



**Arlene Bagga, MD**  
**New Mexico Academy of Ophthalmology**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Advocacy Tools and Checklist for Residents*

**Purpose:** To create an interactive Advocacy curriculum designed specifically for Senior Ophthalmology Residents that can be implemented locally and nationwide through the New Mexico Academy of Ophthalmology website.

**Methods:** Using resources provided by the American Academy of Ophthalmology, an approximately one hour curriculum was designed and includes the following:

1. The importance of Advocacy in Ophthalmology
2. Advocacy Tools and Resources
3. Create your own Advocacy Checklist

**Results:** This one hour curriculum was integrated into the current University of New Mexico rotating resident lecture series for Senior Residents from Tufts University and the University of Pittsburgh, and will be presented quarterly. During a revamping of our New Mexico Academy of Ophthalmology website (coming soon), the curriculum will be added to our website and be available to anyone who desires to use it. Depending on the outcome of this addition to our lecture series, more related topics can be created and implemented.

**Conclusions:** Advocacy is a topic that is vital to include in didactic sessions for Ophthalmology Residents, specifically Senior Residents. After speaking with approximately eight residents from two rotating programs, it is clear that they have very little to no exposure to this topic in their formal lecture schedules, and experience in Advocacy really depends on their own desire to participate. The addition of a specific curriculum designed to teach residents about their own Advocacy priorities will benefit the New Mexico Academy, and all state societies by allowing residents to think carefully about how they will participate in this dimension of their career.



**Shahar Frenkel, MD, PhD**  
**Israel Ophthalmological Society**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Development of an Online Learning Tool for Ophthalmic Pathology*

**Purpose:** Ophthalmic Pathologists are rare. In Israel, for example, there are Ophthalmic Pathologists in only 3/16 residency programs. The purpose of this project was to construct an effective Ophthalmic Pathology learning tool for Ophthalmology residents. This would enable residents in programs that do not have an Ophthalmic Pathologist to enjoy an interactive learning experience of this topic, which is the basis for the understanding the majority of eye-related illnesses.

**Methods:** A web-based online course was chosen in order to provide teaching to residents who are not able to acquire proper pathology teaching in their hospital department. The course was based on an existing teaching course that had been created by Prof. Robert Folberg. Two teams were assembled for the online course: a team of Ophthalmic Pathologists trained in teaching the existing course, and a team of Israel Ophthalmological Society (IOS) teachers who will teach the course to IOS residents. A website was created to host the course. The course's curriculum and teaching material were reviewed and revised by the first team of Ophthalmic Pathologists. A teaching program was designed with the IOS to match the needs of all residency programs in Israel.

**Results:** The course was designed as an online-based self learning tool that includes biannual national meetings of all the country's residents for summary lectures, and question and answer sessions. A website was created for the course, and the first chapters were uploaded along with a glossary. Additional work is underway to revise the remaining chapters and upload them. In addition, quizzes will be created for self assessment.

**Conclusions:** This is the first freely available online course of Ophthalmic Pathology designed for Ophthalmology residents. Residency programs have different strengths which creates a varying knowledge base for the graduating residents. Local societies can benefit from summary courses that augment the text in the BCSC. Learning tools provided by the Ophthalmology Society will improve the overall quality of graduating Ophthalmologists and the care they will be able to provide to the public. Making this project freely available to all, will enhance this effect to residency programs world-wide.



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**Diana E. Hampton, MD**  
**Oklahoma Academy of Ophthalmology**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *The American Academy of Ophthalmology Leadership Development Program Applied to Regional Medical Associations in Oklahoma*

**Purpose:** To create, develop and implement a leadership development program for physicians at a county and State level in Oklahoma.

**Methods:** The Oklahoma County Medical Society Board of Directors was approached to create a leadership development program for physicians based on guidelines used by the American Academy of Ophthalmology's leadership development program. This program intends to develop leadership, development for State societies, membership retention and recruitment, and nurturing strong relationships across multiple medical specialties at the State and county level. As a result of these discussions, The Oklahoma County Medical Leadership Academy was created. The leadership academy is limited to 10 physicians who must apply to the Oklahoma County Medical Board of Directors. The Academy's program consists of 5 sessions, meeting one Saturday morning a month for 4 hours from November through April. The first session takes place at the Oklahoma County Annual Membership meeting and the last one at the annual Oklahoma State Medical Association Meeting. Topics include finance/business relationships, community involvement, board leadership/parliamentary procedure, advocacy, and media relations/public speaking. Each session is led by local experts. The advocacy session corresponds with the Oklahoma State Medical Association Medicine Day at the State capitol, where participants have an opportunity to meet with legislators and lobbyists as well as county and State leadership. The media relations session includes handling the media in a crisis situation and using the media to discuss health-related topics.

