

AUPO

MEMBERS, ASSOCIATE MEMBERS AND ADMINISTRATORS

NEWS & VIEWS

SEPTEMBER 2006

AUPO AS AN EDUCATIONAL VEHICLE FOR CHAIRS

BY MARCO A. ZARBIN, MD, PHD



Just as surgeons never stop expanding their repertoire of surgical skills, successful department chairs do not stop expanding their repertoire of technical knowledge. The technical knowledge of chief executives is a necessary (but insufficient!) tool that enables the creation of an organization that they and their colleagues envision. Technical knowledge allows one to monitor achievement of organizational goals systematically (e.g., net revenue from a satellite office), to allocate resources efficiently (e.g., marginal increase in patient throughput associated with the assignment of an additional ophthalmic technician to a surgeon), and to maintain processes that assure compliance with regulatory agencies (e.g., utilizing technology and defining work responsibilities in patient flow that insure maximal charge capture as well as prevent inappropriate billing practices).

Fortunately, many organizations provide educational opportunities for chairs. I suspect that the best educational experiences differ at different points in one's career. AUPO, for example, has offered extended training experiences at the Anderson School of Business at UCLA. This experience is pleasant, challenging, and useful, particularly for individuals beginning their tenure as chairs. Mark Blumenkranz and Bartly Mondino are developing a revised version of this course. The first iteration will be presented during fiscal year 2008.

In an effort to make continuing technical education for chairs more accessible, we plan to present a workshop on business management at each AUPO Annual Meeting. The goal is to address a single issue in a practical way that captures the collective knowledge and experience of our organization. This year, the workshop's

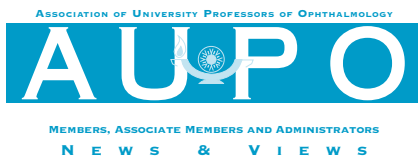
topic is, "Management of Indirect Costs and Revenue." Some issues that will be addressed are: benchmarking indirect costs; allocation of indirect costs in faculty incentive plans; and strategies to reduce indirect costs by sharing services within the medical centers. The speakers include department chairs, department administrators, and department research directors. I like the idea of utilizing all of our intellectual assets to create this educational forum. Sharing information is going to make us stronger as a group as well as individually. I hope we can make this practice a habit.

Modernizing Our Approach to Surgical Teaching

We are all the beneficiaries of the apprentice system of surgical training that, in the United States, was promoted by William Halsted. In this system, the resident assists a senior surgeon (observe, orient, witness decision making, witness action). Next, the resident practices surgery that is a surrogate activity (e.g., do penetrating keratoplasty on cadaver eyes, cataract surgery on pig eyes). Finally, the resident performs surgery on patients with a senior surgeon as an assistant (observe, orient, decide, act). Limitations to this approach involve the *number* of cases done (which varies by program and by patient need during a resident's rotation), the *type* of cases done (which varies by program and by patient need), and the *quality* of instruction (which varies by program and by rotation).

Khalifa and coworkers hypothesize that virtual reality training permits development of better, broader surgical skills more rapidly than the current apprentice approach.¹ Support for this notion comes from two areas. First, experience with aviation training has dem-

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onstrated the power of virtual reality training for pilots. Military aviators spend extensive time flying simulators, and aviation experience in simulators apparently can be as difficult or more difficult than real life experience. Second, there is early experience in medicine and surgery that demonstrates the value of virtual reality surgical training. In one study, for example, virtual reality training in cholecystectomy resulted in shorter surgical times and fewer complications.² In ophthalmology, virtual reality training in pan-retinal photocoagulation was associated with decreased training time in one study.³ Virtual reality training systems for ophthalmology include retrolbulbar injection,⁴ phacoemulsification,⁵ retinal photocoagulation,^{6,7} and vitreoretinal surgery.⁸⁻¹⁰

Potential benefits of robotic virtual reality training include: a structured surgical curriculum, broader surgical skills, reduced complications rates, and standardized testing for graduation and recertification.¹ Also, as robotic surgery becomes integrated with ophthalmic surgery, this training paradigm will prepare residents to perform new surgical procedures. Potential limitations of virtual reality surgical training include the possibility that this environment may not permit residents to test and develop cognitive skills of *decision making* (e.g., do pneumatic retinopexy vs. scleral buckle), *alternate planning* (e.g., elevation of posterior hyaloid from detached retina with gentle suction and traction failed, therefore try viscodissection), and *anatomic recognition* (e.g., recognition of cleavage planes in diabetic membrane dissection).

Robotic virtual reality training is a new area for academic achievement, and one that we should pursue aggressively as a specialty. Areas in need of development include robotic virtual reality trainer improvement (e.g., visual systems [immersion, 3-dimensional], haptic systems [touch-pressure for internal limiting membrane peeling], interactivity [diathermize bleeding vessels], cognitive skill development [alternate planning]) and validation studies (e.g., operating time, complication rate, breadth of skill set).

In summary, limitations of the Halstedian approach include random variation in the number and type of cases done and in the quality of surgical instruction. Virtual reality robotic training is a potential solution to these problems because, in principle, it offers a structured surgical curriculum, allows one to increase case complexity in a logical order, and provides unlimited opportunity for practice ("practice until perfect"). Potential outcomes of adopting this new paradigm include training surgeons with lower complication rates and broader surgical skills, providing more standardized assessment of surgical ability, and providing a pathway to do new procedures with evolving robotic surgical systems. This paradigm is *not* a substitute for doing live surgery on real patients, but it may make the transition from the surgical laboratory to the operating room much smoother and safer. I suspect that training institutions will provide superior surgical care as a result.

Best Wishes for the Summer

I hope you all enjoyed safe travel with your family and friends this summer and once again thank you for the opportunity to represent you as president of the AUPO.

