthalmology and the AAO has instituted a symposium by the program directors at the AAO Annual Meeting. The AAO and the AUPO have introduced the first national award for a program director in Ophthalmology, the Straatsma Award for Excellence in Resident Education. The Straatsma Award is co-sponsored by the AUPO and AAO and is selected by a committee appointed by the Board of Trustees of the AUPO and approved by the Senior Secretary for Education of the AAO. This prestigious award is presented annually at the national meetings of both the AAO and the AUPO. The initial recipients of

the Straatsma Award were Alfredo Sadun, in 2003 and Nicholas Volpe in 2004.

We do not know if the activities and organization of the program directors will ultimately improve retention of program directors. However, we may be seeing a trend toward improved retention: the turnover rates in 1999 and 2000 were 25% and 33% respectively, while the rates for 2004 and 2005 were correspondingly 14% and 12%. The program directors have taken a leadership role in providing guidelines for measuring the core competencies in Ophthalmology. They have formed a national organization within the AUPO that provides effective communication and assistance for program directors. What is needed is more core support for program directors and education from within individual departments. There needs to be adequate time for the program director to effectively administer the residency program. There needs to be acknowledgement of the necessity for the program director to spend time on the program and away from revenue-producing activities; there needs to be provision of adequate funding to pay for that time. The department chair must show interest in and support for the program director, and the chair should work with the program director to ensure buy-in from the teaching faculty for instituting measurements of the core competencies. With a partnership between the department chairs and the program directors, we will see not only the continued evolution of residency training that is occurring because of the measurement of the core competencies, but we hope to see continued growth of the profession of residency educators and improved retention of program directors.



ADMINISTRATORS UPDATE

By Cheryl Formes, RN, BSN

Smart Hires

Bob Prosen, the Executive Director of The University of Texas at Dallas (UTD), Prosen Center for Business Advancement, says that one simple rule for effective leadership is to hire people smarter than you, and the failure to do so is the number one mistake of American managers.

Smart employees bring ideas you never thought possible, giving you time to plan, implement and move a company or department forward. In talking with Mr. Prosen, who admits to having this failing earlier in his career, he says that people understand this concept, but practicing it is a much different and difficult thing. Managers fear smarter people who might take their jobs when they really should be thinking: "I need to groom people to replace me so I can advance." Some of us may remember this as we have thought about succession planning.

Mr. Prosen is a pragmatic, turn-around guy, who helped improve profits at AT&T Global Information Systems/NCR Corporation, Hitachi Data Systems, Sprint Corporation, and Sabre Holdings Corporation. How did he do this? "By hiring people much smarter than me," he says.

Two years ago Mr. Prosen was flush with money and time after turning around a web posting company and cashing in his management stock options. Then he decided to tackle what he considers today's biggest threat to business success: Epidemic Mismanagement.

Last year Mr. Prosen teamed with The UTD Business School to help steer companies back on track. As he says, "There were no contemplating navels here." The present center at UTD attempts to offer real life, hands-on support to industry beyond pure academics. Anyone who has heard Mr. Prosen speak knows he is high-energy; he makes practical suggestions based on science and experience, not personal opinion.

Through the University, Mr. Prosen enlisted 64 top Dallas/Fort Worth executives at companies with annual sales of five million to one billion dollars plus to answer questions about management and leadership. He then surveyed their employees, and, you guessed it, the two groups did not see eye-to-eye.

Among the most serious disconnects: 70% of the

executives felt that they clearly communicated their top business objectives, but more than half of their employees could not articulate them.

When you walk into the cubicles and ask employees what the company's top two or three objectives are, many say, "I don't know" or possibly "I don't care," which is an even bigger issue of culture and morale. Which, incidentally, brings up another point: *In Search of Excellence* coined the concept of management by walking around 23 years ago, but managers still don't get it. It costs nothing, and it is the one thing every manager could do to improve performance.

In the UTD survey, more top executives worried about hiring and retaining talent than profitability, growth, or keeping up with the competition. Yet, Mr. Prosen says, "We have cultural issues of letting people go and not treating employees right. It is a strange dichotomy."

Other interesting shortcomings highlighted by the survey are: 69% of managers admitted they routinely held senseless meetings, 83% give short shrift to planning, 73% say their organizations don't consistently live up to promises, and 81% don't have a defined process to fix recurring problems; they spend too much time looking into the crystal ball instead of studying the rear view mirror.

Companies love to do performas and financials, but they don't look back at the past two or three years to see what exactly happened to the marketplace, competitors' products, employees and customers. Then they are surprised when they don't meet their expectations. Below are some of Bob Prosen's business boosting rules.

Business Boosting Rules

1. Hire people smarter than you.
2. Challenge the status quo. It's never good enough.
3. Seek the truth. Don't blindly accept the first thing the first person tells you.
4. Treat commitments as promises.
5. Overwhelm and solve problems quickly.
6. Give the biggest rewards to those who deliver the most, not those who try hardest.
7. Face reality and avoid excuses.
8. Communicate, Communicate, Communicate.

AUPO FELLOWSHIP COMPLIANCE COMMITTEE

By John L. Keltner, M.D.

Standardizing subspecialty fellowship education has been discussed at the annual AUPO meeting for the past three years. In January 2002, the Association of University Professors of Ophthalmology (AUPO) Board of Trustees (BOT) appointed a Task Force and requested a report on a recommendation to the BOT and to the general membership. The task force was made up of representatives of each subspecialty society, and after several meetings they developed guidelines, which were sent to the AUPO BOT. The AUPO BOT approved the early guidelines for an AUPO Fellowship Compliance Committee (FCC) at their July 16, 2004 meeting and pledged start up funds. In addition, the AUPO BOT recommended forming a Limited Liability Corporation (LLC) for the AUPO FCC.