**Results:** The first Oklahoma County Medical Leadership Development Academy will commence November 2010. The Oklahoma County Medical board of directors is committed to this project both as a means for successful leadership building as well as an opportunity to strengthen relationships across the specialties of medicine.

**Conclusions:** This project is ongoing and to date the leadership at both the county and State level of medicine in Oklahoma embrace the Leadership Academy as an important program for the sustainability and success of their organizations.



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**Christopher L. Hauptert, MD  
Iowa Academy of Ophthalmology  
Leadership Development Program XII  
Project Abstract**

**Title of Project:** *Sight for Soldiers: Providing Discounted Refractive Surgery for Iowa National Guard Troops Deploying to Afghanistan and Iraq*

**Purpose:** To express our appreciation to Iowa National Guard troops deploying to Afghanistan and Iraq for their sacrifice, better equip them to safely and effectively accomplish their mission, project to our legislators and citizens a proactive image of the Iowa Academy of Ophthalmology (IAO), raise public awareness of ophthalmology (emphasizing our exclusive role as eye surgeons), encourage membership among non-members, strengthen unity among members, and encourage interest in advocacy among members.

**Methods:** All refractive surgery practices in Iowa were invited to participate in Sight for Soldiers. Each practice was asked to provide a discounted price and a list of included services. Arrangements were made with the Iowa National Guard for interested troops with significant refractive error to be evaluated for refractive surgery, but only after clearance was received from the appropriate commanding officer. Care was taken to follow the proper protocol, to ensure that the appropriate procedure was performed, that sufficient healing time was allowed before deployment and that complete military medical records were kept. The program was publicized online, on television news programs in Iowa's primary metropolitan areas, and in a letter to all Iowa legislators. Iowa corporations and service organizations were approached for donations in an effort to further defray the cost to the troops.

**Results:** All refractive surgery practices in Iowa agreed to participate. A total of 116 troops were treated by 8 different practices. The procedures performed were: 106 LASIK, 9 PRK and 1 cataract extraction with ReSTOR implant. No complications were reported. The average discount was approximately 25%. Approximately \$10,000 has been raised to further defray the cost to the troops, and efforts are still underway to raise additional funds.

**Conclusion:** Sight for Soldiers has been a success in many respects. It has better equipped Iowa National Guard troops to more safely accomplish their mission in a dirty, dusty environment where glasses and contact lenses can be hazardous. IAO members have come together to provide a valuable service for our troops and built a sense of unity in the process. Member and non-member ophthalmologists have participated in the program, and we hope that non-members will be encouraged to join our organization as a result of supporting such a worthy cause. The IAO has received extensive attention in the local media and Iowa legislators have been made aware of our efforts on behalf of the troops. We are optimistic that Sight for Soldiers will serve as a springboard to future activities that will continue to serve our citizens while projecting a positive, proactive image of our organization and our profession. We are presenting Sight for Soldiers at the executive directors' meeting and anticipate that other state societies may undertake similar projects.



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**Aaron C. Holtebeck, MD**  
**Wisconsin Academy of Ophthalmology**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Campaign for Participation of Young Ophthalmologists within the Wisconsin Academy of Ophthalmology through Social Networking and Web-Based Technologies.*

**Purpose:** A need was recognized within the state society and within the Board of Directors for increased participation among young members and non-members of the Wisconsin Academy of Ophthalmology (WAO). The reasons for decreased participation are multiple, but one identifiable cause is that the means by which information is being shared, professionally and personally, has changed greatly in recent years. Due to the increasing use of web-based technology, especially in those recently trained, the feasibility of effective communication through any of these modalities has been explored; ie. Facebook, Twitter, interactive websites. Showing value of advocating for one's patients through organized medicine needs to be emphasized.

**Methods:** Development of a social networking site and creation of a Young Ophthalmologists Section of the Wisconsin Academy of Ophthalmology was performed to invigorate membership, leadership, and advocacy participation among young ophthalmologists in the WAO. The social networking site, created on Facebook, contains links of particular interest to young ophthalmologists in their first ten years of practice has been developed. The website for the Wisconsin Academy of Ophthalmology will be linked with this social networking site in an effort to increase the outlets for communication with all members. Educational links, legislative advocacy links, and social and educational local events have been included.

**Results:** Membership on the board of directors for the WAO by ophthalmologists in their first ten years of practice has increased from less than 20 percent to 50 percent. Participation within the state society and holding leadership positions on the board has increased.

