



**Thomas M. Aaberg Jr., MD**  
**Retina Society**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Community Ophthalmology Call Systems*

**Purpose:** To unify community ophthalmologists into a collective hospital call system; thereby, creating a “community” call as compared to individual “hospital” call coverage.

**Methods:** A system model was created. All surgically active ophthalmologists (32), and the three hospital systems were approached via mail, email, and telephone. The model was discussed, issues were addressed, and modifications were made to meet any concerns.

**Results:** Of the 32 ophthalmologists, 30 (94%) agreed to proceed with the “community” call system. Of the 3 hospital systems, 2 (66%) agreed to proceed with the “community” call system. One hospital system (Saint Mary’s Hospital) did not agree to proceed, feeling that the call situation that currently existed for their facility was working, and any emergency ophthalmology coverage issues that faced other hospital systems were a result of those institutions policies. As Saint Mary’s Hospital has 14 ophthalmologists on staff, the result of that hospital lack of support ended any possibility of a community call system.

**Conclusion:** There is a growing problem with emergency ophthalmology call coverage in many communities across the country. It was my premise to redirect the focus of emergency ophthalmology call coverage from the institution (i.e. individual hospitals) to the community. The vast majority of ophthalmologists embraced this concept; however, all hospital systems did not. The principle reason appears to be a combination of market forces, and competitive animosity.



**Ari D. Abel, MD**  
**Delaware Academy of Ophthalmology**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:**            *Securing Surgical Privileges in the Private Practice Setting*

**Introduction:** Securing surgical privileges in the private practice setting can be a difficult task to tackle when specifically dealing with surgical procedures that cross specialty lines. I am focusing on oculoplastic-specific procedures for both oculoplastics specialists and general ophthalmologists. A wide array of specialties perform numerous eye-plastic procedures which specifically include: plastic surgeons, dermatologists, and otorhinolaryngologists. It has come to my attention that in states such as Arizona for example that oculoplastic surgeons have been denied privileges for "eye-specific" surgeries such as blepharoplasties. Once this occurs in one state then a precedent can be set for other states and this directly affects any ophthalmologist who performs blepharoplasties, which is a 'bread and butter' procedure for us.

On a different note, many oculoplastic surgeons who have specifically been trained to perform facial plastic procedures are routinely denied these privileges despite the fact that they have been credentialed to perform these surgeries at hospitals during their fellowships. These denials are routinely handed down by plastic surgeons who control the surgical review board and view us only as "eye" doctors despite being provided with explicit documentation citing experience for procedures such as 'endoscopic brow lifts' and 'facelifts'.

Having fought these battles myself with little support from my colleagues in other surgical specialties I feel that I can share my experiences and provide helpful insight for those who are either fighting or will be fighting these 'turf battles'.

**Purpose:** The goal of my project is to provide a helpful algorithm for those who are interested in attaining new privileges and for those who will need to shore up a line of defense to protect these 'well-deserved' surgical privileges.

**Method/Results:** I will provide a method of appropriate documentation to shore up a solid footing when one is challenged with regards to his/her merit in surgical performance. I will also share my experience with regards to soliciting help from our colleagues in other surgical specialties who can be very helpful in supporting our right to attain these privileges.



**Arezo Amirikia, MD**  
**Michigan Society of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Blindness Prevention and Services Month in Michigan.*

**Introduction:** There are approximately 10 million blind and visually impaired people over the age of 40 in the United States of America, with the leading causes of blindness being age-related macular degeneration, glaucoma, diabetic retinopathy, and cataracts. In many instances visual loss could be prevented with routine medical eye examination and treatment. It is the mission of the Michigan Society of Eye Physicians and Surgeons (MSEPS) to encourage and promote high quality eye care for Michigan residents. In individuals with irreversible visual loss there are several organizations in Michigan that can provide training and services including the Michigan Commission for the Blind, Leader Dogs for the Blind, and the Detroit Institute of Ophthalmology.

**Purpose:** The MSEPS in collaboration with the Michigan Commission for the Blind, Leader Dogs for the Blind, and the Detroit Institute of Ophthalmology seek to increase awareness within the state of Michigan that blindness may be preventable with routine medical eye examination. Moreover, blind and visually impaired individuals can lead independent and productive lives with the training and services available.

