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John J. Chen, MD, PhD
North American Neuro-Ophthalmology Society
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *The Neuro-Ophthalmology career path: misconceptions and barriers to recruitment*

Purpose: To dispel misconceptions that prevent trainees from pursuing neuro-ophthalmology as a career in order to increase recruitment into the field of neuro-ophthalmology.

Methods: A white paper discussing the misconceptions and barriers to recruitment was drafted by the pipeline task force team and used as a platform to distribute this information to the public. A SWOT analysis with the NANOS pipeline task force team is being applied to strengthen the paper.

Results: The white paper is being submitted for publication. This manuscript was also used by Dr. Ruth Williams from EyeNet for her opinion piece highlighting the shortage and need for more neuro-ophthalmologists. The data gathered from this work was also used as the background for another EyeNet article written by Annie Stuart on diagnostic errors in neuro-neuro-ophthalmic conditions by non-neuro-ophthalmologists. Lastly, this piece was the springboard for a video on neuro-ophthalmology recruitment that will be posted on the American Academy of Ophthalmology (AAO) website.

Conclusion: Although there was no conclusive way of measuring the impact of this white paper on the trainee's perception of neuro-ophthalmology, the submission of the white paper for publication, two opinion pieces in EyeNet, and a video on neuro-ophthalmology recruitment on the AAO website are excellent steps toward improving recruitment into the field of neuro-ophthalmology.

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Jeremy D. Clark, MD
Kentucky Academy of Eye Physicians and Surgeons
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *The Web of Innovation: Silent Auction Benefitting Political Action funds in Kentucky*

Purpose: The Kentucky Ophthalmic Political Action Committee (KOPAC) serves to build relationships and promote legislative changes within the commonwealth that promote the mission of the Kentucky Academy of Eye Physicians and Surgeons (KAEPS). Eighty percent of financial contributions to KOPAC are generated during the annual statewide KAEPS scientific symposium held generally in May. Due to social gathering restrictions to help control the spread of the novel SARS-CoV-2 virus, KAEPS was forced to delay the meeting until August, 2020 and also restrict attendance of both vendors and attendees. Online auction events have increased in number as charitable organizations search for innovative ways to continue raising funds without the ability to hold in person events. The executive leadership of KAEPS elected to offer an online auction to build funds for KOPAC in 2020. As KOPAC chair, my aim was to meet or exceed previous meetings fundraising efforts.

Methods: An online auction was created using the ClickBid software platform. KAEPS executive director (Liz Roach) and KOPAC chair (Jeremy Clark) acted as the platform administrators. The executive council for KAEPS donated and recruited items for auction in hopes to match number and summative fair market value dollars as compared to the previous five-year KAEPS annual meeting in-person auctions. Primary end point success was defined as achieving contributions, within 5%, of the dollar average of the previous 5 years auction contributions. Secondary end point measures included: total number of auction participants, geographic variety of auction participants, feedback attitudes regarding auction platform, and total donated items for auction as compared to previous 5 years auctions.

Results: Total PAC contributions for 2020 equaled $6,760. The average PAC contributions for years 2014-2019 at the annual meeting auction was $6,735. The total number of in-person meeting attendees was 30 at the 2020 KAEPS meeting. The average number of previous meeting attendees (years 2014-2019) was 101. Total donated items were roughly equal in 2020 (n=15) compared to the average of previous years (n=14). Feedback from participants with regards to the online auction was performed via telephone interview. Overall, 85% respondents found the online auction easy to navigate and bid on items and 75% of respondents said they would participate in a live auction platform in the future, if offered at subsequent annual meetings.

Conclusion: At the recent 2020 AAO Fall Council Meeting an audience poll question was asked regarding changes in state ophthalmic society functions due to the COVID 19 pandemic. Sixty-four percent (64%) of respondents noted their annual meeting was cancelled or delayed. Forty percent (40%) of respondents said advocacy efforts were harmed/declined as a result of the pandemic. Thirty-two percent (32%) of respondents said that financial contributions to their PAC funds were negatively impacted. The global pandemic has changed the communication strategy of state ophthalmic societies and as a result leadership has had to find innovative ways to continue to build funding that can help ophthalmic advocacy efforts. Attendance for the KAEPS 2020 annual meeting was only 30% of normal yet PAC contribution dollars equaled the average dollars generated at previous meetings (2014-2019). Attendee attitudes were positive regarding the safety and efficacy of the online auction platform and many responded hoping this would be offered at future meetings. Kentucky has shown that a completely online venue (auction format) for raising PAC dollars is an adequate, and possibly superior, venue for continuing "business as usual."

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Gennifer J. Greebel, MD
New York State Ophthalmological Society
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Inspiring Professional Aspirations in Adolescents with Low Vision*

Purpose: To help adolescents, with isolated low vision, understand the variety of professional opportunities they have and inspire them to work toward their goals.

Methods: Select a pilot group of 5-10 adolescents with isolated low vision, ages 15-18, who are interested in meeting and working with mentors, with low vision who have obtained professional happiness. Additionally, we could bring in speakers who help teach people how to interview, speak publicly, and provide other types of professional development.

The pilot would start with one meeting, with plans for a second possible meeting. If these are successful, the students could meet monthly, at a location to be determined during the school year.

One or two speakers would present at each monthly meeting. If funds can be raised, pizza or some other food would be provided. The speakers would give a 15-30 minute presentation and try to make it as interactive as possible. Then there would be time for a question/answer session. If appropriate for the speaker topic, exercises could also be included (public speaking). The speakers have the option to provide an email address if a student would like to follow up with the speaker. An adult would also chaperone the talks. The talks could be recorded for others to use in the future. Others may want to skype into future meetings if this is successful.

Results: Unfortunately due to COVID-19, I was unable to launch the program.

Conclusion: To Be Determined after program launches.