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ADMINISTRATORS UPDATE

By Jonathan Smith, MBA, MS

PROFITABILITY AND COST CENTER OVERHEAD ALLOCATION

Measurement of profitability and operational performance in academic medicine seems nebulous at times. Especially when trying to pinpoint how particular services are performing. With the advent of injectable drugs for the treatment of age-related macular degeneration, and the continuance of enhanced refractive surgery procedures, individual departments of ophthalmology must continually evaluate the profitability of these and other operations. To do so requires a well developed, efficient business model for capturing and appropriately applying all related expenses.

Personnel costs normally comprise the greatest percentage of overhead expenses, and therefore require a greater level of attention. Let's use a refractive surgery center ("Center") as an example. Reports indicate that overall the Center is profitable, but there are concerns that certain aspects within the center may be operating at a loss. There is some uncertainty about how to evaluate various functions to determine their respective performance and ensure that overhead is allocated properly.

Two distinct operations normally occur within a typical laser center. The first includes screening and preoperative examinations, which mostly reflect a traditional clinical environment as it pertains to patient flow, supplies, and testing. The second operation deals directly with surgical activities. One model of dissecting and evaluating these disparate expenses is to separately review all costs associated with screenings and examinations versus those related to procedures, each having its own profit and loss statement. This provides an accurate evaluation of the profit or loss for each distinct *function* of the Center. Each function represents a unique "cost center" that can easily be reviewed in the context of services rendered.

This approach requires that resource usage be allocated by function, as opposed to the Center as a whole. For example, all supply and personnel costs directly re-

lated to the screening and examination function would be applied based on activity. Likewise, all supply and personnel costs directly associated with the procedure function would be then applied accordingly. However, if the same staff members normally conduct their activities within both functions, there must be a tool to determine how personnel costs will be allocated to each.

One way of making that determination is to consider procedure volume in relation to available staff hours. For example, calculations based on the number of procedures and their corresponding durations based on type of procedure can be used to calculate the percentage of staff-related expenses that should be applied to the procedure function. Furthermore, these calculations can be used to objectively determine the estimated number of personnel needed for staffing procedure rooms. To attain this degree of allocation, an "analysis of production" needs to be conducted by totaling the number of work hours available for each employee by adjusting for vacation and sick leave, allowing for "administrative time" (e.g., 20%) and finally, considering that it is highly unlikely that the average person would be 100% efficient, apply an "efficiency rate" (e.g., 80%).

Once these calculations are completed, it is now possible to determine average employee productivity, the estimated number of employees required to adequately staff the current volume of procedures, as well as identify what percentage of staffing costs should be applied to the procedure function.

By separating activities and making a determination of how revenues will be applied to each (e.g., as a percentage of total revenues), a measure of profitability or loss can be evaluated based on cost center function, as opposed to simply evaluating overall performance of "the center." This should provide an additional means to evaluate operational cost effectiveness, and thus make adjustments with a greater degree of certainty.

THE VIEW FROM RESEARCH TO PREVENT BLINDNESS

By Matthew Levine

Research to Prevent Blindness Increases Key Grant Support

In 2006, Research to Prevent Blindness (RPB) increased the amounts of key grant awards in several categories, starting with RPB's premier award, The Jules and Doris Stein Professorship, which is designed to attract exceptionally talented basic scientists to careers in eye research. The RPB Stein Professorship will now offer approved scientists the opportunity to receive up to \$850,000 in support: the basic grant of \$100,000 a year for five years, \$150,000 toward lab renovation and construction (if approved and matched with an additional \$150,000 by the researcher's department of ophthalmology), and a possible two-year extension of \$200,000. The RPB Senior Scientist Award has been stepped up to \$75,000, Physician-Scientist Awardees will now receive \$60,000, and Medical Student Fellows will get \$30,000.

"RPB remains committed to fueling the vision research engine that we, in our earlier years, helped to build in departments of ophthalmology across the country," said Diane S. Swift, President, RPB. "Our Board recognized that, if we were going to continue to act as a catalyst for vision research, we had to offset increasing researcher costs and limited resources with enhanced funding for basic and clinical scientists at every stage of their careers."

RPB was also the recipient of a donor's renewed commitment. A second gift from Diane Disney Miller will allow the organization to continue to provide \$100,000 a year (for the next five years) to support amblyopia research through the RPB Walt and Lilly Disney Award for Amblyopia Research.

RPB Poised to Top Quarter Billion Dollars in Total Grant Support

RPB continues to be the leading non-government source of funds for research into the prevention, treatment and cure of all blinding disorders. In 2005, the organization awarded 81 grants, totaling more than \$7.9 million. Since it was founded, in 1960, RPB has channeled more than \$245 million to medical institutions throughout the United States.

The 2005 awards included research grants to departments of ophthalmology at 46 medical schools, plus individual awards such as the Lew R. Wasserman Merit

Award, Research Professorships, and Senior Scientific Investigator, Physician-Scientist and Career Development Awards. A total of 174 individual ophthalmic scientists received RPB grant support in 2005. Fifty-four departments of ophthalmology at US medical schools currently receive RPB support.

Evidence of the ongoing success of RPB's Grants Program can be found in the 2005 Annual Report, which recaps a wide range of research developments, gleaned from more than 900 RPB-supported, published reports in leading scientific journals. The report, along with a bibliography of published studies citing RPB support, can be accessed at www.rpbusa.org.

New Educational Materials Available to Practitioners and Patients

RPB's Public Education Program is an important component of its strategic assault on the eye diseases that affect millions of Americans. In 2005, RPB launched a new series of eye disease fact sheets for eye specialists and their patients. Called "Advances in Eye Research," the series is designed to complement brochures available from other ophthalmic organizations, presenting condensed disease descriptions and risk factors but largely focusing on the latest research findings. Use the "Quick Links to Eye Disorders" function at www.rpbusa.org to view, download or order fact sheets on Macular Degeneration, Glaucoma, Diabetic Retinopathy, Cataract, Dry Eye and Low Vision for distribution to patients.

The fact sheets comprise an additional benefit of RPB's Ophthalmological Membership program. RPB members can order packages of any of RPB's educational materials online and free of charge, including: visual acuity/ Amsler's grid test cards, brochures on glaucoma and macular degeneration, and the RPB Eye Research Newsletter.