**Methods:** A Governor's Proclamation declaring April 2007 as Blindness Prevention and Services Month was obtained. A public service announcement promoting this month was recorded and distributed. MSEPS promoted the program to its membership through monthly newsletters and the weekly HTML broadcasts.

**Results:** Local and national radio stations and newspapers picked up the public service announcements and press releases. We hope to see this project grow with wider penetration and increased media coverage and ultimately an increase in demand for services from the above organizations.

**Conclusion:** The goal of this initiative is to increase public awareness in Michigan about preventable causes of blindness and services available for the blind and visually impaired. The ultimate goal is to statistically decrease the number of blind and visually impaired individuals in the state.

**Paul Bryar, MD**  
**American Association of Ophthalmic Pathologists**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Development of Standards for Integration of Automated Visual Field Results into the Electronic Medical Record*

**Purpose:** To develop industry-wide standards for communication between automated visual field devices and the electronic medical record.

**Methods:** 1) Obtain approval from the AAO's Medical Information Technology Committee to form a subcommittee to formulate industry-wide standards for digital output of automated visual field tests. 2) Convene a panel that includes representatives from each of the manufacturers of automated perimetry, representatives from the electronic health record industry, and clinicians/researchers. 3) Define the various tests that are performed and arrive at a consensus as to what data in the results can be standardized. 4) Develop standards in Digital Imaging and Communications in Medicine (DICOM) format.

**Results:** We formed a committee with representatives from all of the major visual field device manufactures, device integration companies, AAO staff and consultants, glaucoma researchers and clinicians. Our next task was to define data obtained during the visual field test that can be standardized across all of the various visual field devices. Our committee has met several times, and we plan to submit our proposed standards at the 2007 AAO Annual Meeting.

**Conclusions:** Prior to this initiative there were dozens of visual field machines and dozens of electronic medical record vendors, each with their own proprietary format. No standards existed for integrating these devices into the electronic medical record, and solutions had to be implemented on a case-by-case basis. Once the standards are agreed upon, our goal is that industry will rapidly adapt them. This will enhance our ability to care for patients and easily view ancillary tests (visual field results) in the electronic health record. Additionally, this will greatly enhance our ability to understand diseases such as glaucoma when the standardized visual field data is integrated with information in the electronic health record.



**AAO \* 07**  
ANNUAL MEETING  
**NEW ORLEANS**  
NOVEMBER 10-13

**Dawn C. Buckingham, MD**  
**Texas Ophthalmological Association**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Scope of Practice Presentation to Legislators*

**Purpose:** To develop an effective tool for physicians who are called to testify before legislative committees on scope of practice issues

**Methods:** A power point presentation was developed to use during a senate committee hearing on a bill advancing Optometry's scope of practice to include surgical procedures of the eye and eyelids.

**Results:** The presentation and testimony were given in front of a Texas Senate committee. There were approximately 6 Ophthalmologists and 300 Optometrists in the senate chamber for the hearing. Prior to the hearing, the members of the committee stated they would advance the bill. After the hearing, the tide changed and the Optometric bill died in committee.

**Conclusion:** The right tools and training are critical if physicians are to preserve safe medical care for our patients. Being called to testify, or even speak with an elected official can be very stressful. However, the proper training decreases the stress and increases the advocacy effectiveness. Hopefully, this presentation can be used by others to aid in their advocacy efforts.



**Brandon G. Busbee, MD**  
**Tennessee Academy of Ophthalmology**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Estimating Workforce Options for Intraocular Injections of Medical Therapy for Eye Diseases*

**Purpose:** This ongoing project will help define the potential workforce need for intraocular injections for both current and potential future therapies for eye diseases. The analysis and peer-reviewed reporting of this outcome will complement the larger understanding of general eye care delivery in the next 30 years.

**Methods:** A survey has been developed and distributed to the Tennessee Academy of Ophthalmology members (n= 175). The survey asks respondents about how their practices are performing these injections, what is the consensus on training needs for injection, and what other clinical constraints are being experienced with the significant shift in recent treatment paradigms. By combining responses with demographic models of the aging population and the numbers of individuals with eyes that would benefit from intraocular injections, we can better understand potential options for delivering such care.

**Result:** We anticipate a 35% total response rate, for a total of 60 responses. Descriptive and multivariate analyses will be conducted to determine those factors most associated with a greater likelihood and use of intraocular injections. Target dates for completion and publication in a peer-reviewed journal are estimated for the first quarter of 2008.