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Mark A. Greiner, MD
Eye Bank Association of America
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Revisiting Eye Banking Medical Standards To Accommodate Emerging Technologies*

Purpose: Technological advancements now permit the creation of corneal graft products that are engineered in laboratories but derived from donor tissues. Currently, Eye Bank Association of America (EBAA) medical standards do not address cornea transplant grafts produced using cell culture or other laboratory-based methods that are derived from donor corneas. The purpose of this project is to create a pathway for adopting new medical standards to accommodate future technologies that utilize donated anatomical gifts.

Methods: Interviews were conducted with key principals to determine the existing pathways for executing changes to EBAA medical standards. Key issues were identified that are unique to the integration of emerging technologies utilizing donated anatomical gifts, including: considerations regarding the Uniform Anatomical Gift Act; impact on donor families regarding informed consent; proprietary interests of technology producers; market forces and competition; impact to member eye banks that may or may not produce cell-based technology derived from donor tissue; and accreditation of member eye banks that produce cell-based graft products.

Results: Because donor derived corneal transplant graft products do not yet exist commercially, it was determined that existing structures within EBAA to address issues regarding medical standards would be insufficient. A subcommittee of the EBAA's Research Committee was created to focus on accommodating future technologies that utilize donated anatomical gifts. Subcommittee member roles were identified and consist of stakeholders in eye banking, including: physicians; researchers that produce the relevant technology; eye bankers; and members from both the Medical Advisory Board and EBAA Board of Directors. The subcommittee's charge is to examine laboratory derived *ex vivo* culture-expanded corneal endothelial cell graft products as a test case, and create a white paper summarizing the relevant perspectives and issues that would permit EBAA to outline its position regarding this technology.

Conclusion: Although the subcommittee's work is incomplete, the infrastructure has been created to adopt a forward-facing and proactive stance within EBAA regarding emerging technologies that utilize donor anatomical gifts. A continued effort is needed to develop and maintain the ophthalmologist's and public's awareness of the importance of ocular tissue donation at the center of scientific advancements in cornea transplantation.

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Jennifer F. Jordan, MD
North Carolina Society of Eye Physicians and Surgeons
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Advocacy Exposure for North Carolina Ophthalmologists in Training*

Purpose: To provide individual exposure to advocacy for each ophthalmologist-in-training in North Carolina. Residents in North Carolina have completed the online resident advocacy course through ONE Network, and now it is important for them to take the first step in meeting with their legislators. NCSEPS can develop a program for consistent resident advocacy involvement and exposure to legislators.

Methods: The regional liaison for the Academy's Secretariat for State Affairs challenged residents in Georgia, North Carolina, and South Carolina to complete ONE Network's online advocacy course by the end of 2019. This laid the groundwork for educating residents on advocacy issues. There are three residency training programs in North Carolina, and residents from all 3 programs meet once a year at the Tri-Residency Glaucoma Conference. In February 2020, NCSEPS leadership, including the current president, immediate past president, and Young Ophthalmologist liaison, gave a presentation at this meeting to take advantage of having all the residents together. The presentation served to introduce the leadership of NCSEPS, familiarize the residents with the mission of NCSEPS, introduce them to state societies in general, and highlight some of the advocacy initiatives of the society. The 2019 Advocacy Ambassadors were formally recognized, as were the residents who completed the online advocacy course. As part of ongoing contact with the residents, NCSEPS encouraged each residency program to have residents submit posters for the 2020 NCSEPS virtual annual meeting. Residents across the state have been invited to participate in a virtual meeting with the state House Majority Leader and a Senate Health Committee member, as well as arranging virtual meetings with their local legislator if interested.

Results: Over 90% of the 2019-2020 residents in North Carolina completed the ONE Network's online resident advocacy course prior to the launch of this current initiative, making most residents familiar with the advocacy concept. At the state society level, over 90% of the North Carolina residents participated in a presentation from NCSEPS leadership focused on NCSEPS activities and the role of residents. At the NCSEPS Virtual Annual Meeting in September 2020, 16 residents and medical students representing all 3 programs presented posters. Individual in-person meetings with legislators are not possible currently, but each resident has the opportunity to attend a virtual legislator meeting in October 2020.

Conclusion: Through the use of an existing forum in the spring of each year, the majority of NC residents can now be welcomed and updated by NCSEPS leadership to introduce them to state society activities. Events such as the poster presentation at the NCSEPS Annual Meeting with discounted attendance fees have resulted in increased resident meeting attendance over the last 2 years, and continuing to encourage resident participation at the Annual Meeting is a priority. As in-person meetings become possible, the ultimate goal is to connect each resident with their state legislators for meetings in Raleigh. Finally, promoting the Advocacy Ambassador Program can help to familiarize residents with advocacy on a national level. By utilizing 2 to 3 contacts per year, NCSEPS can continue to promote resident involvement in advocacy at the state and national level.

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Kapil G. Kapoor, MD
Virginia Society of Eye Physicians and Surgeons
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Unwrapping Virginia Bill 506B*

Purpose: In 2019, a modified Bill 506B was passed that allowed an extension of scope to optometrists in the state of Virginia, allowing them to inject steroids into chalazion and stye. The purpose of this investigation was to add clarity to how commonly this procedure was utilized prior to this bill being passed, with a comparative assessment after bill passing to evaluate utilization parameters subsequently.

Methods: Official datasets from the Centers for Medicare & Medicaid Services (CMS) were analyzed to assess for code utilization of injection into chalazion or stye. A 5-year lookback from 2012-2016 was done reviewing all CMS utilization of codes 11900 (single or multiple lesions less than 7) and 11901 (multiple lesions greater than 7).

Results: There were zero recorded cases (billed to CMS) in the state of Virginia by ophthalmologists doing an intralesional steroid injection on a skin-based lesion for the 5-year period reviewed. Results for the period following approval of the new bill to compare optometric utilization of the new code will likely be available in early 2021.