"RPB's Membership Program serves a dual purpose," says David F. Weeks, Chairman, RPB. "Dues are applied toward research support, and the national scope of the program is vital to the retention of RPB's status as a public foundation. I'd especially like to encourage the younger generation of ophthalmologists to join RPB and become part of our unique approach to the prevention of blindness."

VIEW FROM THE NEI

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

New NIH Genomics Programs

The remarkable discovery in 2005 and 2006 that genes of the immune complement cascade create major risk for developing age-related macular degeneration represents a research breakthrough with impact well beyond vision research. These and similar discoveries regarding the genetics of complex diseases are the first to validate “genome-wide association studies.” The leadership of the National Institutes of Health (NIH) is working to address the considerable infrastructure challenges to support these studies. Two newly created NIH programs—the Genetic Association Information Network (GAIN) and the Genes and Environment Initiative (GEI)—are among the first formal efforts to leverage the increasing affordability of whole genome studies to identify the predisposing genetic factors for common, complex diseases.

Genetic Association Information Network

GAIN is a \$50 million public/private partnership involving the NIH, the NIH Foundation, Pfizer Inc., Affymetrix, Inc. and Abbott Laboratories. The GAIN program will support whole genome association studies by offering genotyping services for common diseases. In the initial funding phase, GAIN will support six or seven projects each with approximately 1000 cases and 1000 controls. Awards for these first projects will be announced in early October. The guiding principle of GAIN is to create the greatest public benefit by making the data from these studies publicly available to the research community. To that end, a database repository of genotype and phenotype data will be made available. To learn more about the GAIN program, visit the NIH Foundation Web site at www.fnih.org.

Genes and Environment Initiative

President Bush’s FY 2007 budget request included an initiative to understand the interplay between genes and the environment in common diseases. The Genes and Environment Initiative will have two main components: a genotyping program and a technology development program to devise new ways of monitoring personal environmental exposures that may increase susceptibility to disease. It is anticipated that GEI will provide \$26 million per year through 2010 to support genotyping for several dozen common diseases. On the

environmental side, GEI will provide \$14 million annually to develop new environmental exposure technologies. To keep abreast of emerging developments and funding opportunities, please visit the National Human Genome Research Institute (NHGRI) Web site at www.genome.gov.

NEI Genome-Wide Association Project

In advance of the NIH efforts, the NEI had already created a repository of 600 DNA samples from the Age-Related Eye Disease Study (AREDS). The AREDS effort can be seen as a prototype for the GAIN and GEI programs. Whole genome scans of 400 cases and 200 controls were performed as a collaborative effort between the NEI and the NHGRI’s Center for Inherited Disease Research using both Affymetrix and Illumina genotyping platforms. The NEI is collaborating with the National Center for Biologic Information and the National Library of Medicine to complete a dedicated public genotype-phenotype AREDS database that will be made available to investigators in the broader scientific community.

The data repository will initially contain the AREDS genotype data and relevant phenotype information, and will later be augmented with expanded clinical information, such as digitized fundus photographic images. The NEI’s long-term goal is to expand this database and develop it into a comprehensive genomic database of eye diseases. NEI plans to release the data for access by the entire scientific community in the near future. Information on how interested investigators can gain access to the database will be published in the NIH Guide.

GAIN, GEI and the NEI’s genome wide association project are among the first NIH efforts to provide infrastructure and support for research on the genetic basis of common, complex diseases and the interplay of genes and environment. The vision research community has many available resources to expand these efforts. The availability of well-defined phenotypes, DNA samples from clinical trials and case control studies, animal models, and data on the environmental factors in many eye diseases, positions our field to make major advances in the quest to understand the basis of eye disease.

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2007 ANNUAL MEETING – FEBRUARY 1-3
RENAISSANCE ESMERALDA RESORT AND SPA
INDIAN WELLS, CALIFORNIA
PRELIMINARY PROGRAM

Wednesday, January 31

8:00 a.m. – 5:00 p.m. Educating the Educators 2007

Thursday, February 1

8:00 a.m. – 11:15 a.m. Business Management Session (Salary Survey)

11:15 a.m. – 11:30 a.m. Resident Applicant Survey

11:30 a.m. – 12:00 p.m. Straatsma Award Presentation and Lecture

12:00 p.m. – 1:30 p.m. LUNCH (ON YOUR OWN)

1:30 p.m. – 4:30 p.m. Program Directors Meeting

4:00 p.m. – 6:00 p.m. RRC Appointments with Dr. Pat Levenberg
(by appointment only)

6:00 p.m. – 8:00 p.m. Welcome Reception – All invited to Attend!

Friday, February 2

8:00 a.m. – 9:45 a.m. Symposium: Development and Funding of Research

9:45 a.m. – 10:00 a.m. BREAK

10:00 a.m. – 11:15 a.m. Symposium: AUPO/RPB Resident and Fellow Research Forum

11:15 a.m. – 11:45 p.m. Business Meeting

11:45 a.m. – 1:15 p.m. Workshops and Discussion Groups

1. RRC/Program Directors: Key Accreditation Issues

2. Management of Indirect Costs and Revenue

3. Electronic Medical Records

6:30 p.m. – 10:00 p.m. Reception and Banquet

Saturday, February 3

8:00 a.m. – 9:30 a.m. Organization Reports

1. AAO

2. ABO

3. RPB

4. NEI

5. ARVO

6. AEVR/NAEVR

7. SF Match

8. Foundation Fighting Blindness

9. Fight for Sight

9:30 a.m. – 10:00 a.m. BREAK

10:00 a.m. – 11:25 a.m. Symposium: Veterans Administration

11:25 a.m. – 11:30 a.m. Heed Foundation Resident Program

UCLA/AUPO Introductory Course on Clinical Research for

Ophthalmology Residents, Fellows, and Faculty

11:30 a.m. – 12:30 p.m. Chair Transition Symposium

ADMINISTRATOR'S PRELIMINARY PROGRAM

Wednesday, January 31, 2007

7:30 p.m. Welcome Cocktail Reception

Thursday, February 1, 2007

8:00 a.m. Business Management Symposium (Salary Survey)