**Conclusions:** Active recruitment of younger members of a state society's base may be done by improving methods of communication, utilizing web based technologies, and showing value of advocacy for one's patients.



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**Odette Margit Houghton, MD**  
**North Carolina Society of Eye Physicians and Surgeons**  
**Leadership Development Program XII, Class of 2010**  
**Project Abstract**

**Title of Project:** *A Taste of Ophthalmology*

**Purpose:** To increase awareness and educate community leaders in the State of North Carolina about ophthalmology; the profession of ophthalmology; the types of patients ophthalmologists care for; the training required to become an ophthalmologist; and the resources needed to run an ophthalmology practice.

**Methods:** 1) A program was developed at the University of North Carolina (UNC) – Chapel Hill, Department of Ophthalmology whereby legislators and other community leaders may spend a day shadowing the faculty, residents and staff as they participate in patient care. 2) A 20 minute presentation providing a brief introduction to ophthalmology was created. 3) The regulations and Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements for visitors shadowing physicians in the clinics and operating rooms at the UNC Healthcare Systems were investigated. 4) Faculty, residents and staff at the UNC – Chapel Hill, Department of Ophthalmology were informed about the program and offered the opportunity to participate in the program. 5) Potential participants were identified based on recommendations from the North Carolina Society of Eye Physicians and Surgeons and the American Academy of Ophthalmology leadership. 6) Participants were recruited via a letter of invitation and/or a phone call.

**Results:** An ongoing program was created which invites legislators and community leaders to spend a day as a guest of the Department of Ophthalmology, UNC - Chapel Hill. The program was designed so that participants: receive an introduction to ophthalmology; meet the types of patients ophthalmologists care for; interact with and shadow faculty, residents and staff as they evaluate, manage and treat eye diseases.

**Conclusions:** A program can be developed with the intent to improve the public's knowledge and understanding regarding eye disease and the ophthalmologic profession. This program has the potential to foster new relationships with elected officials and community leaders, as well as generate support for ophthalmology during future legislative debates.



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**David D. Ingvoldstad, MD**  
**Nebraska Academy of Eye Physicians and Surgeons**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Development of an Advocacy Curriculum for University of Nebraska Ophthalmology Residents in Cooperation with the Nebraska Academy of Eye Physicians and Surgeons.*

**Purpose:** The creation of a formal advocacy curriculum for the University of Nebraska ophthalmology residents will hopefully energize young ophthalmologists to become involved in political advocacy. More importantly, the program curriculum aims to foster a culture of advocacy that will follow the residents throughout their careers. A secondary goal of this program is to fortify the relationship between the Nebraska Academy of Eye Physicians and Surgeons (NAEPS) and the University of Nebraska Department of Ophthalmology. It is clear that maintaining a strong relationship between our state society and our teaching institution is vital to our advocacy efforts in Nebraska.

**Methods:** 1) Several brainstorming sessions were arranged with representatives from the Nebraska Academy of Eye Physicians and Surgeons and the University of Nebraska Department of Ophthalmology. This included the ophthalmology department program director, chairman and the resident advocacy ambassador. 2) As a result of these sessions, a preliminary curriculum was created. 3) At the request of the University of Nebraska program director, the curriculum was scheduled to begin after July 2010.

**Results:** We have had a very positive response after the initial development and early implementation of the curriculum.

At this time the curriculum outline includes the following: 1) A member of the NAEPS executive committee will act as a liaison between the University of Nebraska and NAEPS. Currently, this is the president-elect. 2) Each of the residents will be asked to visit a state senator one time per year. They will be accompanied with a member from the NAEPS executive committee. 3) A lecture series will include lectures from a NAEPS executive committee member, our NAEPS lobbyist, a state senator, and hopefully a political science professor from the University of Nebraska. At this time, we are planning to have four lectures per year. 4) Motivated residents will be asked to complete an individual advocacy project during their three-year residency.

Several state senator visits have already taken place in 2010. We targeted senators who were running for re-election. These visits have not only been educational for the residents, but also helpful to our state society in our advocacy efforts. We are finding that the senators respond very favorably when the residents are present for the meetings. The first lecture in our series took place this summer and included an introduction from the NAEPS president-elect and a lecture about the "legislative process" given by our state lobbyist.