The official, inaugural meeting of the AUPO FCC as an LCC was held on May 1, 2005 at ARVO. The goals and objectives of the AUPO FCC are to provide a system that will enhance patient care for ophthalmologic diseases by promoting uniform standards for fellowship training and educational programs in the following ophthalmic subspecialties: cornea and external disease and refractive surgery, neuro-ophthalmology, oculoplastics and orbital surgery, pathology, pediatric ophthalmology, retina and uveitis. There are nineteen (19) voting members: seven pairs from the representative subspecialties (Cornea, Glaucoma, Neuro-op, Pathology, Pediatrics, Retina, and Uveitis), one from the AAO Council, and four (4) from the AUPO. There are four non-voting advisors and one non-voting manager. The total organization consists of 24 individuals. Below is a listing of these individuals. There is one standing committee — the Review Committee — and other committees will be formed as necessary.

The compliance process is entirely voluntary. 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 Program. Programs admitted to the Compliance Program will be monitored on a triennial or four year program review basis to assure that they remain in compliance. Each graduate of a participating program, upon completion of the fellowship, will complete a detailed confidential 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.

Compliance status will be made publicly available so that fellowship applicants may use this information to help make their decision, and so that mentors will have compliance status available when advising residents on fellowship opportunities. Those programs in compliance with the AUPO FCC Compliance Process will have their fellowship listed on the AUPO FCC Web site and also on the AUPO Fellowship Match Web site. The AUPO FCC will notify the relevant subspecialty society and publicize to fellowship trainees and applicants the identity of any program that is in non-compliance. The fellowship program director, residency program director, and department chair, when applicable, also will be notified.

This year Pediatric Ophthalmology Fellowships and Cornea, External Disease, and Refractive Surgery Fellowships have joined the AUPO FCC Compliance Process. Those fellowships in compliance with the AUPO FCC Subspecialty Fellowship Guidelines developed by each subspecialty and approved by the AUPO FCC will be listed on the AUPO FCC Web site and also listed on the AUPO Fellowship Match Web site as in compliance on July 1, 2005. The AUPO FCC feels that it is essential that all senior residents in Ophthalmology

that are applying to Fellowships in Pediatric Ophthalmology and Cornea, External Disease, and Refractive Surgery be made aware of the AUPO FCC Compliance Process. Next year we hope to have many of the other Ophthalmology Subspecialty Fellowships in the Compliance Process.

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 and subspecialty societies and by the AUPO. It will be a web-based, cost effective compliance system. The 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 the AUPO on an annual basis.

Initial Board of Managers

Sub-specialty representatives:

Michael W. Belin, M.D.
(*Cornea, External Disease & Refractive Surgery*)

David B. Glasser, M.D.
(*Cornea, External Disease & Refractive Surgery*)

Louis B. Cantor, M.D. (*Glaucoma*)

Robert L. Stamper, M.D. (*Glaucoma*)

John L. Keltner, M.D. (*Neuro-Ophthalmology*)

Steven E. Feldon, M.D. (*Neuro-Ophthalmology*)

Hans E. Grossniklaus, M.D. (*Pathology*)

Gordon Klintworth, M.D. Ph.D. (*Pathology*)

Steven E. Rubin, M.D. (*Pediatric ophthalmology*)

Thomas D. France, M.D. (*Pediatric ophthalmology*)

Daniel F. Martin, M.D. (*Retina*)

George A. Williams, M.D. (*Retina*)

Gary N. Holland, M.D. (*Uveitis*)

Douglas A. Jabs, M.D. (*Uveitis*)

American Academy of Ophthalmology Council representative:

Malcolm L. Mazow, M.D. *AAO Council Representative*

Association of University Professors of Ophthalmology representatives:

Gary W. Abrams, M.D. *AUPO President*

Bartly J. Mondino, M.D. *AUPO EVP*

Paul D. Langer, M.D. *AUPO PD Representative*

Travis A. Meredith, M.D. *AUPO Representative*

Advisors to AUPO FCC:

Stuart L. Fine, M.D. (*Retina*) *Founding Co-Chair and Senior Advisor*

David W. Parke II, M.D. (*Retina*) *AUPO*

Ronald E. Smith, M.D. (*Cornea*) *AUPO*

Robert D. Yee, M.D. (*Neuro-Ophthalmology*) *AUPO*

Officers:

John L. Keltner, M.D. *Chair, Secretary, Treasurer*

Travis A. Meredith, M.D. *Vice Chair*

Steven E. Rubin, M.D. *Review Committee Chair*

Michael W. Belin, M.D. *Review Committee Vice Chair*

AUPO FCC Review Committee:

Steven E. Rubin, M.D. (*Pediatrics*) *Chair*

Michael W. Belin, M.D. (*Cornea*) *Vice-Chair*

Robert Stamper, M.D. (*Glaucoma*)

Steven E. Feldon, M.D. (*Neuro-Ophthalmology*)

Hans E. Grossniklaus, M.D. (*Pathology*)

Daniel F. Martin, M.D. (*Retina*)

Douglas A. Jabs, M.D., M.B.A. (*Uveitis*)

Manager/Coordinator:

Doug Perry

AUPO BOARD OF TRUSTEES HIGHLIGHTS

The AUPO Board of Trustees held its annual summer meeting on Friday, July 15th in New York City. Preceding the Board meeting was a strategic planning session. A summary of the strategic planning session will appear in the December News and Views. The Board thanks the members for their high response rate to the member survey, which provided us with direction for the future. Thank you for sharing your thoughts and opinions.

The Board addressed the following issues:

- Finalized the 2006 Annual Meeting agenda. Meeting registration information will be mailed in September. Please make your housing reservations upon receipt of your meeting materials.
- Approved a Welcome Reception for all registrants rather than just New Members and a plated dinner for the annual banquet.
- Discontinued the Slide Exchange.
- Supported Mark Blumenkranz's proposal to resurrect the Summer Management Course in conjunction with the Stanford Business School.
- Accepted a proposal for an AUPO/UCLA-sponsored introductory course on clinical research for ophthalmology residents, fellows and faculty for implementation in September 2006.
- Approved Anthony Arnold, MD as this year's recipient of the Straatsma Award for Excellence in Resident Education.
- Appointed John Shock, MD as the AAO Alternate Councilor.
- Approved proposing a Bylaw change that would allow Associate Members to attend the Annual Meeting without the department Chair beginning in 2007. Members will vote on proposed Bylaw revisions at the Business Meeting in January.