11:15 a.m. Resident Applicant Survey

11:30 a.m. Straatsma Award Presentation and Lecture

12:00 p.m. Listserv Live

1:00 p.m. LUNCH (ON YOUR OWN)

2:30 p.m. Administrators' Evening Out

Friday, February 2, 2007

7:00 a.m. Registration and Continental Breakfast

8:00 a.m. Clinic Efficiency and Resource Management

9:45 a.m. Break

10:00 a.m. Emergency Preparedness Panel

11:45 p.m. Workshops and Discussion Groups (with Chairs)

- RRC/Program Directors: Key Accreditation Issues

- Management of Indirect Costs and Revenue

- Electronic Medical Records

1:15 p.m. LUNCH (ON YOUR OWN)

6:00 p.m. Reception and Banquet

Saturday, February 3, 2007

7:00 a.m. Registration and Continental Breakfast

8:00 a.m. What's Happening in My Backyard

9:30 a.m. Business Meeting

10:30 a.m. Meeting Adjournment

11:30 a.m. Chair Transition Symposium

EDUCATING THE EDUCATORS PRELIMINARY PROGRAM

WEDNESDAY, JANUARY 31, 2007

Morning Session's Goal: provide background/framework for afternoon's session on teaching/assessing professionalism/communication skills

Morning Session's Plan: make sure everyone is up to speed on ACGME definitions/concepts, provide short didactics on various problem resident issues, provide forum for lots of discussion of these issues, and see if we can make some lists of common problems/solutions during large group discussion)

7:00 – 8:00 a.m.	BREAKFAST
8:00 – 8:05 a.m.	Welcome & Overview (preview of the days events/goals)
8:05 – 8:15 a.m.	Professionalism & Interpersonal Communication Skills – definitions
8:15 – 8:35 a.m.	The Problem Resident: Common issues
8:35 – 8:55 a.m.	The Problem Resident: Early recognition
8:55 – 9:30 a.m.	The Problem Resident: Effective feedback delivery
9:30 – 9:50 a.m.	The Problem Resident: Formal remediation
9:50 – 10:10 a.m.	BREAK
10:10 – 10:45 a.m.	Small Group Breakout
	· Typical problem resident issues
	· Identifying problem residents early/how to nip it in the bud
	· Methods/issues with providing feedback
	· Methods of remediation/issues
10:45 – 11:30 a.m.	Large group reconvenes to discuss small group's thoughts.
11:30 – 11:50 a.m.	The Problem Resident: Termination
12:00 – 1:00 p.m.	LUNCH

Afternoon Session's Goal: Provide methods to teach/assess professionalism/communication skills.

Afternoon Session's Plan: short didactics on teaching professionalism/communication skills, current methods of assessing

1:00 – 1:05 p.m.	Overview of the afternoon plan and goals
1:05 – 1:30 p.m.	How to teach professionalism/communication skills
1:30 – 1:50 p.m.	Current teaching resources (AAO ethics course/conferences, etc)
1:50 – 2:15 p.m.	New video modules for teaching professionalism/communication skills
2:15 – 2:45 p.m.	Break
2:45 – 3:15 p.m.	Concrete methods of assessment
3:15 – 3:35 p.m.	Existing tools specific for assessing professionalism/communication skills
3:35 – 5:00 p.m.	Large Group Discussion
	· Afternoon talks
	· Assessing resident applicants
5:00 p.m.	Adjourn

AUPO PROGRAM DIRECTORS COUNCIL PRESIDENT'S REPORT

By Anthony C. Arnold, MD

Dear Colleagues:

It is my honor to serve as president of the AUPO Program Directors Council (PDC) for 2006-2007. This is the first of several reports we will distribute this year in an effort to keep you informed as to our activities.

The Council continues its active leadership in ophthalmology residency education nationally. The Council consists of seven members: for 2006-2007, the Immediate Past President (J.P. Dunn, MD), President (Anthony C. Arnold, MD), President-Elect (Karl C. Golnik, MD), and four at-large members (Maria M. Aaron MD, Steven J. Gedde, MD, Mark S. Juzych MD, and Richard A. Harper, MD). The past president rotates off the Council each year and is replaced by one new member, elected from the PD group nationally; new officers begin April 1 of each year. Proposed Council members must have two years of PD experience and anticipate serving in leadership positions on the Council for seven years. If you have an interest in serving in this capacity, please consider submitting your name for the ballot to be held in late fall of this year. Details will follow.

For the upcoming year, several educational activities should be of interest to the PD group nationally:

1. At the 2006 American Academy of Ophthalmology (AAO) Annual Meeting in Las Vegas, the annual Teaching and Learning in Ophthalmology course, originated by Karl C. Golnik, MD, will be chaired by J.P. Dunn, MD. The topic will be *Techniques to Maximize Educational Effectiveness*. Please encourage teaching faculty and residents to attend!

2. An evening session at the AAO Meeting devoted to surgical simulation technology in ophthalmology residency training programs is in the planning stages, organized by Andrew G. Lee, MD. Details to follow in upcoming months.

3. The Program Directors Forum, which has been held at each AAO Annual Meeting for the past few years, will not be presented in 2006. The growth of PD-oriented symposia at the AUPO Annual Meeting, which typically draw most PDs, and the many competing outside activities at the AAO Meeting have resulted in decreasing attendance at the AAO PD Forum. The need for this additional AAO session will be reassessed this year. Your thoughts are welcome.