**David D. Ingvoldstad, MD**

*Project: Development of an Advocacy Curriculum for University of Nebraska Ophthalmology Residents in Cooperation with the Nebraska Academy of Eye Physicians and Surgeons.*

**Conclusions:** The creation of an advocacy curriculum has been a very positive way to engage the next generation of ophthalmologists. The residents have shown great enthusiasm about this program. The University of Nebraska faculty has also been very supportive. Prior to the development of this program the University of Nebraska and the Nebraska Academy of Eye Physicians and Surgeons did have a good working relationship. However, developing a formal advocacy curriculum has been a step forward in strengthening the bond between the two organizations. Also, we feel that the Nebraska Academy of Eye Physicians and Surgeons now has a new and exciting vehicle to promote our profession and positively engage and encourage the next generation of politically active ophthalmologists. This curriculum is in its infancy, and will undoubtedly change and improve in the coming years.



**Michael S. Ip, MD**  
**Macula Society**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Campaign to Increase Patient Awareness of AMD Treatment Options*

**Purpose:** The development of new treatment options for neovascular AMD is proceeding at a rapid pace. Patients do not have a readily available, unbiased source of information regarding treatment options and current practice patterns. A web-based source of information will be developed to keep pace with the rapid changes in practice patterns and treatment options and made available to patients.

**Methods:** On-line patient education materials regarding AMD from a private practice website (K. Bailey Freund, MD and associates) will be made available on the Macula Society Website. No login or password will be required for the general public to view these materials.

**Results:** It is anticipated that the materials will be viewed by patients and be seen as an authoritative and unbiased source of information.

**Conclusions:** If these patient educational materials are well-received by the public and ophthalmologists the materials can be expanded to other subspecialty society websites such as the Retina Society and/or the American Society of Retina Specialists. Other common diseases with rapidly evolving and changing practice patterns can also be targeted in the future (e.g. diabetic macular edema).



**Katherine A. Lee, MD, PhD**  
**American Association for Pediatric Ophthalmology and Strabismus**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *School Nurse Vision Screening Tutorial*

**Methods:** I collaborated with nurses from the National Association of School Nurses (NASN) to produce a tutorial regarding school vision screening. The tutorial covers optimal practices in school vision screening from preschool screening through the higher grades, as well as photoscreening and autorefractive techniques.

**Results:** Nearly 800 copies of the tutorial were given to school nurses from the AAPOS booth at the National Association of School Nurses annual meeting in Chicago at the end of June. The tutorial was very well received by the nurses; they were impressed that it had been produced with their organization. The tutorial has been posted on the AAPOS web site. I also gave a workshop regarding vision screening at the NASN meeting and AAPOS has received several invitations for speaking engagements at state NASN meetings.

**Conclusion:** The project solidified the relationship between NASN and AAPOS and has identified AAPOS as an important resource for school nurses.



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**W. Barry Lee, MD, FACS**  
**Eye Bank Association of America**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Physician Recruitment Strategies for the Eye Bank Association of America*

**Purpose:** To promote physician recruitment among young corneal surgeons for continued development and advancement of the Eye Bank Association of America (EBAA)

**Background:** The EBAA has seen decreased involvement and limited recruitment for young corneal surgeons. The majority of leaders in the EBAA have been involved for a number of decades and with ultimate retirement in conjunction with lack of recruitment for young corneal surgeons, physician involvement in eyebanking may become a major concern in the future.

**Methods:** Formation of multiple strategic planning meetings among leaders of the Cornea Society and the EBAA to determine potential opportunities for young physician involvement of corneal surgeons in the EBAA.

**Results:** The issue of young corneal surgeon recruitment to the EBAA was discussed at strategic planning meetings via conference calls and society planning retreats between leaders of the EBAA and the Cornea Society. A survey was created and distributed to all physician directors of the EBAA member eyebanks, which included identification of potential young surgeons from each eye bank. A physician leadership conference was created for February 25-27, 2011 in which the EBAA and Cornea Society will fund 25 young corneal surgeons for a weekend of education and interactive discussion on eyebanking and the importance of becoming involved in the EBAA. This will become an annual spring event and include lectures from esteemed corneal physicians and eyebank directors with the goal to establish a mentorship program, an understanding of how eyebanking works and demonstration of local eyebank involvement. Meeting attendees will be required to serve for 2 years on one of the many EBAA committees of their choice. An eyebanking educational curriculum will also be developed and submitted to the American Association of University Professors (AAUP) for inclusion in the requirements for accreditation of corneal fellowship programs.

**Conclusions:** Development of a young physician leadership conference and mandatory educational requirements for cornea fellowship training programs for EBAA education and advancement will ensure young corneal surgeons get the appropriate introduction to the EBAA and our society can continue to grow and evolve with the help of young member support.