Conclusion: These findings suggest that intralesional steroid injection on skin-based lesions in the periocular region including chalazion or stye are rarely utilized by ophthalmologists. This study suggests there is no measurable impact to patient care on scope expansion of such a rarely utilized code. The large effort taken to pass this legislation may not have merited. Given the stark absence of this code's utilization, further expansion of scope cases for eye care should consider utilization data as an important metric prior to being given serious consideration in the future.

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Erin Lichtenstein, MD
Maine Society of Eye Physicians and Surgeons
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Bringing Ophthalmology Residents to Maine*

Purpose: Maine has no academic eye program. There are a few residents from Massachusetts Eye and Ear Infirmary that rotate through the Togus Veterans Affairs Medical Center, but otherwise there are no ophthalmology residents working and learning in Maine. This is a big missed opportunity as there is a lot of pathology, trauma and untreated blindness from cataracts that ophthalmology residents could help with and learn from. This is a long-term project and a learn term goal for the state of Maine

Methods: 1) Become familiar with the ways to build an academic program by discussing the possibility of a new ophthalmology residency program with representative from the ACGME. 2) Investigate possible sources of funding for such a program. 3) Investigate interest from my hospital GME office, as well as Maine attending ophthalmologists, to build and guide such a program into being.

Results: 1) I had a long discussion with Dr. Kathleen Quinn-Leering, the executive director for ophthalmology residency accreditation at the ACGME. She outlined the steps of completing such an application, which would take a year to complete at a minimum. She was very supportive and felt an application for such a program would have a large chance of being accepted due to the need for more rural residency programs in ophthalmology.
2) I read about rural residency grant funding and how to best apply for that funding. Also, I spoke to Senator Susan Collins, who seemed very supportive and excited about the idea of training residents in Maine in order to retain more ophthalmologists to care for Maine's large elderly population. I asked her staff to help guide me to potential grants I could apply for to help fund such a program.
3) As the current president of Maine Society of Eye Physicians and Surgeons, I was able to talk about the project to many ophthalmologists across the state. Many agreed that a residency program would be a wonderful development for our state, especially due to the patchy call coverage across the state, in both urban and rural areas. There are ophthalmologists of various subspecialties who are interested in teaching ophthalmology residents.
4) At our spring MSEPS meeting, which was held virtually over Zoom, I was able to present to the entire membership about my program and asked for insight and assistance in moving this project along.

Conclusion: COVID-19 slowed my project considerably, as it must have affected many others in my LDP class this year. As many private practices were struggling to pay their staff members and navigate how to keep their practices open, it was a difficult sell to get Maine ophthalmologists to work with me on this project this year.

I do think that there will be enthusiasm once our world "normalizes" and gets back to practice life as usual. In the meantime, I have learned a lot about how to make this big goal a reality by working with my GME office and the ACGME to find funding and complete a successful application.

In the meantime, before for such a residency application is completed, I was able to increase the number of medical students from the University of New England rotating through the MaineGeneral Eye Center at my hospital. I feel that this early exposure to ophthalmology will build interest in Maine medical students to join our field.

This project is not over and I suspect many take up to ten years to become fully realized.

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Jennifer L. Lindsey, MD
Association of Veterans Affairs Ophthalmologists
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Illuminating the Path to Advocacy for Veterans Affairs Ophthalmologists*

Purpose: Veterans Affairs (VA) Ophthalmologists, as government employees, are bound by legal and ethical limitations in political advocacy. Lack of clear understanding among VA ophthalmologists regarding these limitations may result in reluctance to advocate. The purpose of this project was to create a resource to clarify appropriate and legal advocacy for government employees as well as for communication with, and dissemination of information among, Association of Veterans Affairs Ophthalmologists (AVAO) members. The underlying hypothesis is that clear guidelines for advocacy, effectively disseminated to the AVAO membership, will empower and encourage members to advocate to the fullest legal and professional extent, without ambiguity or fear.

Methods: An anonymous online survey was sent to VA ophthalmologists via email. The survey gathered data about physicians' understanding of the Hatch Act, Code of Federal Regulations (CFR), and internal VA ethics resources. Data regarding physicians' current advocacy activities were also collected. Results of the survey guided the development of two advocacy resources: a comprehensive presentation with details of the Hatch Act, CFR, and Office of General Counsel/VA Ethics guidelines and contact information, and a more condensed overview. These resources were reviewed and approved by the Office of General Counsel Section on Ethics, the VA National Program Director for Ophthalmology and General Counsel for the American Academy of Ophthalmology (AAO). They were disseminated to VA ophthalmologists along with a pre and post quiz to assess learning/understanding. The modules will be added to the members' section of a newly constructed AVAO website as an enduring resource.

Results: There were 116 respondents to the survey. Ophthalmologists as a group reported low involvement in advocacy (average 18, range 0 to 99, on a scale from 0 to 100). Among those who participate, contributions to advocacy groups (53%) and state-level involvement (47%) were the most common activities. The group reported moderate comfort with their knowledge of what political activities are permitted or prohibited for federal employees (average 50, range 0 to 100). Twenty percent of respondents stated that their current advocacy activity is limited by lack of knowledge of what is legal and appropriate. Respondents were more familiar with VA Ethics Standards of Conduct for Employees (87%) than with the Hatch Act (76%) and CFR (18%). Guided by these results, the two informational modules described above were developed and distributed to VA ophthalmologists via email. Average score was 85% (64-91%) on the pre quiz and 97% (94-100%) on the post quiz.

Conclusion: There is a wide range of involvement in advocacy activity as well as level of knowledge of appropriate and legal political activity among VA ophthalmologists. Most ophthalmologists rate their level of advocacy as low and their knowledge as moderate. Informational modules developed to enhance knowledge of appropriate and legal political activity for federal employees appear to be effective. Results of the pre and post quiz indicate that respondents' knowledge improved after reviewing one or both of the modules. Future steps will include further dissemination of the modules, featuring them on a newly redesigned AVAO website and incorporating them into an educational module on the AAO website. A follow up survey will determine whether VA ophthalmologists' level of advocacy activity increases.