EDUCATING THE EDUCATORS III

January 25, 2006 • Ritz-Carlton Hotel • Sarasota, FL

Course Directors:

Anthony C. Arnold, MD
James P. Dunn, MD

Educating the Educators III is designed to facilitate improvement of faculty education and assessment skills in ophthalmology residency training programs. Utilizing lecture and both small and large group discussion sessions, the meeting goal is to develop practical skills and tools for teaching and assessing the competencies, this year focusing on:

1. Practice-Based Learning and Improvement, and
2. Ophthalmic Surgery.

PROGRAM:

7:00 – 7:55 AM	Breakfast
7:55 – 8:30 AM	Keynote Address
8:30 – 11:00 AM	Practice-based Learning and Improvement
11:00 AM – 12:30 PM	Care of the Surgical Patient
12:30 – 5:30 PM	Care of the Surgical Patient (continued)
5:30 – 7:30 PM	Reception

The Course will be held on Wednesday, January 25, 2006, immediately preceding the AUPO Annual Meeting. Registration and room reservation information will be included in the upcoming Annual Meeting Registration mailing. All Program Directors and interested Department Chairs are encouraged to attend.

VIEW FROM RPB

By Matthew Levine

Ophthalmological Associate Membership Drive

Since 1971, RPB has offered membership to eye care specialists. Membership dollars have supported its core research mission and have helped RPB maintain its public foundation status. Benefits to members have grown to include access to free printed materials for patients (see “New Public Info Products” below); marketing support for members’ practices in the form of a listing in RPB’s online Practitioner Directory; a national print ad campaign promoting the Directory; and the ability to purchase and send tributes to patients’ families.

Over the years, older members have retired and, while new members account for 20 percent of RPB’s annual membership, overall membership has not grown significantly. Last year, appeals went out from RPB Chairman David Weeks and President Diane Swift to RPB Grantee Department Chairs asking that they encourage their staff to join RPB as members. The result has been encouraging, with 64 percent of all new memberships coming from RPB supported institutions. “We thank each and every department chair who was active in promoting RPB membership, especially to a younger generation of vision scientists and caregivers,” says Jim Romano, Chief Operating Officer, RPB.

RPB Launches New Public Information Products

In pursuit of RPB’s goal to provide useful, timely information on eye diseases and treatments, the organization has developed several new informational products. The Eye Research News is a print newsletter featuring RPB-funded findings written for the public. While individuals on RPB’s mailing lists receive the newsletter at home, it is also available free of charge, as an additional benefit to RPB Ophthalmological Members, to place in waiting rooms for patients. It is available online, as well. “We want people receiving treatment for eye disease to be up-to-date on recent developments, so they can be as informed as possible in asking the right questions of their doctors,” says Diane Swift, President, RPB.

RPB is in the process of releasing a new series of fact sheets, Advances In Eye Research, each of which will focus on an eye disease or a related family of diseases. Written for a lay audience, and also available to RPB Members for patients, each two-sided sheet will provide a disease overview, the latest developments in research, disease-specific vision care tips and personal perspectives from patients and investigating scientists. “With these fact sheets, which will be translated into web pages as well, we hope to make breakthroughs in vision research more accessible to the public,” says David F. Weeks, Chairman, RPB. Macular degeneration and glaucoma will be followed by diabetic retinopathy as the first three in the series.

RPB also continues to upgrade the services provided through its Web site. The Membership Area, available to paid members through the Member Login button, allows members to update a practice profile and order materials online. Members can also create Tributes through the web site. For the sophisticated public consumer of eye research, the RPB Research Library now includes online links to current research abstracts.

RPB Continues to Fuel Eye Research

In the past 18 months, RPB has committed more than \$14 million to eye research, funding investigations into the causes, treatment and prevention of all blindnesses. That brings the total of RPB’s commitment to vision science to more than \$236 million since it was founded. In the spring, RPB received more applications than in any other cycle of grants applications in its history. A member of RPB’s Ad Hoc grant review committee, Carmen A. Puliafito, M.D., M.B.A., and Chairman of the University of Miami Miller School of Medicine, noted: “You can see that RPB’s goals are being accomplished by the quality of the grant applicants. We have some solid people in the pipeline, and that bodes well for the health of vision research.”

VIEW FROM THE NEI

by Paul A. Sieving, MD, PhD, Director, National Eye Institute

David G. Cogan Ophthalmic Pathology Collection

The National Eye Institute recently unveiled the David G. Cogan Ophthalmic Pathology Collection, an online, searchable database of eye disease pathology cases assembled by Dr. Cogan over his long and productive career. The collection, containing 1040 ophthalmic cases and 3300 histopathology slides, is an invaluable teaching resource for ophthalmology programs throughout the world. The Cogan collection would not have been possible without the considerable efforts of Dr. Carl Kupfer who, upon retirement as director of the NEI, spent four years organizing the collection. Many of the cases in the collection also document the contributions of Drs. Toichiro Kuwabara and Jin Kinoshita, who collaborated with Dr. Cogan over much of his career. To visit the collection, point your browser to: <http://vision4.nei.nih.gov/Cogan/index.jsp>

NEI Symposium: AMD and Complement Factor H

As part scientific symposium and part celebration, the NEI hosted a meeting on June 14, 2005 devoted to recent findings concerning complement factor H (CFH) and AMD. Discovery of the CFH gene in AMD is a bellwether moment that was years in the making. It allows us to jump start efforts to understand the biological mechanisms that cause the disease and to begin contemplating rational, therapeutic interventions.