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**Edward S. Lim, MD**  
**Connecticut Society of Eye Physicians**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Connecticut Society of Eye Physicians' Program for the Education and Certification of Ophthalmic Technicians*

**Purpose:** The educated and certified Ophthalmic Technician is an important adjunct to Ophthalmic practices as we enter a time of uncertain reimbursements and an aging population in the United States. Ophthalmologists will need to increasingly utilize technicians as we feel the resultant pressures on our delivery of care to our patients. Our technicians will serve even greater roles in assisting, educating and caring for our patients and it will better serve our patients to have well trained and certified technicians.

The Connecticut Society of Eye Physicians has worked over many years developing and implementing a program of technician education that has alliances with the physician group, ophthalmic executives and more recently an academic center. The goal of this state-level program is to promote the education and training of technicians towards certification by the Joint Commission of Allied Health Professionals in Ophthalmology.

We feel that promoting the education and certification of Ophthalmic Technicians to Ophthalmologists and State Societies will result in a benefit to our patients and our physicians.

**Methods:** A video production to promote the education and certification of Ophthalmic Technicians on a national platform will be produced. It will provide a portable media that will increase awareness, the importance of certification and a formula for implementing a program format that has a track record of success in Connecticut. This video will be provided to other state societies.

**Conclusion:** Programs to promote educational advancement of Ophthalmic Technicians can enhance the care provided to our aging population. Certification provides a means for our patients to know that a level of competency has been achieved. Our video production is an easily shared platform to stimulate similar educational programs at the level of state societies across the United States.



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**David B. Petersen, MD**  
**Utah Ophthalmology Society**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Utah Ophthalmology Advocacy Group*

**Purpose:** To involve a core group of Utah ophthalmologists in the political advocacy process by personal invitation.

**Methods:** I have found that even in the age of social media and mass digital communication, a personal, one-on-one invitation is more likely to achieve results. Therefore, via the Utah Ophthalmology Society, I have begun to form, by personal invitation, a group of colleagues committed to political advocacy. Each year, one member of the society will be selected and invited to join the advocacy group. The UOS will sponsor that member's airfare and lodging to travel to the Mid-Year Forum and Congressional Advocacy Day in Washington, DC. This will serve as training and motivation. The member will then apply that training on a state level by getting to know personally his or her state representatives and senators. This personal relationship will then already be established when the need arises to advocate for Utah ophthalmology. Local efforts will also be coordinated with the Utah Medical Association, which is the most politically powerful and active association for doctors in the state. As we help the greater house of medicine advocate for more general issues, we can expect that they will bring their full weight to bear much more forcefully in the state legislature when an ophthalmology-specific issue arises.

**Results:** Since this project was formed after (and inspired by) my visit to the Mid-Year Forum with the AAO, the Utah Ophthalmology Advocacy Group has not yet had its first member sponsored to attend that meeting and begin its activity. This will be targeted for the 2011 Mid-Year Forum. This is a long-term, ongoing project that will grow each year.

**Conclusion:** My experience with the Leadership Development Program has empowered me to take actions that I have always been interested in and wanted to participate in, but that I did not know how to begin. It all started with a direct, personal invitation from our Utah Ophthalmology Society Coordinator to apply for the LDP. Otherwise, these very important matters are drowned out by the more urgent but less important issues that arise in day-to-day practice. I would like to repeat my experience on a state-level scale – beginning with a personal invitation to participate, an incentive to participate with sponsored travel, hands-on training and motivation at the Mid-Year Forum, and then a lifetime commitment to advocacy.



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**Ann Ranelle, DO**  
**American Osteopathic College of Ophthalmology**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Tarrant County Medical Society and Fort Worth Independent School District Sports Glasses for Student Athletes*

**Purpose:** To provide vision screening exams to Fort Worth Independent School District (FWISD) middle and high school athletes as part of a joint multispecialty medical team effort to provide free sports physicals. To appropriately assess and provide a high quality prescription pair of sports glasses to those FWISD athletes who are identified as underprivileged or in need.

**Methods:** A program was set up in which FWISD student athletes would be able to receive high quality free sports physicals on a designated day at the end of the school year. These students are picked up by bus at their school and brought to the designated place and then undergo screenings that are completed by family practice residents. A Cardiologist, Internist, Sports Medicine Orthopedic Surgeon and Ophthalmologist are all onsite to provide immediate consultation for pass/fail status. The vision screening portion was added in 2009. All athletes are screened by ophthalmic technicians on an eye chart and any child who does not read 20/40 or better in each eye separately is referred to onsite ophthalmology. The child then completes brief eye history, stereoacuity, penlight exam and autorefraction. The child sees the onsite ophthalmologist if any part of this exam is abnormal or if vision improvement does not improve to 20/20 in each eye with trial frames and vision retesting with appropriate prescription. The child is offered 3 options:

- 1) fail and follow up with current eye care provider for re-evaluation
- 2) fail and given Rx for glasses, they need to then present to school nurse for vision testing with new glasses
- 3) fail and be fit by optician for free pair of sports glasses. They are passed when they pick up glasses and demonstrate 20/20 in each eye with new glasses.