**Conclusion:** Ophthalmologists are facing a novel challenge in the upcoming decades as the general population ages. This will result in the need for increased access for quality eye care. The analysis of Tennessee ophthalmologists' responses for a specific treatment technique may help define strengths and deficiencies in treating eye disease in one state. This may also serve as model for other eye care communities around the country.

**Melissa Cable, MD**  
**Missouri Society of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract #1**

**Title of Project:** *Increasing Attendance at State Society Meeting*

**Purpose:** To implement changes in the annual program to reverse declining attendance attracting more doctors, residents and sponsors.

**Methods:** The annual meeting was moved from a traditionally remote lakeside location with average facilities to rotating location between the state's larger cities, Kansas City and St. Louis. These cities have more attractions (i.e. new baseball stadium and new racetrack), better facilities and also facilitated access to airports allowing us to bring in better quality speakers. Having a meeting in the hometown of the academic programs made it easier for residents to attend.

Efforts were made to include representative from each academic center on the board and meeting roster to encourage participation from academic staff and residents. The meeting was held at a relatively new sports facility, Busch Stadium, generating interest among doctors, their families and sponsors.

Arrangements were made with a board member to present a certifying Crystalens course the day prior to the meeting. Save the date postcards and invitations were sent via email and post. Sponsors were contacted 6-12 months in advance of the meeting to allow for quarterly budgets. A silent auction of donated sports memorabilia was held to raise money for our PAC.

**Result:** The meeting was attended by a record number of participants. Sponsorships also reached record levels. The meeting generated more money, enthusiasm, and interest in MOSEPS and its PAC than in recent years. Costs of catering and space rental at more desirable venues can eat into profits.

**Conclusion:** Missouri doctors and residents are enthusiastic and supportive of programs that feature family friendly locales in creative venues. Missouri ophthalmologists appreciate timely, cutting edge scientific information as well as legislative updates. PAC monies are more easily elicited by offering sports memorabilia than by direct pleas to give.

**Melissa Cable, MD**  
**Missouri Society of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract #2**

**Title of Project:** *Development of MOSEPS Website*

**Purpose:** To improve state society member benefits as well as attract new members. The new website would educate patients, improve member communication and increase visibility of MOSEPS services and resources.

**Methods:** MOSEPS website will include a mission statement, goals, member benefits and contact information for the Executive Committee. For physicians, the website will provide legislative updates and register for the state meeting online. The website will link members to their legislators by zip code and provide access legislators' contact information. An online version of the newsletter will be available.

Public information regarding eye diseases and treatment, pharmaceutical assistance programs, EyeMD contact information, and legislative matters of interest will also be available. Information regarding organizations for sight preservation and advocacy will be included. The public will be able to locate an EyeMD by city or subspecialty and access links to members' personal websites.

Online or podcast CME may be possible utilizing current and prior state meeting content as well as other approved programs. Additional possibilities for the website include job postings, used equipment posting and practices for sale.

**Result:** The website remains under construction. The estimated date for "going live" is the end of August 2007. Delays have resulted from inconsistent performance from web hosts necessitating a change in web hosting companies, a training period for executive director and staff on web design and content, and the difficulty in allocating time and other resources from the state executive director's office in a year of some legislative excitement.

The initial plan is to populate the early web pages with the mission statement, information regarding the board of directors, state meetings, legislative/governmental affairs and a searchable doctor database. The next step will be to add the second-tier "modules" of the career center/job postings and a blast email function to facilitate communication among members.

**Conclusion:** A state society website can be an effective and useful tool for communication between members and between members and patients. It can provide additional benefits to current members and may be a tool to attract new members. Having a central web host common to the Academy of Ophthalmology could be beneficial in helping state societies maintain continuity and consistency between states as well as facilitating training.



**Kimberly Cockerham, MD, FACS**  
**California Academy of Eye Physicians & Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Payer Reimbursement for Oculoplastic, Orbit and Neuro-Ophthalmic Clinic Visits and Procedures; California Update 2007-2008*

**Background:** California is one of the most populace states yet the cost of living and to do business exceeds all other states. While the cost of health coverage to patients is relatively low in the Kaiser system, the medical insurance rates for HMOs and PPOs continue to climb. Despite, the rising insurance premiums collected, the reimbursement rates to physicians for clinic visits in particular is often less than the Medicare rate. This has prompted the formation of companies that negotiate rates with the insurance companies on the behalf of their member physicians.