Complex, late onset diseases like AMD present researchers with difficult challenges. Despite strong evidence of a familial aggregation to the disease, the genetics underlying AMD has proven elusive. However, using the modern tools of genomic research, three groups (Klein, Edwards and Haines) scanned through genome wide SNPs, used data from the International Hap Map project, and even created their own haplotypes, to find a common polymorphism associated with AMD. This simultaneous discovery highlights the ingenuity of the vision research community to quickly leverage emerging resources of the Human Genome Project to unravel the genetic basis of the disease.

The CFH protein regulates the immune system's alternate complement pathway to activate localized inflammatory responses. It is thought that a polymorphism common among Caucasians of European descent prevents inhibition of the alternative pathway leading to chronic inflammation in the retina and choroid. The CFH gene is thought to account for as much as 50 percent of AMD cases.

A fourth study by Dr. Greg Hageman and colleagues extended previous work that established that inflammatory processes and the complement system are implicated in the formation of drusen, a hallmark of AMD. A series of observations concerning macular drusen formation in a rare kidney disease associated with uncontrolled activation of the alternate complement pathway led Dr. Hageman and colleagues to examine whether the CFH gene was involved in AMD.

My thanks to the participants of the symposium — Josephine Hoh, Albert Edwards, Jonathan Haines, Greg Hageman, Michael Dean, Robert Nussbaum, and Michael Pangburn — for making the event a success.

National Ophthalmic Disease Genotyping Network

The NEI is working to initiate a national genotyping network for ophthalmic diseases. The network will facilitate access by busy clinicians to CLIA-certified research laboratories within the vision community. The effort will also aid in establishing additional CLIA-certified laboratories. The network will include a coordinating center, a centralized repository for blood/DNA/cell lines, several CLIA laboratories and a shared genotype/phenotype database. All of this will be under guidance of a medical and research advisory committee.

The goal is to augment, not diminish, existing university-based and commercial ventures, while providing a new entry portal for rapid, reliable and easy access by medical professionals. The network is expected to increase awareness of available genotype/phenotype resources among patients, clinicians and scientists studying these diseases. The network will also create a registry of patients who are interested in participating in future therapeutic clinical

trials to treat or prevent genetic eye diseases.

Everyone stands to benefit from this genotyping network. Patients and clinicians will have greater access to diagnostic gene testing and genetic information. The research community will have centralized blood collection; processing and repository; standardization of phenotypic descriptors; a shared database of genotype/phenotype information, which

would allow for the analysis of larger datasets necessary to identify novel genetic risk factors for ocular diseases; and, eventually, answers to pharmacogenetic and epidemiologic questions of ocular disease.

The NEI will keep the community informed of the launch of the program through its Web site and press releases.

40TH ANNUAL MEETING JANUARY 26 – 28, 2006, SARASOTA, FLORIDA

Registration materials for the 2006 Annual Meeting will be mailed in the fall. We will be returning to The Ritz-Carlton Hotel in Sarasota, Florida. The 2006 meeting will now feature the Educating the Educators III (EE3) program that will take place on Wednesday, January 25, 2006. Please see the EE3 article included in this newsletter for further information. For those wishing to attend EE3, please plan to arrive in Sarasota on Tuesday, January 24th, a day earlier than usual. If you do not plan to attend EE3, please plan to arrive in Sarasota on Wednesday, January 25th, as the

Annual Meeting will begin on Thursday, January 26th at 8:00 am.

Please review your registration materials upon receipt and if you have any questions, contact the San Francisco office at 415.561.8548 or aupo@aao.org. Topics for the meeting symposia will focus on timely issues of concern to all members. A portion of the program will again be comprised of workshops. Following is the preliminary schedule for the meeting. Some topics and speakers are subject to change.

CONGRATULATIONS ANTHONY ARNOLD, MD! RECIPIENT OF THE 2005 AUPO/AAO STRAATSMA AWARD FOR EXCELLENCE IN RESIDENT EDUCATION

Dr. Arnold will be honored by the AAO on Monday, October 17, 2005 in Chicago during the symposium: *Teaching and Learning in Ophthalmology*. Your attendance at the symposium is encouraged! Look for complete symposium details on the AAO web site.

Dr. Arnold will also be honored by the AUPO during its Annual Meeting in Sarasota, Florida on Thursday, January 26, 2006.

CHAIR MENTORING

By Bartly J. Mondino, M.D.

Mentoring is an important element in the academic way of life, and a mentoring process is mandated in many universities. A mentor provides to his or her mentee advice, guidance, perspective, wisdom, counsel and perhaps even inspiration. The word is derived from Mentor, the wise and loyal friend of Ulysses. He was entrusted with Ulysses' infant son, Telemachus, and his wife, Penelope. Mentor largely shaped the child's education, character, values and wisdom. Athena, the goddess of wisdom, intermittently assumed Mentor's form, so that in a sense the relationship was a gift of the gods.

Mentoring differs from role modeling because the mentor is engaged in an active, evolving process over time, while exposure to role models is often brief. Moreover, role models may affect large numbers of individuals, whereas mentors ordinarily have relationships with only a few.

Although mentoring is probably an integral part of most academic environments, there is no specific mentoring process for new chairs or about-to-be chairs. Chairs could use mentoring in at least three stages in the process: decision as to whether to become a chair and guidance during the interview process; negotiation phase once an offer to be chair has been received; and initial years as chair until first review process. Local mentoring, if available, would be convenient and ideal for new chairs or about-to-be-chairs. If local mentoring is not available or needs to be supplemented, AUPO can play an important role. For practical reasons, AUPO will concentrate on the second and third stages because it probably does not have the resources to accommodate the first at this time. If successful, the AUPO process could be extended to the first stage.

AUPO has begun to recruit a pool of potential mentors. To be a mentor, the chair should have certain longevity as a chair with a successful program. One simple and practical strategy would be to recruit retired chairs who have been previous presidents of AUPO. This approach would focus on obvious leaders with much to contribute. It is recognized that some retired chairs may not be entirely up-to-date on recent advances in health care and academics.