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Donald Morris, DO
American Osteopathic College of Ophthalmology
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Single Accreditation of Ophthalmology residencies is here. What is the next step?*

Purpose: The purpose of this project is to help make the transition into single accreditation for Ophthalmology residencies as smooth as possible for DO's, MD's, the Academy, and the American Osteopathic College of Ophthalmology

Methods: Needs assessments were constructed for all of the American Osteopathic College of Ophthalmology's educational conferences to make them dually accredited for both DO and MD CME credits. Descriptions of the American Osteopathic College of Ophthalmology's educational programs have been given to the Academy for publication with listed meetings. A suite was reserved at the Palazzo Hotel in Las Vegas for the 2020 Academy as a place to have receptions for DO and MD residents, as well as a place to meet the leadership of the American Osteopathic College of Ophthalmology and the Academy leadership. Receptions were planned for the American Osteopathic College of Ophthalmology's Annual Clinical Assemblies in San Diego and New Orleans for residents, leadership of the American Osteopathic College of Ophthalmology, and invited Academy leadership.

Results: Dual accreditation of all of the American Osteopathic College of Ophthalmology's educational programs has been achieved. Information for The American Osteopathic College of Ophthalmology's education programs has been given to the Academy. Unfortunately, COVID-19 caused the cancellation of The American Osteopathic College of Ophthalmology's Annual Clinical Assembly in 2020. COVID-19 has also caused both the 2020 Academy and the 2021 American Osteopathic College of Ophthalmology's Annual Clinical Assembly to move to virtual formats. This has made the receptions impossible.

Conclusion: All residencies, whether they were MD or DO programs in the past, are now ACGME programs. The goal of my project was to ease this transition for the DO's and MD's by creating ways to have the residents and the leaderships meet together at receptions at our various programs, as well as making sure that the DO education programs were accessible and worthwhile for MD's that attend. We were successful in making sure our educational programs are dually certified for both DO and MD credits. We were unsuccessful in bringing MD and DO residents and leadership of the Academy and leadership of the American Osteopathic College of Ophthalmology together in social settings, secondary to COVID-19 causing the cancellation and switch to virtual formats of our various educational programs. While being unable to facilitate face to face events, we were still successful in creating bridges for the future by making sure that our programs are welcoming to all Ophthalmologists, whether DO or MD.

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Lisa M. Nijm, MD, JD
Women in Ophthalmology (WIO)
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Implementing a Clinical Trials Training Program to Increase Diversity of Primary Investigators Involved in Ophthalmic Research*

Purpose: To implement a clinical trials training curriculum to provide tailored education to assist women ophthalmologists in becoming involved and conducting successful clinical research

Methods: To clearly define educational gaps and provide meaningful educational content, a written computerized *Clinical Trials Program Survey* was created and distributed to the WIO community. Further, to ensure adequate support and funding for the program, educational grants and sponsorships were applied for and obtained from 5 major ophthalmic companies.

Results: The initial survey was completed by 155 ophthalmologists (103 complete, 52 partial). The top 5 topics (out of 17 possible) that received the highest level of interest were (in rank order): 1) "I am interested in clinical research, where do I start?" 2) "How do I negotiate a budget with the sponsor," 3) "The good, bad and ugly of involvement in clinical research," 4) "Successful trial participation—what does good look like" and 5) "Designing my own study (IIT) vs company sponsored trials." The greatest barriers to incorporating clinical trials into practice were identified as Networking/Access to the sponsors (55%) followed by Time/Knowledge (44%/36%) respectively. Interestingly, while almost 50% of participants had engaged in clinical trials in the past, over 40% had never been a primary investigator. Nearly all (95%) participants indicated a willingness to attend webinars on these topics and 86% expressed the desire to have a physician mentor for clinical research.

The results of the survey were utilized to structure the inaugural educational session, led by Dr. Lisa Nijm, and involved a panel of highly experienced clinical trial ophthalmic researchers along with medical affairs experts from industry. It occurred during the WIO virtual annual meeting on August 23, 2020. There were over 270 attendees for the panel discussion, making it one of the top attended sessions of the entire meeting. To help address the potential barriers to clinical trial implementation identified in the survey, a virtual networking session was added immediately following the panel discussion to afford the participants further opportunities to ask individual questions and network with the panelists.

Additional educational webinars are being planned with physician leaders and medical affairs personnel for the remainder of the year to continue to develop this comprehensive training and mentorship program as a staple of the core benefits offered to WIO members.

Conclusion: By implementing a program to address educational gaps in knowledge of clinical trials, there is great potential to increase the diversity of ophthalmologists involved in clinical research. The high level of respondents to the initial survey as well as great participation in the live session are indicative of the need for such a training program. A collaborative effort to increase knowledge in this area will not only lead to additional leadership opportunities for women ophthalmologists, but also improvement in clinical trials research and applicable outcomes.

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Roma P. Patel, MD, MBA
California Academy of Eye Physicians & Surgeons (CAEPS)
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Increasing Membership Value to our CAEPS Members*

Purpose: CAEPS suffers from poor participation rates from California ophthalmologists. There is little knowledge amongst our constituents about the need for our organization as well as the perceived value. The purpose of the project was to find an opportunity to add value to our members while respecting our financial constraints.

Methods: First, analysis of our current membership was performed to determine practice type. CAEPS had very low participation from employed ophthalmologists. A high proportion of California ophthalmologists work for Kaiser and other employed models of care. Specific membership recruitment for Kaiser physicians was performed, but will not be discussed as part of this project.