**Purpose:** To evaluate in a prospective fashion the reimbursement trends for select ophthalmic ICD-9/CPT code pairs.

**Methods:** The amount charged, the amount reimbursed and the times to reimbursement are monitored for outpatients evaluated in private practice offices. The specific diagnoses selected are: mechanical ptosis, myogenic ptosis, thyroid eye disease, fourth nerve palsy, sixth nerve palsy and optic neuropathy. The reimbursement for clinic visits – by code -, external photos, sensori-motor code and surgical interventions (67903, 67904, 67911, 67445, 67311 – 67332) are being tracked.

**Results and Conclusions:** This is an ongoing study that will conclude in December of 2008.

**James W. Gigantelli, M.D.**  
**American College of Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project**      *Stimulated Member Enrollment of PGY-II Ophthalmology Residents in the American College of Surgeons*

**Purpose:** The American College of Surgeons (College, ACS) believes that long-term participation in the organization can be facilitated by enrollment early in the physician's career. To this end the College offers complimentary enrollment of all resident physicians during the first year of their surgical training. The purpose of this project is to stimulate PGY-II ophthalmology residents to complete their complimentary enrollment in the College.

**Methods:** A mail campaign to reach the residents was carried forth via the residency training program directors. The contact letter outlined the College's member benefits that we thought might interest ophthalmology residents. The program director's were given options to directly enroll their resident physicians, forward the e-mail to the resident physicians, or provide the College with the names and contact information for the College to contact the resident. Interested parties were given options to enroll by phone, mail, fax, or internet. Past and present enrollment rates for PGY-II ophthalmology residents were compared.

**Results:** Data collection in progress.

**Conclusions:** Forthcoming.

**Martine J. Jager, MD**  
**Association for Research in Vision and Ophthalmology**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Stimulating international member participation in ARVO*

**Purpose:** While the Association for Research in Vision and Ophthalmology (ARVO) was originally an association for researchers in the United States, it has become the most important international organization for eye research. As 42% of the members are international, it was a logical step forward to try to better facilitate international participation in the organization, and to help international advocacy

**Methods:** A new chapter governance structure was recently put in place to allow members from different countries to discuss directly their issues with each other and with the Board of Trustees. A chapter council was created and the first meeting was held in 2007. Furthermore, international members were stimulated to volunteer for positions in committees

**Result:** Being the first non-American president of ARVO, I used the Chapter structure to further support and stimulate the activities of the three already existing chapters (Brazil, Argentina, Israel) by planning to visit their countries. The visit to the Brazilian Chapter, BRAVO, was a great success, and allowed the students to show their great enthusiasm for eye and vision research and for ARVO. Other countries were approached and are now developing their Chapters. The Chapters contribute to the possibility of local researchers to apply for travel grant funds to attend the ARVO Annual Meeting and to attend sessions at their Chapter meetings that are funded through an educational grant from ARVO. ARVO has developed a new initiative that in 2008 will supply 100 travel grants to international students conducting research outside the USA. Finally, by approaching members individually, many volunteered to serve on committees, and this year an equal amount of US and international volunteers was placed on ARVO committees.

**Conclusion:** It was possible to better facilitate the involvement of international members in ARVO as the Board of Trustees of ARVO had already become aware of their numbers and was already trying to reach out to them. My election to president helped to solidify this. Developing a Council for International Chapters, supporting international Advocacy, supporting the collaboration with other eye organizations and the development of ARVO associated meetings outside the USA, electing an international president, and finally, helping students with ARVO travel grants, has made ARVO a truly international organization.



**Terry Kim, MD**  
**American Society of Cataract & Refractive Surgery**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *The Need for an Ophthalmic Organization for Sports-Related Eye Care*

**Purpose:** To create an organization that would provide information and resources for various medical, legal, ethical, and other issues in the field of sports-related eye care.

**Methods:** A group of ophthalmologists affiliated with the eye care of collegiate and professional sporting teams were assembled to address some of the goals of this project:

- establish vision screening guidelines for athletes
- provide updated treatment guidelines for sports-related eye injuries (i.e., hyphemas, orbital fractures, ruptured globes, etc.)
- evaluate the validity of vision training and enhancement devices
- provide information on physician liability re disclosure of information on athletes
- provide a forum to discuss areas of controversy (i.e., LASIK or surface ablation for athletes, ethical guidelines on using a physician's affiliation to a team for advertising, etc.)