Nevertheless, their relationships and connections throughout our profession would enable them to acquire relevant advice and information in particular areas of concern for their mentees. In addition, it may be necessary to recruit a stable of existing, experienced chairs with the time and interest to commit to this process. This program does not preclude the networking that already exists between current chairs in terms of advice that is specific and perhaps somewhat limited. It is unlikely, however, that the networking relationship between current chairs would fulfill the needs and expectations described above.

Potential mentees will call AUPO and choose a mentor from a rotating list of available mentors. Once a mentor is selected then he or she would drop off of the list until the others are utilized. It is recommended that a mentor advise one or possibly two mentees at one time.

The mentor and mentee could contact each other by phone or e-mail as well as meet at national meetings such as AAO or ARVO. Site visits could also be arranged for consultation or strategic planning. The mentor could provide advice, guidance, wisdom, perspective, planning and fundraising strategy. The mentor probably should not advocate for the chair or have any direct hands-on role, but would probably function best behind the scenes.

Once the program has completed an annual cycle, a survey of all participants will be conducted to determine how useful the process has become and if it is recommended to others.

For those chairs or about-to-be chairs interested in obtaining an AUPO mentor, please call Melania Vartanian at 310-825-3381. A mentor will be assigned and a notification will be sent to the mentor. The mentee can then make the initial contact.

NOMINATING COMMITTEE REPORT

The nominating committee met during the January 2005 Annual Meeting. Members present included:

Gary W. Abrams, M.D.

Carl B. Camras, M.D.

Stanley Chang, M.D.

Bartly J. Mondino, M.D.

Marco A. Zarbin, M.D.

The Committee carefully considered two issues at this session. The first involved the election of the President-Elect for 2006. The Committee recommends the election of Mark S. Blumenkranz, M.D. for this role.

The Committee also considered a recommendation for the next at-large Board member. The Committee recommends Hilel Lewis, M.D. for this position.

DAVID G. COGAN OPHTHALMIC PATHOLOGY COLLECTION

The National Eye Institute recently unveiled the David G. Cogan Ophthalmic Pathology Collection, an online, searchable database of eye disease pathology cases assembled by Dr. Cogan over his long and productive career. The collection, containing 1040 ophthalmic cases and 3300 histopathology slides, is an invaluable teaching resource for ophthalmology programs throughout the world. The Cogan collection would not have been possible without the considerable

efforts of Dr. Carl Kupfer who, upon retirement as director of the NEI, spent four years organizing the collection. Many of the cases in the collection also document the contributions of Drs. Toichiro Kuwabara and Jin Kinoshita, who collaborated with Dr. Cogan over much of his career. To visit the collection, point your browser to: <http://vision4.nei.nih.gov/Cogan/index.jsp>

DUES REMINDER

If your 2005 – 2006 dues are still outstanding, please pay them now. Remember, when you register for the Annual Meeting, if your dues are not current, Members and Associate Members will not be able to register and Administrators will need to register as a non-member.

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

2006 PRELIMINARY ANNUAL MEETING SCHEDULE JANUARY 26 – 28 THE RITZ-CARLTON HOTEL, SARASOTA, FLORIDA

WEDNESDAY, JANUARY 25, 2006

8:00am – 5:00pm **Educating the Educators**
Anthony Arnold

11:00am – 11:30am **Ethics Education Lecture Program**
Charles Zacks

11:30am – 12:00n **Straatsma Award Presentation and Lecture**

THURSDAY, JANUARY 26, 2006

7:00am – 7:45am REGISTRATION AND CONTINENTAL BREAKFAST

12:00pm – 1:30pm LUNCH (On Your Own)

1:30pm – 4:30pm **Program Directors Meeting**

7:45am – 8:00am **Welcome and Announcements**
Gary Abrams

6:00pm – 8:00pm WELCOME RECEPTION

FRIDAY, JANUARY 27, 2006

8:00am – 11:00am **Business Management Session**
Mark Blumenkranz

7:00am – 8:00am REGISTRATION AND CONTINENTAL BREAKFAST

8:00am **“Cost Effectiveness in the Practice of Medicine: Implications for Academic Departments of Ophthalmology”**
Speaker: Milton Weinstein