Individual interviews with CAEPS members and non-members were discussed to determine what types of things would bring members greater value. End goal was to have higher renewal rates and new membership gains. It was determined that CAEPS political and financial victories did not appeal to many of the employed physicians. They were looking for other "freebies". Many were interested in meetings, social hours, or discounts. Secondly, during the COVID period, many were looking for CME hours.

My focus for the remaining part of the year was to research and provide CME options to our members. CAEPS has typically been invited to WAEPS CME offerings, but has never provided any of its own.

I partnered with MedicusCME to determine a suitable topic and delivery platform. MedicusCME offers complimentary ACCME-accredited virtual learning sessions in various topics. Secondly, we pursued learning arrangements with the California residency programs to determine if we could provider access to Grand Rounds and offer our members free CME.

Results: CAEPS members were invited to a free CME webinar on August 27, 2020 entitled "New Generation MIGS". The speakers were Dr. Ike Ahmed and Dr. Arsham Sheybani. We had approximately 40 attendees who earned 1.5 CME credits each. Discussion was initiated on having this be part of an annual meeting for our group.

Multiple universities were approached to provider CME to CAEPS members who watched their Grand Rounds virtually. UC Davis was persuaded to provide access to their Grand Rounds for 2021. The sessions will be accessible via Zoom to all CAEPS members as well as grant CME credits via the EEDs system. This will be provided at no cost to our organization.

Conclusion: Member perception of organization value will vary from state to state. Once determined, value adding activities can be accomplished even with no to low cost options. As CAEPS becomes known for its CME offerings, we hope that this will continue to grow and eventually lend itself into more opportunities to engage with our members on a regular basis.

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Jelena Potic, MD, PhD
European Society of Ophthalmology (SOE)
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Harmonization of Surgical Skills Standards for Young Ophthalmologists across Europe*

Purpose: With 44 member countries being part of the European Society of Ophthalmology (SOE), and 27 countries members of the European Union (EU), the disparity in education systems across the whole continent is vast. From primary education to higher education, every country has its own specificity. This diversity comes to the surface much more in domains such as medicine. In ophthalmology, there is a big difference in training from the West to the East. Whilst in some western countries residency training can last up to 7 years, in some eastern countries the residency training is only 3 years. Countries that are members of EU have more harmonious training programs, with residency lasting 4 years on average. The most pronounced difference in ophthalmology training between countries across Europe, but also across the EU is in surgical training. In the majority of European countries, residency training does not include the surgical training. There are some countries that are exemptions, like United Kingdom, France or Spain. Taking into account this huge diversity, and in order to assure the best patient care, the aim of this project is to raise the awareness across Europe about the importance to harmonize the residency training, with the special accent on surgical training of young ophthalmologists (YO). The project, which is life-long mission, will start in Serbia, a non-EU country, where ophthalmology training lasts 4 years without any surgical training involved.

Methods: An ongoing campaign was implemented which addresses different problems in ophthalmic education and the disparity across Europe. Inside the SOE Committee, there were two surveys performed through YOs across Europe to define the presence of the diversity and its characteristics. The steering committee of SOE YO was founded, with the aim to promote and advocate the importance of the harmonization of surgical training. In Serbia, webinars, virtual meetings, and a small survey were organized where YOs were presenting the problems in education and the importance of surgical training during residency. (In person events were not possible due to the COVID-19 pandemic.) Different learning techniques (dry lab, wet lab, hands-on simulation systems, on patient) have been introduced. Personal meetings with authorities have also been organized.

Results: The COVID-19 pandemic has made tectonic changes in the method of education. Many countries haven't been prepared to face this problem. A similar situation was found in ophthalmology education in Serbia. Due to the epidemiological situation, the majority of training was moved to online, numbers of residents present in the hospital was decreased, and many of them even had to stop their training and work in COVID hospitals. After the survey and online talks to residents at the University Eye Hospital in Belgrade, Serbia, the obvious fact was that the quality of their training has dropped in the past six months. Their motivation to learn and to engage themselves continues to be strong.

A meeting with the President of the Serbian ophthalmic society was organized. Agreement and support for the concept of harmonizing surgical training were achieved. Currently, the problem in assuring the surgical training is also the great number of residents and uneven distribution of trained doctors across the country. Financial support for surgical training also poses a problem. With the large number of current YOs, a well-structured program with involvement of all available learning techniques, such as dry labs and wet labs, is needed. There are differing opinions about the role of hands-on simulation systems in the learning process. Due to the pandemic worldwide and in Serbia, which is not a rich country, a big part of financing has been reserved for the treatment of COVID-19 patients.

Jelena Potic, MD, PhD
Harmonization of Surgical Skills Standards for Young Ophthalmologists across Europe

Conclusion: After the good start, with raising consciousness in the local societies, and in SOE YO with the committee, performing surveys with YOs and advocating the importance of the surgical training harmonization in front of local authorities in Serbia, there was a slowing down due to COVID-19. Several additional steps have been defined: to decrease the number of residents according to the number of inhabitants, to have equal distribution of ophthalmologists across the country and to assure good healthcare to patients in every part of the country, to give equal opportunity to all residents to have surgical training, so that more procedures in ophthalmology can be performed locally. Safe and good quality surgical training can be obtained by combining dry lab, wet lab, hands-on simulation systems, and then the first steps on a patient, with a key-role of a good supervisor. The plan is to continue to advocate for harmonization of surgical skills standards in front of health-care representatives in politics on the local and country level and, with the normalization of COVID situation, in collaboration with the Ministry of Health, Ministry of Education and Serbian Medical Chamber, with the ultimate goal of implementing basic surgical training in the regular residency program that will be available and obligatory for all ophthalmology residents.