**Results:** SOSA (Sports Ophthalmic Society of Americas) has been formed with an active Advisory Board and a membership of approximately 30 ophthalmologists involved with sports-related eye care. They currently provide a website ([www.sosas.org](http://www.sosas.org)) containing peer-reviewed and informational articles on the NBA eye injury study, HIPAA Compliance in Caring for Athletes, and LASIK surgery for athletes, as well as other membership benefits. They have also organized instructional courses and lectures at recent ASCRS and AAO meetings.

**Conclusions:** SOSA has proven to be a useful and needed organization for those involved with or interested in sports-related eye care. Further support and endorsement from respected organizations such as AAO would be helpful in strengthening the efforts and executing the goals of SOSA.

**Jeff S. Maltzman, MD**  
**Arizona Ophthalmological Society**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Arizona Ophthalmological Society Membership Development Program*

**Purpose:** U.S. ophthalmologists' membership in the AAO is greater than 95%, yet state ophthalmic society membership averages around 50%. As state society membership and participation is valuable to the AAO and to all ophthalmologists, this project sought to increase membership in the Arizona Ophthalmological Society (AOS) by 15%.

**Methods:** Attention was focused on physicians in practice fewer than 15 years. Strategies included: 1) Targeted physicians were mailed and faxed letters detailing the AOS' membership benefits, recent activities and achievements, and invitations to join. 2) Many candidates received personal phone calls from an AOS officer in follow-up of the letter. 3) Candidates were invited to three social dinners hosted in both Phoenix and Tucson in order to facilitate discussion about the AOS and issues of importance to young physicians. 4) Efforts were undertaken to reinvigorate the Resident Advocacy Program in Arizona's only ophthalmic residency at the University of Arizona. An AOS officer spoke with residents about the importance of national and state society membership and advocacy. Residents and fellows were invited and encouraged to participate in the Advocacy Ambassador Program. 5) A survey will be mailed to all targeted potential members to help outline young Arizona ophthalmologists' concerns, opinions, and hopes for the future direction of the AOS and ophthalmology.

**Results:** Letters alone had little initial response. Phone calls and direct member contact generated more interest and requests for applications. Social events attracted a total of seven responses over the three offered evenings. Significant success was found with the residents, who showed interest in increased involvement. This year, the AOS sponsored two residents to attend Mid-Year Forum via the Advocacy Ambassador Program, with positive feedback. Since the initiation of this project, the AOS has grown by 12 new members, 8 of whom were on the target list. This represents a total membership increase of 7%.

**Conclusions:** Personal contact with potential members by state society leadership is the best means of promoting interest in the organization. Targeted marketing to young physicians will continue, with opportunities for social interaction timed during winter rather than summer, when many physicians are away. We plan to initiate a new campaign asking members to encourage their non-member associates and other colleagues to join. Maintaining and growing state society membership is an ongoing challenge. Goals for growth should be set realistically, yet pursued vigorously.



**Steven L. Mansberger, MD**  
**American Glaucoma Society**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Predictive factors for following up with an Eye Care Provider in those at risk for glaucoma*

**Background:** The EyeCare America Glaucoma Program (GEP) determines eligibility and refers those that qualify to an ophthalmologist. The ophthalmologist will fill out an outcome form, which indicates whether the patient attained an eye exam, and the results of this eye exam. We are interested in the demographic factors associated with completing an eye exam after a GEP referral.

**Methods:** The GEP collects demographic information (age, gender, ethnicity, insurance status, and region of the United States) during the telephone call. We used cell frequencies, chi-square analyses, and multivariate logistic regression to compare demographic characteristics in participants completing an eye exam as compared to those who did not complete an eye exam.

**Results:** Ophthalmologists returned GEP outcome forms for 12.5% (790/6343) participants. We found no difference in gender, age, percent ethnicity, family history of glaucoma, history of diabetes, or insurance status between those persons with and without outcome forms. Of the 790 persons with outcome forms, 427 (54%) had an eye exam, 330 (41.8%) did not make an appointment, 30 (4%) made an appointment but did not show up for the exam, and 3 (<1%) persons did not have an eye exam but the reason was not listed. Lack of health insurance ( $p<0.001$ ), history of diabetes ( $p=0.04$ ), positive family history of glaucoma ( $p=.002$ ), younger age ( $p<.001$ ), and shorter distance between the ophthalmologist and the GEP participant ( $p<.001$ ) were associated with completing an eye exam. A multivariate regression equation showed lack of health insurance, history of diabetes, younger age, and shorter distance significantly associated with completing an eye exam ( $p<.01$ ).