8:00am – 10:00am **AUPO Fellowship Compliance Committee (FCC) Symposium**

8:45am Questions and Answers

1. Commitment of AUPO to AUPO FCC Compliance Process

8:55am **“Medical Decision-Making”**
Speaker: Milton Weinstein

2. Overview of the AUPO FCC process, “How did we get from there to here?”
Stuart Fine

9:40am Questions and Answers

3. AUPO FCC current goals and objectives, cost of process in comparison with ACGME
John Keltner

9:50am BREAK

10:05am **Panel of Ophthalmology Chairs**

Preliminary Program continued from page 13

<p>4. Pediatric Fellowships <i>Steve Rubin</i></p> <p>A. Pediatrics experience with a long standing compliance process</p> <p>B. Report of Pediatrics in the AUPO FCC Compliance Process</p> <p>5. Report of Cornea, External Disease, and Refractive Surgery in AUPO FCC compliance process <i>Mike Belin</i></p> <p>6. Report by each new subspecialty joining the process:</p> <p>A. Glaucoma <i>Robert Stamper</i></p> <p>B. Neuro-ophthalmology <i>Steve Feldon</i></p> <p>C. Pathology <i>Hans Grossniklaus</i></p> <p>D. Retina <i>Dan Martin</i></p> <p>E. Uveitis <i>Gary Holland</i></p> <p>7. Demonstration of the AUPO Web-Based Compliance System <i>Doug Perry SFAMS</i></p> <p>8. Open Discussion</p> <p>10:00am – 11:00am Symposium: AUPO/RPB Resident and Fellow Research Forum</p> <p>11:00am – 11:45am Business Meeting</p>	<p>11:45am – 1:15pm</p> <p>1:15pm – 2:30pm</p> <p>2:00pm – 6:00pm</p> <p>6:00pm – 10:00pm</p> <p>SATURDAY, JANUARY 28, 2006</p> <p>7:00am – 8:00am</p> <p>8:00am – 9:10am</p>	<p>Workshops and Discussion Groups</p> <p>1. RRC/Program Directors: Key Accreditation Issues <i>Louis Cantor and Paul Langer</i></p> <p>2. Community Diabetes Outreach Program <i>Stuart Fine</i></p> <p>3. Research <i>Marco Zarbin</i></p> <p>AEVR/NAEVR Luncheon for Chairs</p> <p>RRC Appointments with Pat Levenberg (by appointment only)</p> <p>RECEPTION AND BANQUET</p> <p>REGISTRATION AND CONTINENTAL BREAKFAST</p> <p>Organization Reports</p> <p>1. AAO <i>H. Dunbar Hoskins</i></p> <p>2. ABO <i>Denis O’Day</i></p> <p>3. RPB <i>Diane Swift</i></p> <p>4. NEI <i>Paul Sieving</i></p> <p>5. ARVO <i>Gary Abrams</i></p> <p>6. AEVR/NAEVR <i>James Jorkasky</i></p> <p>7. SF Match <i>Douglass Perry</i></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Preliminary Program continued from page 14

<p>9:10am – 9:40am</p>	<p>Chair Burnout Survey results <i>Oscar Cruz</i></p> <p>Introduction to Clinical Research <i>Gary Holland</i></p>	<p>5. “Evolution of Teaching Programs with Departmental Expansion: A Historical View” <i>Stuart Fine</i></p> <p>Question and Discussion Period</p>
<p>9:40am – 10:00am</p>	<p>BREAK</p>	<p>11:30am</p>
<p>10:00am – 11:30am</p>	<p>Ophthalmology Medical Education Reform Symposium</p> <ol style="list-style-type: none"> 1. “Curricular Needs Assessments: Status of Medical Student Examination Skills; Summary of 2004 AUPO Curriculum Questionnaire” <i>Linda Lipa</i> 2. “Importance of Ophthalmic Skills Assessment: Vantage Point of the National Board of Medical Examiners ” <i>Richard Hawkins</i> 3. “Driving Curricular Reform: A Dean’s Viewpoint” <i>Joseph Robertson Jr.</i> 4. “Implementing Curricular Reform in a Small Program: Chair’s Viewpoint” <i>Eve Higginbotham</i> 	<p>Meeting Adjournment</p>

ADMINISTRATOR'S PRELIMINARY PROGRAM

WEDNESDAY, JANUARY 25, 2006

7:30 pm Welcome Cocktail Reception

THURSDAY, JANUARY 26, 2006

7:00 am REGISTRATION AND
CONTINENTAL BREAKFAST

7:45 am **Welcome and Announcements**
Gary Abrams

8:00 am **Business Management**

8:00 am Introduction
Mark Blumenkranz,
Moderator

8:05 am "Cost Effectiveness in the
Practice of Medicine:
Implications for Academic
Departments of
Ophthalmology"
Milton Weinstein

8:45 am Questions and Answers

8:55 am "Medical
Decision-Making"
Milton Weinstein

9:40 am Questions and Answers

9:50 am Break

10:05 am Panel of Ophthalmology
Chairs

11:00 am **Ethics Education Lecture Program**
Charles Zacks

11:30 am **Straatsma Award Presentation and
Lecture**

12:00 pm LUNCH (On Your Own)

3:30 pm Administrators' Evening Out

FRIDAY, JANUARY 27, 2006

7:00 am REGISTRATION AND
CONTINENTAL BREAKFAST

8:00 am **Succession Planning**

10:15 am BREAK

10:30 am **Cluster Groups**

- Technology Advances and Challenges in the Practice
- Discussion – Benchmarking and Statistical Surveys
- Technician Training Programs

12:00 pm **Centralized Practice Plan**

1:30 pm LUNCH (On Your Own)

6:00 pm Reception and Banquet

SATURDAY, JANUARY 28, 2006

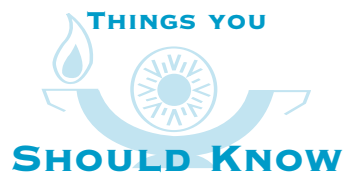
7:00 am REGISTRATION AND
CONTINENTAL BREAKFAST

8:00 am **What's Happening in My Backyard**

9:40 am BREAK

10:00 am **Business Meeting**

11:30 am Meeting Adjournment



THE HEED FOUNDATION MERIT AWARD FELLOWSHIP PROGRAM

Beginning in 2006, The Heed Ophthalmic Foundation is designating the Heed Fellowship as a Merit Award of \$12,000. This annual Award is granted to individuals pursuing postgraduate studies in ophthalmology or the related visual sciences. Applicants for the Award must be citizens of the United States, graduates of either accredited medical schools or schools of osteopathic medicine and the postgraduate studies must be conducted in the United States. Deadline for receipt of applications is January 15th for fellowships beginning in the same year.

For information, please contact:

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

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.

2005 – 2006 DIRECTORY

The new 2005 – 2006 membership directory is mailing to all members in September. If you would like to request additional copies, please contact the AUPO San Francisco office at 415.561.8548 or send an e-mail to aupo@aao.org.

FUTURE ANNUAL MEETING DATES

2006

January 26 – 28
The Ritz-Carlton
Sarasota, Florida

2007

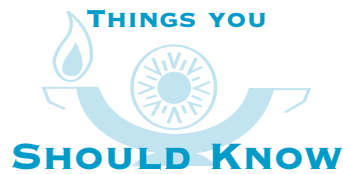
February 1 – 3
Renaissance Esmeralda Resort
Indian Wells, California

2008

January 31 – Feb. 2
The Ritz-Carlton
Sarasota, Florida

2009

January 29 – 31
Renaissance Esmeralda Resort
Indian Wells, California



FACULTY POSITIONS AVAILABLE SEPTEMBER 2005

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

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.