AMERICAN ACADEMY OF OPHTHALMOLOGY®

Pradeep Y. Ramulu, MD, PhD
American Glaucoma Society
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Maximizing speaker diversity and speaker quality at the American Glaucoma Society annual meeting.*

Purpose: The American Glaucoma Society has a primary purpose of promoting excellence in the care of glaucoma patients by supporting glaucoma specialists and scientists through the advancement of education. Additionally, the AGS believes that, in order to best serve its membership and their patients, that educational content should be delivered by a diverse set of annual meeting speakers that reflect the composition of the AGS membership, as well as the patients being served by AGS members. Here, we examine trends in diversity in AGS annual meeting honorees, program committee members, and speakers/moderators.

Methods: Invited presenters/moderators, honored awardees/lecturers, and program committee members were evaluated over the last 11 annual meeting programs (2010-2020). Trends over this period in the gender and racial composition were evaluated. Membership surveys were used to assess membership composition.

Results: In 2010, 30% of AGS members were female, with this percentage rising to 37% in 2015 and 41% in 2020. Race/ethnicity information were not available. Amongst honored awardees/lecturers over the 11-year period, 77% were white males, while 15% were female, 2.4% were African American, and 10% were Asian. The odds of an awardee/awardee being female and/or non-White increased over the study period (15% higher odds / year, p=0.03). Over the full study period, 37% of program committee members were female, 1% were African American, and 32% were Asian. For the full study period, 40% of the committee member-years were filled by non-Hispanic White males. The odds of a committee member being female was unchanged over the study period (p=0.53), though the odds of a committee member being other than a non-Hispanic White male increased over the study period (18% higher odds per year, p=0.01). Finally, 26% of program speakers/moderators were female over the study period, with a nadir of 19.5% in 2012, and a high of 37.7% in 2019; the odds of a speaker being female increasing 8% per year (p<0.001). Over the full study period, 3% of speakers were African-American, 3% were Hispanic, and 26% were Asian. The lowest percentage of speakers who were other than non-Hispanic White males was 36.4% in 2012, while the highest percentage was 61% in 2019. The odds of a speaker being other than a non-Hispanic White male increased 10% annually over the study period (p<0.001).

Conclusion: AGS program committee members and program speakers/moderators became increasingly diverse over the prior decade, though the majority of honored awardees/lecturers remained non-Hispanic White males. African American and Hispanic representation in the annual program were particularly low over the study period, especially given the higher prevalence of glaucoma in these populations.

AMERICAN ACADEMY OF OPHTHALMOLOGY®

Jessica D. Randolph, MD
American Society of Retina Specialists
Leadership Development Program XXII, Class of 2020

Project Abstract

Title of Project: *Modernized Women in Retina Subspecialty Day Mentoring Program*

Purpose: The mission of the Women in Retina (WinR) section of the American Society of Retina Specialists (ASRS) is to focus on mentorship with the goal of amplifying female voices in research, at the podium, and leadership positions. The WinR mentorship program was established in 2007 to promote these goals with specific events throughout the year. A one-on-one mentoring day at the American Academy of Ophthalmology Retina Subspecialty day has been the keystone event for personalized mentoring. Although successful, this program has not faced significant updates since its inception. This year, the pandemic and virtual meeting have created a definitive need for change in the structure of this event. By revitalizing this program for the virtual times we live in, a longer and deeper relationship can be forged by the mentor-mentee pairs, and benefits for both sides are increased.

Methods: The prior mentorship program matched a fellow or young ASRS WinR member with an established WinR member. The pairs met at a breakfast event the morning of subspecialty day, and then spent the day together. Mentors acted as liaisons for the mentees, immersing the mentee in their experience of the meeting for the entire day. There were no exact guidelines for interaction, and no long term follow up. In the post program survey, about half of participants made comments that harken back to creating a longer and more profound relationship. Some of the comments included suggestions to increase face to face time including other meetup times at the meeting, and after the meeting has concluded. This update will address those concerns and also reinvent the mentoring program to align with the virtual meeting concept.

The 2020 iteration of the mentorship program will still include a keynote event for all participants, and also include a commitment to a quarterly one-on-one chat. Initially, a webinar panel of women leaders that addresses common questions and issues that come up for residents, fellows, and early career physicians. After, the mentor/mentee matches will be assigned breakout rooms to meet up and discuss the webinar, and to have their first encounter together. These pairs will be assigned prior to this initial meeting, based on a needs assessment each will fill out and submit to the program chairs. This way the matches will hopefully share goals. After that initial meeting, quarterly emails will go out to all participants both as a reminder to connect, and also with a topic of discussion. When mentor pairs are created artificially it can sometimes be difficult to connect on a personal level. Conversations can be awkward, and having a trusting relationship is important when discussing potentially sensitive topics. By providing discussion topics, the conversation can be facilitated to some of the most common sticking points female retina specialists face. These topics will include transitioning roles (finding a job, contract negotiation, partnership negotiation, promotion and tenure, and how to leave a poor fitting practice), leadership skills and combating sexism (how to be assertive without being seen as aggressive, how to take on leadership roles and research), how to handle complications/poor outcomes, and work-life balance (women are typically the domestic leaders at home, how to balance that with work, children, spousal support, finances). The pairs can review the topic prior to their call or video chat session, and pick some of the points to discuss live with each other. This way discussion is facilitated between the pair, and the relationship can progress. Hopefully by the AAO 2021 meeting, in person events will have resumed and the mentorship breakfast can take place again. The 2020 pairs can then meet in person and spend real time face to face at the same time the 2021 pairs are meeting and their mentoring journey beginning. After the year commitment, both participants will be given an exit survey in order to refine future iterations of the program. The intent is for this to be a durable change over time, with continued improvements in the future.

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Maria A. Reinoso, MD
Louisiana Academy of Eye Physicians and Surgeons
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Get to know your eye care team*

Purpose: To evaluate knowledge of medical students, house officers and faculty of the LSU School of Medicine, regarding differences between ophthalmologists and optometrists. To educate patients and healthcare providers on the difference in training, certification process and requirements to renew license between eye healthcare professionals.