4. On Wednesday, January 31, 2007, immediately preceding the AUPO Annual Meeting, the Educating

the Educators 2007 Meeting (EE2007) will be held on the AUPO Annual Meeting site in Indian Wells (Palm Springs), California. This will be the fourth of the Educating the Educators sessions originated by Andrew G. Lee with the goal of developing and implementing tools for the teaching and assessment of the core competencies in ophthalmology residency training programs. Last year's meeting addressed *Practice-Based Learning & Improvement* and *The Care of the Ophthalmic Surgical Patient* competencies. It was very well attended and, based on post-meeting evaluations, it was a very useful forum for discussion and development of competency tools. This year the meeting will be chaired by J.P. Dunn, MD, with co-chair Karl C. Golnik, MD. It will primarily address the *Professionalism and Interpersonal & Communication Skills* competencies and the focus will be on a very practical approach, with the goal of leaving the meeting with take-home tools you can use. If you value this sort of meeting for us as professional educators, please plan to come one day early to the AUPO Annual Meeting to attend the EE2007 meeting. Greater attendance translates to better discussion and better chance of success for future meetings. Details to follow in upcoming months.

5. At the 2007 AUPO Annual Meeting, the Thursday afternoon PD session will be chaired by Anthony C. Arnold, MD. Proposed topics include: an update on the Virtual Mentor surgical training program originated by John I. Loewenstein and Bonnie Henderson at Harvard; results of an AAO survey regarding practice management skills of young ophthalmologists and discussion of practice management training in residency programs, organized by Karl C. Golnik, MD; mini-symposium on resident selection processes organized by Anthony C. Arnold, MD.

6. The AUPO Annual Meeting also will include a workshop on Friday morning addressing RRC issues and the program directors, co-chaired by Anthony C. Arnold, MD, Louis B. Cantor, MD, Chair of the Ophthalmology RRC, and Patricia B. Levenberg, PhD, Executive Director of the Ophthalmology RRC. This annual session focuses on practical aspects of RRC policies, ACGME accreditation issues, and the collaboration of PDs and these organizations.

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7. At the AUPO Annual Meeting, Patricia B. Levenberg, PhD, will continue her annual session for individual appointments with PDs to discuss issues regarding the RRC, the ACGME, and their programs. The AUPO will distribute a signup process for this session, which was very successful in its initial program in 2006.

The AAO-sponsored program director's Web site, under the supervision of Karl C. Golnik, MD, was launched in March 2006 and can be accessed at <http://aaophp.ao.org/pdg/>. At present this is available to program directors only. Version one consists of three sections: the program directors handbook, competency assessment tools, and the previous Straatsma Lectures in PowerPoint format. The program directors handbook describes the current practices and pitfalls of any ophthalmology residency program. It is designed to offer advice for improving and maintaining the program. A committee will be formed to provide annual updates to the handbook to assure it remains current. The competency assessment tool section is designed to provide a forum for posting assessment tools. It can also be utilized for conducting medical education research.

Version two of the Web site is in production. Ultimately we hope to include:

A **Communication** tab customizable to any program including:

- a way to post resident schedules
- an open forum for PDs to post questions, comments, pearls, etc. to other PDs

An **Educational Content** tab to include:

- existing AAO educational material
- PowerPoint presentations donated by PDs and other individuals; PowerPoint presentations available to individual PDs for assignment to their own residents as needed
- any other teaching material donated by individuals (images, videos, etc.)
- quiz builder that allows a PD to create a quiz covering any topic
- webex lectures

An online **Resident Portfolio** where residents will upload data to include:

- periodic self-assessments
- all forms of written formative feedback
- regular critiques of surgical performance
- literature searches and their relevance to patient care

- surgical videos with self-critiques
- evidence (videos) that surgical skills are improving and ultimately adequate
- research activities/abstracts/publications
- presentations with actual PowerPoint slides

A **News** tab that could contain anything new to the Web site or new information relevant to PDs.

The Program Directors Medical Education Research Group (PDMERG) has been formed with the intent of conducting medical education research and enhancing program directors' academic status through peer-reviewed publications. The small size of ophthalmology programs creates difficulties obtaining sufficient numbers for statistical analyses. Collaboration through PDMERG will help overcome this problem. The first PDMERG project evaluated the interrater reliability of the On Call Assessment Tool (OCAT). Three on-call consultations and the OCAT were posted to the PD Web site. Program directors were solicited to complete an OCAT for each consultation. About one-third of the PDs responded and are now considered part of the PDMERG. This work has been accepted for presentation at the upcoming AAO Annual Meeting in Las Vegas. Each member of PDMERG will be recognized as a co-author. Direct any questions regarding PDMERG to Karl C. Golnik, MD, at kgolnik@cinci.rr.com.

The AUPO Fellowship Compliance Committee (FCC) has been developed to ensure educational quality in postgraduate clinical fellowship programs in ophthalmology, an alternate pathway to the ACGME process of accreditation. The AUPO has reviewed options for quality assurance, including the ACGME process, which is in place for essentially all US residency programs and many clinical postresidency fellowships in other fields. The FCC process is currently being implemented in many ophthalmic subspecialties. The PDC has been represented on the FCC since its inception by Paul D. Langer, MD, past president of the PDC. With his rotation off the PDC in 2006, Mark S. Juzych, MD, will assume responsibility for this representation.

If you wish to raise additional issues of importance to the PD group or if you have an interest in participating in any of the above noted activities, please contact me directly at arnolda@ucla.edu.

Respectfully Submitted,
Anthony C. Arnold, MD

President, AUPO Program Directors Council

COUNCIL OF ACADEMIC SOCIETIES SPRING MEETING 2006

By Robert E. Kalina, MD

The Council of Academic Societies (CAS) of the Association of American Medical Colleges (AAMC) met in Miami on March 16-18, 2006. There are nearly 100 organizations that now are CAS members. AUPO is the only ophthalmology organization and I was the only ophthalmologist in attendance.