There is one lane set up for the ophthalmologist to do retinoscopy, manifest refractions and indirect ophthalmoscopic exams. All ocular pathology goes home with a note from the ophthalmologist and gets a follow up call to the child's home and coach/trainer. All glasses that are not picked up are given to the FWISD athletic director to be distributed by the coach and or trainer. Liberty Optical donates 100 pairs of free RecSpecs in various different sizes, colors and styles. Peche Optical supplies all of the Rx lenses. Any lenses that need special Rx, edging or base curve are paid for by a grant from a local PMR charity.

**Ann Ranelle, DO**

*Project: Tarrant County Medical Society and Fort Worth Independent School District Sports Glasses for Student Athletes*

**Results:** In 2009, approximately 3,500 students were screened. We refracted and examined 184 athletes. There were 59 free pair of sports glasses that were given free of charge to the athletes. We provided 82 prescriptions to athletes who did not qualify for free glasses. There were 16 kids that had a high refractive error and this totaled to \$434.00 that was covered by a local PMR charity. All athletes were provided with high quality impact resistant lenses and RecSpecs frames that were sized and individually fit for each individual. Ninety four percent of these children were corrected to 20/20 in both eyes. We found one child with a cataract who was referred for further evaluation. In 2010, approximately 3,000 students were screened for vision. We refracted and examined 170 student athletes. There was 66 pair of free sports glasses with prescription lenses given away to FWISD athletes. High refractive error was found in 12 children and the cost for the lenses was \$385.00 covered by the PMR charity. Peche Optical and Liberty Optical donated all standard high impact resistant lenses and RecSpecs. Bayou Equipment provided and set up a full ophthalmic lane at no charge. The Tarrant County Medical Society (TCMS) has obtained funding for a fulltime community outreach employee. This program has been included as one of their targeted community outreach programs and will receive the benefit of the TCMS' full organizational, grant and press related activities.

**Conclusion:** FWISD provides sports physicals free of charge to 17 middle schools and 12 high schools. Approximately 3,000 physicals are performed once a year in order to get FWISD athletes ready for participation in their sport. This is a huge undertaking that is coordinated by several entities. FWISD athletic department, family practice residents, cardiology, ophthalmology and orthopedics all come together to get these athletes ready to perform. This is the second year in which these physicals are provided free of charge to the students.

The eye exam had become a problem for FWISD athletes because about 25% of the physicals failed because of the vision screen. In addition, FWISD has many low-income families and high risk children who are usually not covered with vision insurance. Michelle Kirk, MD estimated that about 80% of FWISD students have no vision insurance. Medicaid does cover a pair of eyeglasses but they are covered at such a low rate that most optical shops are forced to sell only the very cheapest frames in order to break even. Because of these issues, sports glasses are difficult to obtain and rarely worn by teenagers in low-income families. This program was designed to provide a high quality product so that these low-income student athletes could compete with their counterparts safely and without the financial burden to the family of providing a second pair of sports glasses. This program has enjoyed many successes but most importantly the TCMS has designated a fulltime employee to organize this project for future years. This will allow us to communicate with parents, coaches, athletic trainers and school nurses in a more effective way about our program. We are hoping also to recruit more ophthalmic technicians and ophthalmologists over the next few years so that this program can possibly expand to other low income and needy school districts in our area.



**Sarwat Salim, MD, FACS**  
**American College of Surgeons**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Preparing Ophthalmologists for Disaster Relief Response*

**Purpose:** The goals of this project are to increase awareness about various types of disasters, to understand the challenges and elements involved in a disaster relief response, and to create a registry of potential volunteers to facilitate and encourage humanitarian outreach and activism.

**Background:** A disaster is a sudden, unexpected, catastrophic event that disrupts the routine organization and infrastructure of a community, society, or nation. This calamity may be associated with enormous morbidity and mortality, loss of property, loss of employment and financial sustainability, and an unknown period of recovery because of its lasting effects. Recent emergencies and disasters, both nationally and internationally, have highlighted some deficiencies in our preparedness and response efforts.