Methods:
1. An informational Website was created including three columns of information regarding differences in training, certification process and requirements to renew license between ophthalmologists, optometrists and opticians at it pertains to Louisiana. The website also has a Frequently Asked Questions section describing in detail who patients should see. Website: http://eyeteamla.com
2. The website will be optimized for search engines and promoted through social media "remarketing". Google analytics will be used to monitor the number of hits (webvisitor tracking) for the website.
3. A survey was sent to medical students, interns, residents, fellows and faculty asking about differences between ophthalmologist and optometrists, including which one has a medical degree and if they know what their scope of practice is in Louisiana. They will be asked to visit the website and respond to the same questions after visiting website. Questions also include if they feel this website was informative for them and informative to general public. IRB approval was obtained, and survey sent to 2,269 participants:
    - Medical students: 802
    - House officers: 967
    - Faculty: 500

Results: Plan to investigate how many hits the website has in a month to evaluate if information is reaching the interested parties. Plan to evaluate data obtained from survey.

Conclusion: Due to COVID-19 pandemic my project took longer than intended. Conclusions are pending, I will continue to process data and update my project.

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Joseph P. Sheehan, MD, MS
Montana Academy of Ophthalmology
Leadership Development Program XXII, Class of 2020

Project Abstract

Title of Project: *Outreach and Eye Health Education for Crow Reservation in Montana*

Purpose: To assess the need for outreach and eye health education for individuals living on the Crow Indian Reservation and outlying areas.

Methods: This past year the Montana Academy of Ophthalmology chose to strengthen community outreach and eye health education within specific communities around Montana and the Crow Indian Reservation was identified as one of those communities. Eye care providers working with the Indian Health Service Crow Unit were contacted to assess need. Locations of such outreach programs were discussed as well as specific local organizations with whom to collaborate.

Results: The response was overwhelmingly positive! There are several local organizations willing to collaborate on future outreach and educational programs. Unfortunately, due to the circumstances brought about by the global pandemic, progress on developing an outreach program on the Crow Reservation was halted temporarily.

Conclusion: Due to the positive response received, future outreach is planned to improve eye health awareness. The next steps will involve further engagement with the goal of increasing understanding and respect between providers and community members. The final step will be to implement educational materials and programming for community members who can then use the Crow cultural perspective to educate and improve awareness regarding eye disease prevention.

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Steven M. Shields, MD
Missouri Society of Eye Physicians and Surgeons (MoSEPS)
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Advocacy Workshop Focusing on Scope of Practice Issues*

Purpose: To prepare materials for MoSEPS advocacy workshop

Methods: Prior to the start of the Missouri Legislative Session, MoSEPS lobbyists will hold an advocacy workshop on how to effectively communicate and work with state legislators. This will include strategies for addressing issues related to scope of practice, especially anterior segment laser surgery.

Results: Three issues will be addressed:
1. Patient safety - Use AAO materials as a basis to explain the differences in training between ophthalmologists and optometrists emphasizing how ophthalmologists are specifically trained in surgical treatments through 4+ years of postgraduate training performing surgeries under supervision and learning indications, technique and management of complications. This competence is not provided by optometry schools or weekend courses.
2. Access to care - Maps showing drive times to an ophthalmology point of service and drive times to a surgeon performing LPI, SLT/ALT and YAG capsulotomies for the Missouri population have been generated using US Census data and Medicare data supplemented by the AAO membership file in Missouri and the eight surrounding states. A bivariate chloropeth map was also made to demonstrate that 94.2% of Missouri's population is as close or closer to an ophthalmic point of service than to a Walmart.
3. Cost savings - The elimination of a preop visit after referral to an ophthalmic surgeon may not save money as the surgeon can best assess the need for surgery, discuss the alternatives and how possible complications are handled. Any initial cost savings to the patient may be outweighed by the costs of an unnecessary or repeated procedure. At least one study showed that significantly more repeated procedures were required when the initial procedure was performed by an optometrist.

Conclusion: Preparing the information to allow MoSEPS members and lobbyists to effectively communicate with state legislators should facilitate their advocacy.

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Nathan R. Welch, MD
Idaho Society of Ophthalmology
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Revitalizing the Idaho Society of Ophthalmology (ISO): Improving the ISO in terms of involvement and communication within the organization using the momentum gained through our current scope of practice battle*

Purpose: To capitalize on the increased activity of members and potential members of the ISO that that resulted from a scope of practice battle to: 1) increase membership, 2) increase organizational activity, 3) increase political advocacy for ophthalmology among members.

Methods: 1) Invitations to join the ISO were sent via email and via telephone to ophthalmologists that had not previously been members, who had allowed memberships to lapse, or had recently moved to the state and showed interest in participating during the scope of practice battle. 2) Given the very distinct regional divisions in the state of Idaho that make in person gathering and communicating difficult, an effort was made to divide the membership into regional groups and ask an ISO member from each region to be an ISO committee member with the goal of increasing the voice of the ISO members from each region at the state level. There was also a goal to reinstitute an ISO "annual" meeting. 3) An effort was made to ask members to participate in the Idaho Ophthalmic Political Action Committee (IOPAC). Previously there had been minimal participation in this committee both in terms of volunteerism and financial contribution. In order to increase participation, requests were made to each member to participate financially and an invitation was sent to participate on a committee that would help distribute PAC funds received.