The focus of the meeting was physician supply. Perhaps because ophthalmology departments often have been removed from discussions and decisions about overall physician supply and matters of class size, I found some of the background information fascinating:

- The looming shortage of physicians in the U.S. may be more closely related to aging (250,000 practicing physicians are now over 55) and productivity than to output. Recent female and male graduates alike exhibit lower productivity than prior generations. Women now comprise 47% of graduates and will rise to 40% of the workforce. Encouraging physicians to practice to an older age would have a greater impact than increasing class size.
- The U.S. population has grown by 25 million per decade while allopathic graduates have not increased since 1980 (about 16,500 per year).
- The ratio of physicians to population is lower in the U.S. than in most developed countries. One with a lower ratio, the U.K., is increasing medical school slots by 100%.
- Osteopathic output was 1000/yr in 1980, has grown to nearly 3000 in 2006 and is projected at 5000 by 2020. There now are 23 colleges of osteopathic medicine and six more are proposed by 2008.
- International medical graduates (IMGs) comprise 25% of residents and practicing physicians and 34% of those now entering graduate medical education. More than 800 ACGME-accredited residency programs include more than 90% IMGs.
- Some 2500 U.S. citizens enter foreign medical schools each year. Most become ECFMG-certified and return to the U.S.. Most of these U.S. IMGs are from the 20 for-profit, "off-shore" schools on Caribbean islands. Each island accredits its own school and one of these has less than 2000 permanent residents. The two largest schools each graduate some 600 students per year and one of these will go to 900 soon.
- India is the largest exporter of physicians, and has a rapidly expanding number of medical schools with the express purpose of training physicians for the U.S. who will then send money back to their families in India. The Philippines and Pakistan are following suit.

AAMC policy is to encourage allopathic enrollment increase by 15% and the AAMC now is poised to increase that recommendation to 30%. This will strain facilities and engender howls of protest from faculty. Even 30% will have a small effect and other providers will fill the void. I am reminded of the 1974 AUPO meeting when the late Bill Havener of Ohio State made an impassioned plea to us to triple the number of ophthalmology residents because of the perceived threat of organized optometry. Of course, the number of our graduates has not changed at all since 1974 and the number of optometry graduates has tripled. The rest is history.

The proportion of under-represented minorities in the U.S. continues to grow but the proportion in our medical school classes has barely changed since the early 1970s. The number of black biology majors has increased dramatically but they do not apply to medical school. The AAMC has hired a marketing firm.

As we all know, the outlook for NIH funding is grim. Congress wants to see the results from the doubling of the budget. Congress also is interested in financial conflicts of interests and in gifts and blandishments from industry.

The CAS meeting was preceded by a course on fundraising for faculty put on by Advancement Resources LLC, a company that has done courses for many AUPO member schools, mainly for development people. The course was included in the registration for the CAS meeting but also was open to others as well.

Finally, I always take the opportunity to look up any ophthalmology resident(s) that are in attendance for the Organization of Resident Representatives (ORR) that meets in conjunction with the CAS. These young people appear to me to be more likely than most to be involved in organized medicine in their future careers. There were no ophthalmology residents in attendance.

AUPO/AVAO JOINT SYMPOSIUM FINAL PROGRAM

The AUPO and the Association of Veterans Affairs Ophthalmologists (AVAO) have jointly organized a special program, "Research and Education Opportunities in Today's VA," to be held at the American Academy of Ophthalmology (AAO) Annual Meeting in Las Vegas on Monday, November 13, 2006, from 12:15 p.m. to 1:45 p.m. The program is presented by the Federal Affairs Division of the AAO and will include Ophthalmology leaders from the AUPO and AVAO. This program highlights opportunities in the VA and emphasizes the important role the Veterans Health Administration hospitals play in academic ophthalmology. The session will cover various aspects of research and education in today's Veterans Health Administration and its academic affiliates. The program will include a panel discussion led by Gary W. Abrams, MD, AUPO Past President, and current Director of the Kresge Eye Institute and James C. Orcutt, MD, PhD, AVAO Past President and current Chief Consultant for the VA.

JOINT SYMPOSIUM PROGRAM

Moderator

Mary G. Lawrence, MD, MPH

Topics and Presenters

"VA—America's Leader in Health Care"

Linda J. Margulies, MD

"Understanding the Relationships between Academic Department/Medical School Faculty and VA"

David W. Parke, MD

"Educational Programs for Medical Students, Residents and Fellows in the VA"

Nicholas J. Volpe, MD

"VA Research: How It Relates to the Department of Ophthalmology Research Program" David L. Epstein, MD

"Research Opportunities, Practical Aspects of the Application Process" Nathan Ravi, MD

"VA 'Hot Topics'" James C. Orcutt, MD

"VA: A Great Career Choice for an Ophthalmologist" Mary Lynch, MD

Panel Discussion and Q&A

PRESIDENT'S PERSPECTIVE

Continued from page 2

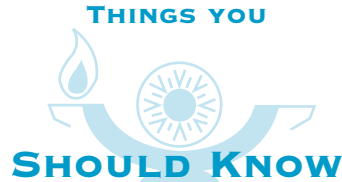
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VIEW FROM THE NEI

Continued from page 5

NIH Establishes Office to Manage Trans-NIH Research Initiatives—OPASI

The National Institutes of Health (NIH) recently established a new Office of Portfolio Analysis and Strategic Initiatives (OPASI) to coordinate the assessment and management of the overall NIH research portfolio. OPASI will have purview over scientific initiatives in areas of interest across multiple NIH institutes and centers. OPASI will also manage the process by which trans-NIH initiatives are prioritized for consideration and evaluation by both outside advisors and NIH leadership. A working group will be established to oversee governance issues for this office, including NIH Roadmap and other future initiatives. OPASI will increasingly become the focal point for strategic planning at the NIH. For more information about the OPASI office and its mission, please visit www.opasi.nih.gov.



2006 Straatsma Award Recipient, Karl C. Golnick

AUPO wishes to congratulate Karl C. Golnick, MD, as the recipient of the 2006 Straatsma Award for Excellence in Resident Education. Dr. Golnick is currently the Director of the Ophthalmology Residency Program at the University of Cincinnati. He is also Professor of Ophthalmology, Neurology and Neurosurgery as well as Vice-Chairman of the Department of Ophthalmology at the University of Cincinnati. This award is sponsored by both the American Academy of Ophthalmology and AUPO, and Karl will make presentations at both annual meetings.