As physicians and surgeons, we are at the forefront of such tragedies. We are in a unique position to deliver optimal care to the victims because of our training in trauma and acute care settings and our ability to make critical decisions with triage and actual delivery of medical and surgical services to those in need, a commitment that is at the core of our healing profession. Because of the unpredictable nature of a disaster, a systematic response is often lacking. A successful approach to handling any disaster response is to develop a comprehensive plan and protocol in advance to address various needs in a timely and productive manner.

**Methods:** A comprehensive curriculum will be added to the American Academy of Ophthalmology (AAO) website addressing various components of a disaster relief response. Essential topics will include types of disasters, challenges in the immediate aftermath of a disaster, disaster planning, elements of a disaster response, organization and training of volunteer ophthalmologists and other personnel, post-disaster recovery and sustainability, legislative and liability issues for volunteers, and partnership and coordination with local authorities, relief agencies, and other national medical and surgical societies. In addition, AAO members will be contacted by either email or a survey to create an electronic database of potential volunteers and to align their interests, clinical and surgical expertise, and heritage connections and familiarity with different cultures and languages accordingly when their services will be required.

**Results:** Currently, this project is in the data collection phase.



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**Stephen G. Schwartz, MD, MBA**  
**Florida Society of Ophthalmology**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Case Report of State Society Crisis Management*

**Purpose:** To review the actions of the Florida Society of Ophthalmology (FSO) during 2009-2010, during which the Society faced a public relations crisis resulting from the highly publicized legal problems of one of its former officers, coupled with an intense scope of practice battle in the Florida legislature.

**Methods:** A case report, similar to a medical case report, documenting the initial challenges, the Society's responses to those challenges, and a summary of the outcomes. I hope that this report may provide useful information for state and specialty societies facing similar circumstances.

**Results:** The former officer was indicted for actions unrelated to the FSO. The FSO cooperated fully with all relevant law enforcement agencies and was never a target or a subject of any investigation. The Society launched a public relations campaign to reassure its members and to set the public record straight. The Society reorganized its legislative committee and political action committee to create more transparency and ensure continued legal compliance. The FSO collaborated with the AAO and the Florida Medical Association to successfully defeat yet another scope of practice bill (an oral prescription bill for optometrists). By the end of the year, membership had increased, the Annual Meeting was successful, and the FSO overall was in stronger shape than 12 months previously.

**Conclusions:** The actions of the FSO during this time period may serve as a model for other societies in similar situations. Specifically, an emphasis on transparency, legal compliance, public relations, and collaboration with the AAO and the state medical association were important in achieving a positive outcome.



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**Gaurav K. Shah, MD**  
**American Society of Retina Specialists**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *A Survey of the Current Status of Vitreoretinal Fellowship Training in the United States and Canada*

**Purpose:** To assess the medical and surgical training of fellows currently enrolled in vitreoretinal surgery (VRS) fellowships in the United States and Canada.

~ Design: Voluntary written survey

~ Participants: A total of 56 second year VRS fellows from US and Canadian VRS fellowship programs were included.

**Methods:** Second year VRS fellows at a national convention were asked to complete a voluntary written survey. E-mails were sent to nonresponders to encourage maximum response. Survey questions probed into both qualitative and quantitative aspects of VRS training. Topics included: location of program, type of institution (academic, private practice, hybrid), overall surgical procedures (in-office and operating room), primary surgical procedures (vitrectomy and scleral buckling), and exposure to pediatric retina (retinopathy of prematurity and pediatric retinal surgery), ocular oncology, uveitis, inherited retinal diseases and electroretinography (ERG).

**Results:** 85 surveys were distributed to current second year VR fellows and a total 56 surveys were completed. 50% of responders were from academic programs, 14% were in private practice fellowships, and 36% were from hybrid programs. 96% of fellows reported to be involved with resident teaching. On average fellows are performing 400 laser procedures (range 100-1200), 498 intravitreal injections (range 90- 1350) and have participated in an average of 645 surgical procedures in the operating room. Fellows performed on average 371 vitrectomy surgeries (range 180-850) as the primary surgeon (>90% of case) and an average of 52 scleral buckling procedures (range 5-250). 89% (n=50) of fellows are involved in the management of retinopathy of prematurity either as screening, treatment, or both. 27% (n=15) of responders reported feeling comfortable performing pediatric vitreoretinal surgery. 36% (n=20) reported having formal ERG and inherited retinal degenerative disease training.