Results: 1) With the efforts to reach out to former and potential new ISO members, membership rose from 50 members in 2019 to 65 members in 2020, an increase of 30%. 2) The results of the effort to increase participation of the ISO members has been demonstrated by a significant increase in the number of people willing to respond to volunteer requests. So far all those members asked to be a regional representative have agreed to participate. We have also received volunteers to be on two different committees. The COVID-19 pandemic made having in person meetings problematic and made our plans for an in person "annual" ISO meeting infeasible. However, plans are being made to create an online annual meeting format that may prove to serve our members better, as they are spread across diverse regions. 3) In 2018 we had only 3 donors to the IOPAC for a total of $1200. In 2019 we had 1 donor and a total of $500. With the efforts we made to increase political advocacy, in 2020 we had 14 donors and a total of $17,350 in donations. According to the records available, the ISO had not contributed to any legislative candidates in at least the past 5 years. Using the money donated this year and some funds accumulated from previous years we were able make 45 individual donations (15 for the primary election and 30 for the general election) totaling $22,500. As an organization we also were able to donate $5000 to the Safe Surgery Arkansas referendum efforts. Members also were encouraged to contribute to the Surgical Scope Fund and OphthPAC. We also had members volunteer to be on a committee to oversee the distribution of the above-mentioned funds.

Conclusion: Using the momentum that occurs when a state has a scope of practice battle can be an effective way to improve participation in a state society. This year has also demonstrated that with only a little effort from a few members, membership can be increased, participation can be improved, and political advocacy can be ramped up exponentially. We found that many members were willing to serve but were waiting for an invitation. Our society still has many areas that need to be improved and many of the efforts outlined above need to be pushed forward. The challenge moving forward will be to continue the positive, result inducing efforts to keep our state society revitalized.

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Sarah R. Wellik MD
Florida Society of Ophthalmology
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *FOR COVID Survey (Florida Ophthalmology Response to COVID Survey)*

Purpose: To assess how Florida Ophthalmology practices have adjusted to the challenges of practicing during the COVID-19 Pandemic of 2020

Methods: A 19 question survey was generated to help assess the status of ophthalmology practices in the state of Florida specifically as it relates to changes in practice patterns and patient care in response to the COVID pandemic. The survey was presented in 4 sections: (1) demographics of the respondent, (2) changes in patient volume and practice revenue during COVID, (3) use of telehealth in ophthalmology, and (4) how the state society can help with pandemic related practice issues. The survey was sent out with a SurveyMonkey® link to members in our weekly COVID resources eblast.

Results: We received 42 responses from unique IP addresses for a 12% response rate. Responses came from 32 different practice zip codes across the state and covered all major areas of the state (including northern Florida and the Panhandle). The majority of respondents were from group practices (62%) and were male (88%). Age of respondents was approximately evenly split (12% 36-45 years old, 20% 46-55 years old, 39% 56-65 years old, and 27% over 65 years old).

In terms of how practices have been affected by COVID, the majority of group practices are currently running at 70-100 % of pre-COVD volume (58%), while of those working for a hospital/ health system or academic practice, 65% reported a $20K to over 40K reduction in wages and benefits. As many as 10% of practitioners expected to close practices completely or retire early due to COVID.

When we examined patient care during COVID, 61% of Florida ophthalmologists thought that a large number of patients did not want to come into the office because of COVID related concerns. Strikingly, 88% of Florida ophthalmologists thought that patients would lose vision due to delays in care during COVID. When we asked about telehealth, 33% of providers were using telehealth, however most providers felt that telehealth would only be helpful to 10% or less of patients. Not surprisingly, the largest barrier to telehealth was that patients do not know how to use technology for telehealth. Oculoplastics, followed by comprehensive and then pediatrics were felt to be the subspecialties most amenable to telehealth visits.

We wanted to know how the Florida State society could be most helpful to its members during this COVID time and most members felt that advocacy on the state level for more COVID relief funds to physicians was the most important resource provided by the society. Likewise, the biggest issue practitioners feel is facing the future of ophthalmology is Medicare reimbursement. Finally, almost a third of Florida ophthalmologists responding to the survey did not anticipate a return to “normal” until January 2022.

Conclusion: The purpose of the FOR COVID survey was to gauge the effects of the COVID-19 pandemic on ophthalmology care in Florida. The responses represented a range of geographical areas, age groups of providers, and practice types. Most striking from the survey results are anticipated barriers to eye care delivery during the pandemic which range from practices not able to function at full capacity and unwillingness of patients to come in for care. In addition, there are some clear obstacles for implementing telehealth services in ophthalmologic care. We should not underestimate the utility of our state societies in helping our specialty be nimble and adapt to patient care during the pandemic.

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Edward J. Wladis, MD
American Society of Ophthalmic Plastic and Reconstructive Surgery
Leadership Development Program XXII, Class of 2020
Project Abstract

Title of Project: *Development of a Platform for Collaborative Clinical Research*

Purpose: Clinicians often care for patients who suffer from ailments for which we do not have defined clinical guidelines. As such, for many conditions, the medical literature relies on case reports or small case series, limiting the ability of physicians to adequately advise and care for patients; pooled data and collaboration might facilitate outcomes analyses to optimally guide patient care. This project was developed to create a mechanism by which physicians may partner to perform clinical research in an epidemiologically rich manner, with the intent of producing adequate datasets to perform statistical analyses and guide clinical decision-making.

Methods: Space was dedicated discussion section of the Eyewiki pages of the American Academy of Ophthalmology's website to facilitate collaboration, in the hopes that clinicians will collaborate on topics of interest. In order to ensure adequate awareness of this resource, specific instructions were emailed to subspecialty society presidents and directors to disseminate to their memberships. Similar information was released via the Academy Express newsletter.

Results: The research infrastructure has been developed to facilitate collaboration. Clinicians and investigators were informed of the opportunity to work jointly to pool data. This technology will go live immediately, in the hopes that ophthalmologists will access and initiate use of this mechanism to perform collaborative research.

Conclusions: A meaningful platform for collaborative investigation has been developed. The technology is highly accessible and will be very well publicized to the ophthalmic and subspecialty communities. Ideally, this opportunity will provide unique vantage points to pool clinical data to guide clinicians in their attempts to care for patients with less common disorders, identify optimal treatment strategies, and explore clinically meaningful metrics. The next steps will involve harvesting data regarding utilization and identifying whether this modality ultimately results in peer-reviewed manuscripts to guide optimal clinical practices.