DUES REMINDER

If your 2006–2007 dues are still outstanding, Members and Associate Members will not be able to register for the Annual Meeting, and Administrators will need to register as nonmembers.

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.

AUPO BOARD MEETING HIGHLIGHTS

July 2006

The AUPO Board of Trustees met in San Francisco on Saturday, July 15, 2006. Following are some of the highlights of the meeting.

- Authorized conducting a salary survey this year using an independent consulting firm.
- Revised the structure of the Straatsma Award Committee.
- Approved the development of a Medical Student Educators Task Force.
- Discussed the AUPO/UCLA “Introduction to Clinical Research” course scheduled for September 15-17, 2006, and encouraged participation and support by the membership.
- Reviewed the progress of the strategic plan Goal Committees.
- Approved regular reminders to the membership about the policy concerning contact with medical students after interviews.

ANNUAL BUSINESS MEETING

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

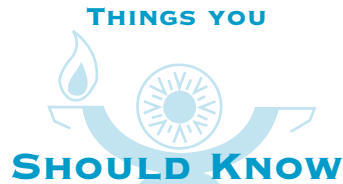
THE HEED FOUNDATION MERIT AWARD FELLOWSHIP PROGRAM

The Heed Ophthalmic Foundation designates 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, MD
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



FACULTY POSITIONS AVAILABLE SEPTEMBER 2006

THE FACULTY POSITIONS SECTION LISTS POSITIONS AVAILABLE WITHIN THE AUPO MEMBER DEPARTMENTS OF OPHTHALMOLOGY. IF YOUR INSTITUTION IS INTERESTED IN ADVERTISING OPHTHALMOLOGY POSITIONS (AT NO CHARGE), TYPE YOUR ADVERTISEMENT FOR PUBLISHING AND SUBMIT IT TO THE AUPO SAN FRANCISCO OFFICE.

ALBERT EINSTEIN COLLEGE OF MEDICINE UNIVERSITY CHAIR, DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES

The Albert Einstein College of Medicine is seeking a University Chair for the Department of Ophthalmology and Visual Sciences. This individual will also be appointed as the Chair at Montefiore Medical Center the University Hospital for the Albert Einstein College of Medicine. The University Chair of the Department of Ophthalmology and Visual Sciences is responsible for the academic programs in medical student and residency teaching, as well as research activities of the Department at the College of Medicine. He/she will also be responsible for oversight of the academic programs at all of the institutions and clinical sites affiliated with the College of Medicine, including Beth Israel Medical Center, North Shore/Long Island Jewish Health System, Jacobi Medical Center and Bronx Lebanon Hospital Center.

This important leadership search mandates that the successful candidate be a nationally renowned clinician-investigator, with a proven record of research administration, program development, faculty recruitment, and significant experience in the areas of undergraduate and graduate medical education. The individual we seek must be qualified for appointment at the Full Professor level.

We seek your assistance in identifying potential candidates for this appointment who, in your judgment, possess the necessary skills and experience for this important position. Your comments will, or course, be received in confidence. Please feel free to respond in writing, or if you prefer, to call me at 718.430.8560. I can also be reached via e-mail at: schuster@aecom.yu.edu.

Victor L. Schuster, MD
Chair, Ophthalmology and Visual Sciences Search Committee
1300 Morris Park Avenue
Belfer Educational Center, Room 307
Bronx, New York 10461-1975

UNIVERSITY OF IOWA DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES CORNEA SPECIALIST

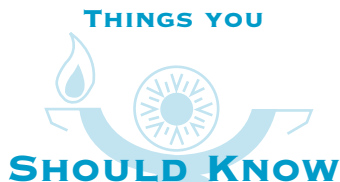
The Department of Ophthalmology and Visual Sciences, University of Iowa Roy J. & Lucille A. Carver College of Medicine has openings for full-time tenure and non-tenure clinical track faculty in cornea and external diseases. Applicants must have graduated from a fully-accredited ophthalmology residency and be eligible for licensure in the state of Iowa. Subspecialty training in cornea/external disease is required. Candidates must be certified or eligible for certification by the American Board of Ophthalmology. Experience in refractive surgery, clinical and basic research is desirable.

Rank and salary will be commensurate with experience and credentials. The successful candidate(s) will have excellent medical and surgical skills in cornea and refractive surgery. A commitment to resident and fellow training as well as support for clinical and basic research is required.

The University of Iowa is an equal opportunity and affirmative action employer. Women and minorities are strongly encouraged to apply.

Interested persons are invited to direct inquiries and submit vitas to:

Keith D. Carter, MD
Professor and Head
Department of Ophthalmology and Visual Sciences
200 Hawkins Drive
Iowa City, Iowa 52242-1091
Phone: 319.356.2867
Fax: 319.353.6030
E-mail: keith-carter@uiowa.edu



UNIVERSITY AT BUFFALO ROSS EYE INSTITUTE

The Department of Ophthalmology (SUNY at Buffalo) is in a growth phase both for faculty and infrastructure. The ground breaking of a new clinical and clinical-research institute called the Ross Eye Institute (REI) heralds this major expansion (see www.smbs.buffalo.edu/ophthalmology). We are now recruiting MD, MD/PhD or PhD for tenure-track positions (clinical and/or basic research). Clinical areas targeted: retina, glaucoma, uveitis, pediatric, and comprehensive ophthalmology. Basic areas targeted: genetics, cell biology, molecular physiology, and development. We are looking for physicians and scientists with emphasis on scholarship in basic and/or clinical research, and pre- and/or postdoctoral scientific and clinical education. Joint appointments in basic and clinical departments are available. Outstanding salary & benefits; independent laboratory space; generous lab and clinical startup packages. Basic scientists should have grant support. Clinicians should be BC/BE and eligible for NYS licensure. Interested candidates should forward cover letter and CV to Ross-Eye-Institute-Search@Buffalo.edu

The State University of New York at Buffalo is an EO/AA employer and recruiter. Persons are selected on the basis of ability without regard to age creed, color, disability, national origin, race, religion, ethnicity, sex, sexual orientation, marital, or veteran status in accordance with federal and state laws.