**Conclusions:** Vitreoretinal surgical fellowships in the United States and Canada are providing extensive training in treating vitreoretinal diseases that is largely not provided during residency. Current fellows are performing a large number of vitrectomy surgeries, as well as, in-office procedures such as retinal lasers and intravitreal injections. Scleral buckling procedures are being performed far less than vitrectomy surgery and in many programs are almost eliminated (<10 surgeries) from training. The large majority of fellows do not feel comfortable performing vitreoretinal surgery in the pediatric patient population. Most responders are not being provided formal training in inherited retinal degenerative disorders and ERG.



**Michael E. Sulewski, MD**  
**Association of Veterans Affairs Ophthalmologists**  
**Leadership Development Program XII**  
**Project Abstract**

**Title of Project:** *Eye Care Delivery Models in the VA*

**Purpose:** The VA represents the largest healthcare network in the U.S. and also is the site of a major teaching arm of the ophthalmology residency training programs. The delivery of eye care within the VA is not uniform and there is no consistency from one VA hospital to the next. Eye care within the VA is delivered by both Optometry and Ophthalmology services; however, there are no universally accepted guidelines regarding who the optometry service should report to, how referral of patients from optometry to ophthalmology is determined and monitored, and how optometric privileging and scope of practice is determined from one VA to the next and is it influenced by the reporting lines of optometry.

**Methods:** An informal survey or phone communication was used to help answer the questions outlined above for several of the university affiliated VAs where there is an ophthalmology training program. Most of these sites are staffed by full or part-time ophthalmologists who hold academic titles at their respective University affiliates. Information was gathered as a means of interest for future areas of improvement or recommendations within the VA.

**Results:** Optometry reporting or supervisory lines within the VA vary from one VA to the next. Some report to the Chief of Ophthalmology, while others may report directly to the Chief of Surgery, Chief of Staff, or the Chief of Primary Care. The reporting lines may influence privileging and scope of practice within the VA. There really have been no uniformity among VAs of how patients are referred from optometry to ophthalmology in the VA, but recently there is a VA mandate that requires closer monitoring of optometry within the VA to improve quality of care for patients with blinding diseases, as well as to establish formal guidelines of how patients at risk are to be referred from optometry to ophthalmology.

**Conclusions:** Although the delivery of eye care within the VA is very inconsistent throughout the country, there have been some recent changes in the VA that has improved upon the monitoring and accountability of patients with potentially blinding diseases. There really needs to be formalization of an eye care delivery model that has ophthalmology leading the service rather than to have division of optometry and ophthalmology. The inconsistent reporting arrangements may lead to inefficiencies of the delivery of eye care within an institution, but also potentially expose patients to untoward risk, unless there is a closer working relationship between the two services to ensure proper provision of the appropriate eye care provider for any given patient.



**Joseph M. Zobian, M.D.**  
**Hawaii Ophthalmological Society**  
**Leadership Development Program XII, Class of 2010**  
**Project Abstract**

**Title of Project:** *Health Savings Accounts (HSA's) for Hawaii*

**Purpose:** To enable the people of Hawaii to avail themselves of Health Savings Accounts, a method of medical care financing that has not been widely available due to current state law.

**Methods:** Through state legislative advocacy, bills promoting the implementation of HSA's were introduced through several legislative committees. Efforts included lobbying of individual committee heads as well as recruiting sympathetic legislators to introduce or sponsor bills. This was done under the guidance of a lobbyist hired by our Hawaii Ophthalmological Society.

**Results:** Due to Hawaii's unique Prepaid Healthcare Act (PHA), which imposes stringent requirements on employers, high deductible health insurance policies may only be utilized by certain individuals but not by most employers, with certain notable exceptions. Ironically, the state's largest insurer is exempt from such restrictions, as well as federal employees.

Due to such constraints, the legislative sponsors opted instead to propose a Health Savings Account Task Force, SB2885 SD2 HD1, which was signed into law June 2, 1010. The Task Force has since been empanelled and will include the author of this abstract, as well as representatives from the legislature, banking industry, insurance industry, labor unions and PHA council. This Task Force will investigate the legal and financial ramifications of HSA's and hopefully develop legislation which will allow their implementation without violating the PHA.

**Conclusion:** Our current "medical care crisis" is largely financial. Current methods of third-party financing introduce high administrative costs, encourage inappropriate consumption and hinder the normal economic mechanisms which create efficiencies and improve quality in less regulated industries. HSA's have been shown to promote healthier lifestyles, decrease consumption of medical resources and decrease the cost of delivery of medical care. The people of Hawaii have been broadly denied access to this method of financing due to current law. We hope to correct this inequity and in so doing benefit both the physicians and patients of this state.