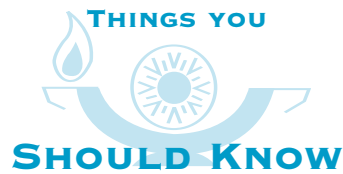
The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Interested individuals should send curriculum vitae, names of three professional references, and a cover letter to:

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

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



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

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. This position will serve as the Assistant Medical Director of Ophthalmology at Parkland Health and Hospital Systems, responsible for supervising new and general clinic, minor surgery clinic, consultations for inpatient/outpatient and ER, OR cases; creating faculty staffing schedules for clinic/OR; orienting residents to clinic process; monitoring Medicare and Medicaid billing compliance; overseeing EMR, capital budgets for clinic and OR. Must have interest in teaching students and residents and some interest in clinical research.

The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Interested

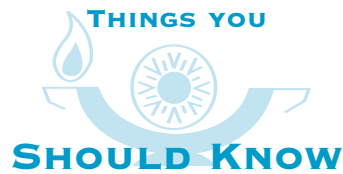
individuals should send curriculum vitae, with a cover letter to:

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

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 MD 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:

VA North Texas Health Care System
ATTN: Julie Landrith, R.N.
Administrative Officer
Surgical Service (112)
4500 S. Lancaster Road
Dallas, TX 75216



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.

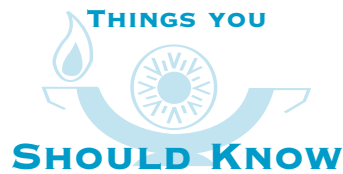
The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Applications from new or established clinician scientists are encouraged. Interested individuals should send curriculum vitae, with a cover letter to:

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

The Department of Ophthalmology at UT Southwestern announces an opening for an additional Assistant Professor, Associate Professor or Professor. We seek an outstanding individual with an 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 and background interests in clinical or basic science research in retinal diseases. Duties will include sharing in the responsibility, with existing faculty, for didactic and clinical training of residents, fellows and practicing ophthalmologists in vitreo-retinal and medical retinal diseases. Provide high quality clinical care to patients with vitreo-retinal and medical retinal diseases at UT Southwestern Medical Center. Candidates must be interested in collaborative laboratory research on retinal vascular or degenerative diseases, e.g. AMD, with established investigators in our department. Endowment support is additionally available for candidates with an established clinical or laboratory research record.

The University of Texas Southwestern Medical Center at Dallas is an Equal Opportunity Employer. Applications from new or established clinician scientists are encouraged. Interested individuals should send curriculum vitae, with a cover letter to:

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



CLINICAL SCIENCE: OPHTHALMOLOGY – CORNEA AND REFRACTIVE SURGERY

Assistant/Associate Professor: The Department of Surgery, Division of Ophthalmology of Evanston Northwestern Healthcare and Northwestern University, the Feinberg School of Medicine is seeking a board certified/board eligible ophthalmologist for a full-time position. Fellowship training in cornea and refractive surgery is preferred but not required. The position includes clinical care of ophthalmology patients, education of medical students and residents, and clinical research. An opportunity to combine basic research with clinical activities does exist. Salary and rank will be commensurate with experience. Northwestern University is an Affirmative Action/Equal Opportunity Educator and Employer. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States and holding a medical license in the State of Illinois. Applicants should submit letters of interest with accompanying curriculum vitae to:

Marian Macsai, MD
Chief, Division of Ophthalmology
Evanston Northwestern Healthcare
2650 Ridge Avenue, Room 3959
Evanston, IL 60201
(Search Number P-212N05)

NEW 2-YEAR NEURO-OPHTHALMOLOGY FELLOWSHIP OPPORTUNITY

The Emory University School of Medicine, Department of Ophthalmology, Section of Neuro-Ophthalmology is pleased to announce a new, fully-funded, two year Neuro-Ophthalmology Fellowship to begin July 1, 2006.

This new Neuro-Ophthalmology Fellowship is specifically designed to be a flexible two-year training of either ophthalmology- or neurology-trained physicians,

individually tailored to the particular needs and interests of the applicant. One of the Fellowship years will remain a traditionally-focused year of academic neuro-ophthalmic training, while the other year will be customized to that particular fellow.

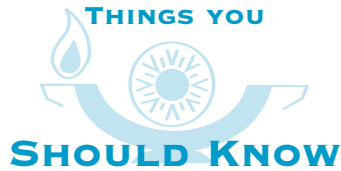
For example, for the neurology-trained fellow, there will be one intensive year of general medical ophthalmology, with special emphasis on retina, glaucoma, pediatric ophthalmology and strabismus, and oculoplastics. For the ophthalmology-trained fellow, there will be an opportunity for a year of training in neuroradiology, diagnostic neurological analytical thinking, and additional surgical training.

Further possible opportunities for customizing neuro-ophthalmology training include: involvement with neuro-otology and its various techniques of examination; studies at the Rollins School of Public Health in epidemiology, statistics and clinical trials; involvement with the Centers for Disease Control and Prevention; and a clinical research or basic science research year (during which application may be made for K12, K08, K23 or other grant awards for future funding).

Depending on the applicant pool for any given year and specific interests of qualified candidates, a traditional one-year Neuro-Ophthalmology Fellowship will still be an option.

We are very proud and excited about this novel academic initiative and encourage all interested candidates to contact us:

Neuro-Ophthalmology Division
Emory Eye Center
1365-B Clifton Rd. NE
Atlanta, GA 30322
e-mail ophntjn@emory.edu
Phone: 404.778.5360.



ACADEMIC OPHTHALMOLOGY POSITION GLAUCOMA

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

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

Interested applicants should send a current CV to:

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

GLAUCOMA OPHTHALMOLOGIST

An open rank, tenure-track, tenured, or fixed-term Glaucoma Ophthalmologist position is currently available in the Department of Ophthalmology at the University of North Carolina at Chapel Hill. Responsibilities include patient care, research, resident teaching and supervision, as well as teaching medical

students. Position will assume a current established glaucoma practice. Rank, career track, and salary are commensurate with experience.