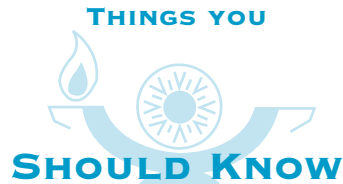
SAINT LOUIS UNIVERSITY ACADEMIC OPHTHALMOLOGY POSITION— GLAUCOMA

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, MD
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
E-mail: cruzoa@slu.edu



**UNIVERSITY OF CHICAGO
DEPARTMENT OF OPHTHALMOLOGY
AND VISUAL SCIENCE
OCULOPLASTICS**

The Department of Ophthalmology and Visual Science at the University of Chicago is seeking a full-time Oculoplastics specialist. Candidates must possess a MD degree, be board certified or board eligible for the ABO and be eligible for licensure in Illinois. Candidates must have completed an oculoplastics fellowship and have academic interests. Responsibilities include patient care, clinical teaching of medical students, residents and fellows as well as clinical and/or basic research. Opportunities are also available for undergraduate teaching. An academic appointment would be provided, based on the candidate's qualifications. Screening of applications will continue until the position is filled. The University of Chicago is an Affirmative Action/Equal Opportunity Employer.

For consideration forward CV and statement of teaching/research interests to:

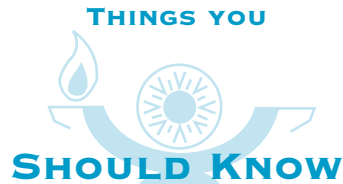
William Mieler, MD
Chairman
Department of Ophthalmology and Visual Science
The University of Chicago
5841 South Maryland Avenue, MC 2114
Chicago, IL 60637
773.702.3838
773.702.8094 (fax)
wmieler@uchicago.edu

**UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
DEPARTMENT OF OPHTHALMOLOGY
AND VISUAL SCIENCES
VITREORETINAL SPECIALIST**

The Department of Ophthalmology and Visual Sciences at the University of Maryland School of Medicine is accepting applications for a full-time board certified/board eligible fellowship-trained Vitreoretinal specialist. The qualified candidate will move into an established, busy vitreoretinal academic practice, conduct clinical and/or basic research, and have a strong commitment to teaching residents and medical students. Rank and salary commensurate with experience and qualifications. Please submit letter of interest and CV to:

Ramzi K. Hemady, MD
Acting Chair
Department of Ophthalmology and Visual Sciences
University of Maryland School of Medicine
419 W. Redwood Street, Suite 580
Baltimore, MD 21201

Affirmative Action/Equal Opportunity Employer



TULANE UNIVERSITY HEALTH SCIENCES CENTER RETINA SUBSPECIALIST

Tulane University Health Sciences Center, Department of Ophthalmology, is seeking a subspecialist in the field of vitreo/retinal diseases and surgery for a full-time, tenure-track faculty position. Tulane University Hospital and Clinic is a high volume, hospital-based, tertiary referral center. Candidates should have a strong commitment to education and academic activities. Requirements include minimum experience of one-year fellowship training in vitreo/retinal diseases and board certification or eligibility in ophthalmology. Faculty rank and salary will be commensurate with qualifications and experience. The position will remain open until a suitable candidate is identified. Please submit a cover letter, curriculum vitae, and three letters of recommendation to:

Delmar R. Caldwell, MD
Professor and Chairman
Tulane University Health Sciences Center
Department of Ophthalmology SL-69
1430 Tulane Avenue
New Orleans, LA 70112.
E-mail: dcaldwe1@tulane.edu

*Tulane University Health Sciences Center is an
Affirmative Action/Equal Opportunity Employer.*

UT SOUTHWESTERN COMPREHENSIVE OPHTHALMOLOGISTS

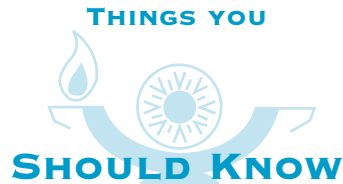
The Department of Ophthalmology at UT Southwestern Medical Center is expanding and seeks outstanding comprehensive ophthalmologists for positions as Assistant Professor, Associate Professor, or Professor. Positions include busy medical/surgical practices on our main campus as well as our Fort Worth and North Dallas offices. Comprehensive positions involving teaching/supervising residents and clinical research are also available at Parkland Memorial Hospital and the Dallas Veterans Affairs Medical Center. Candidates should have an MD degree and be board certified or board eligible in ophthalmology and be eligible for a Texas medical license. Interests should be primarily comprehensive ophthalmology, however subspecialty interests will be considered. Applications from new or established clinician scientists are encouraged.

VA:

This position is for a comprehensive ophthalmologist, ideally with subspecialty training, who 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, with a cover letter and the names and addresses of three references, to:

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



UT SOUTHWESTERN PEDIATRIC OPHTHALMOLOGIST

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

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

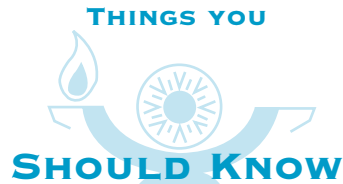
David R Weakley MD
Chief of Ophthalmology
Children's Medical Center of Dallas
Professor of Ophthalmology
The University of Texas Southwestern
Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-9057

UT SOUTHWESTERN RETINAL DEGENERATIVE DISEASES

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

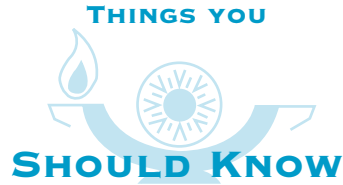


UT SOUTHWESTERN VITREO-RETINAL DISEASE SUBSPECIALIST

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



Future Annual Meeting Dates

February 1–3, 2007

Renaissance Esmeralda Resort & Spa ~ Indian Wells, California

January 31–February 2, 2008

The Ritz-Carlton ~ Sarasota, Florida

January 29–31, 2009

Renaissance Esmeralda Resort & Spa ~ Indian Wells, California