Prerequisites include successful graduation from an approved ophthalmology residency training program, a 1- or 2-year fellowship in glaucoma, and demonstration of excellence in all scholarly and training activities. Qualifications include board certification or eligibility, and eligibility for licensure in North Carolina. Academic rank and salary are negotiable. UNC at Chapel Hill is an Equal Opportunity Employer. Review of applications to begin immediately.

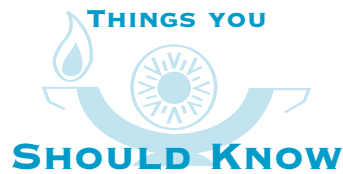
Contact:

Travis A. Meredith, M.D.
Professor and Chairman
Department of Ophthalmology
UNC School of Medicine
5110 Bioinformatics Building, CB #7040
Chapel Hill, NC 27599-7040
Phone: 919.966.5296
Fax: 919.966.1908
Email: Travis_Meredith@med.unc.edu

FULL-TIME ANTERIOR SEGMENT SURGEON & PEDIATRIC OPHTHALMOLOGIST

The Department of Ophthalmology at SUNY Downstate Medical Center in Brooklyn, NY is looking for a full-time Anterior Segment Surgeon and Pediatric Ophthalmologist at the assistant professor level. The position is available immediately.

The position involves research opportunity, resident teaching, and private practice. Salary is in the upper range of AAMS guidelines. Interested candidates, please send resume to Dr. Douglas R. Lazzaro at DRLEYEDOC@aol.com.



OPHTHALMOLOGIST AT THE COLUMBIA RIVER EYE CENTER

We have an opening for an ethical, well-trained Ophthalmologist with good anterior segment surgery skills who is interested in partnership.

I am in my late fifties and established this practice in 1984. Other practitioners include an employed Ophthalmologist and an Optometrist. We work out of a 3 year old 10,000 square foot facility with an ASC and an Optical shop. Staff is more than adequate in numbers and well trained. We are quite busy.

Our community is located in the dry, southeastern portion of the state, has a four-season climate with abundant outdoor activities, and is a pleasant place to live. We have a community college and a branch campus of Washington State University.

This is an excellent opportunity for a newly graduating resident or a younger Ophthalmologist who wants to become a partner in a respected practice in a non-urban setting.

Interested applicants please contact:

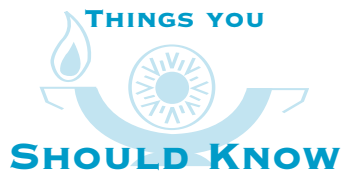
Michael E. Deitz, M.D.
The Columbia River Eye Center
475 Bradley Blvd.
Richland, WA 99352
Phone: 509.943.2240
Fax: 509.943.1575

The Penn State Department of Ophthalmology is actively recruiting for a Pediatric Ophthalmologist to join our faculty. Candidates with a passion for ophthalmology education are strongly encouraged to apply. Thank you for your consideration.

David A. Quillen, MD
Professor and Interim Chair
Penn State Department of Ophthalmology
E-mail: daq2@psu.edu
Phone: 717.531.6069

Tulane University Health Sciences Center
Academic Position: Full-time Ocular Plastic Surgeon.
Tulane University Health Sciences Center, Department of Ophthalmology, is seeking a sub-specialist in the field of Ocular Plastic Surgery for a full-time/tenure track faculty position. Faculty rank and salary will be commensurate with experience. Requirements include minimum experience of one-year fellowship training in ocular plastic surgery and board certification or eligibility in Ophthalmology. Candidates should have a strong commitment to education and academic activities. Applications will be accepted until the time at which a suitable candidate is determined. Tulane University Health Sciences Center is an Affirmative Action/Equal Opportunity Employer.
Please submit a cover letter, a current curriculum vitae and three letters of recommendation to:

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



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

Joel S. Schuman, MD
 Eye and Ear Foundation Professor and Chairman, Dept.
 of Ophthalmology
 University of Pittsburgh School of Medicine
 203 Lathrop St., Eye and Ear Institute, Suite 816
 Pittsburgh, PA 15213
 Fax: 412.647.5119
 E-mail: schumanjs@upmc.edu

VITREORETINAL SURGEON

The Department of Ophthalmology and Cullen Eye Institute, Baylor College of Medicine, are seeking a new faculty member in vitreoretinal diseases and surgery at the rank of Assistant Professor, tenure track. Candidates should have completed two or more years in fellowship training in vitreoretinal diseases and surgery 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 Physicians and Surgeons; supervision of the residents and clinical fellows in patient care and education in the affiliated hospitals; 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, M.D.
 Professor and Chairman
 Department of Ophthalmology
 Baylor College of Medicine
 One Baylor Plaza
 Houston, Texas 77030
 Phone: 713.798.5951
 Fax: 713.798.3026

VITREO-RETINAL SPECIALIST

An open rank (tenured, tenure-track, or fixed-term) Vitreo-retinal Specialist position is currently available in the Department of Ophthalmology at the University of North Carolina at Chapel Hill. Preferred qualifications are clinical expertise, a strong commitment to teaching and resident training, and a strong background in laboratory and/or clinical research. Requirements include an approved ophthalmic residency training program, retina fellowship, Board certification or eligibility, and eligibility for licensure in North Carolina. Academic rank and salary are negotiable based on qualifications and experience. UNC at Chapel Hill is an Equal Opportunity Employer. Contact:

Travis A. Meredith, M.D.
 Professor and Chairman
 Department of Ophthalmology
 UNC School of Medicine
 5110 Bioinformatics Building, CB #7040
 Chapel Hill, NC 27599-7040

Phone: 919.966.5296
 Fax: 919.966.1908
 Email: Travis_Meredith@med.unc.edu