**Conclusion:** Multiple factors alter the success of completing an eye exam after a GEP referral, with the only modifiable factor being distance between the ophthalmologist and the GEP participant. Increasing the number of ophthalmologists in low access areas may improve the percentage of persons completing an eye exam.

**Susan K. Mosier, MD, MBA**  
**Kansas Society of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Eye Screening at the State Capitol*

**Purpose:** To facilitate building relationships between members of the Kansas Society of Eye Physicians and Surgeons (KSEPS) and our state legislators. To educate state legislators on the practice of ophthalmology.

**Methods:** The first ever Eye Screening at the Kansas State Capitol is scheduled for February 7, 2008. It will include a lunch for the state legislators and meetings of the KSEPS members with their respective state legislators. We plan on having resident participation from the University of Kansas School of Medicine Department of Ophthalmology as well as ophthalmologists from across the state. Booklets from the Academy on “What is an Ophthalmologist?” and eyeball gumballs will be provided to the state legislators.

**Results:** We have had a positive response from the membership and K.U. Ophthalmology Department thus far. A letter of invitation has been drafted and will go out to the membership in October 2007.

**Conclusion:** The effectiveness of the program is yet to be determined. With the help of our executive director and state legislative chair, we hope to make this an annual or biannual event.

**Mildred M. G. Olivier, MD**  
**Women in Ophthalmology**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Women in Ophthalmology Leadership Summit, August 2-5, 2007*

**Purpose:** To teach women physicians the leadership skills that will make them more effective in their careers and in whatever other responsibilities they undertake; to help women physicians obtain more leadership positions and to help them operate more effectively once there.

**Methods:** A three-day conference was held in Sedona, AZ., during which participants explored the concepts of leadership, political advocacy, volunteerism, communication, board work, and organizational commitment.

The conference included lectures by women who have reached the pinnacles in their fields. Special guest speakers included Nancy Nielsen, American Medical Association President Elect; Vivian W. Pinn, MD, Director of Research on Women's Health for the National Institute of Health; Dr. Victoria Medvec, Executive Director of the Center for Executive Women at the Kellogg School of Management; Joan W. Miller, MD, Chair of the Department of Ophthalmology at Harvard Medical School and Chief of Ophthalmology at the Massachusetts Eye and Ear Infirmary; and, Eve J. Higginbotham, Dean at Morehouse School of Medicine. These women spoke on topics such as 'The Glass Ceiling' and negotiation.

The conference also incorporated presentations and panel discussions on subjects ranging from "The Art of Persuasion" to positive influence in the workplace to mentorship.

**Results:** Over 125 women (and men) physicians attended the conference, along with their families (many family-oriented events and plenty of free time were built-in to the summit to encourage families to attend). Sponsorship for the event was obtained from a variety of pharmaceutical companies and non-ophthalmic companies. The American Academy of Ophthalmology has over 5000 women individuals who will be able to join the membership of the Women in Ophthalmology.

Feedback from attendees was overwhelmingly positive. People so enjoyed the conference, and learned so much from it, that a second leadership summit is already being planned. Next year, we expect to expand upon the entire concept, increasing the number of participants on all levels and on the varieties of information offered.



**Mildred M. G. Olivier, MD**

*Project: Women in Ophthalmology Leadership Summit, August 2-5, 2007 (cont'd)*

**Conclusions:** Holding the Leadership Summit proved to be extremely valuable, filling a much needed niche in the medical world. It is expected that participants left the conference empowered and ready to employ the information and concepts they learned in order to improve their private practices and their interactions with their own patients, in addition to becoming more active and effective in organizations on local, state, national, and international levels. Leadership and its associated skills seem to be topics women are hungry to learn about and, if the response we received from this years summit is any indication, future conventions of this nature will be heavily attended and much anticipated. We expect this year's leadership summit and similar future events will have a very real impact on many levels in the medical field and on the women working in it.

**David R. Rivera, MD**  
**Rhode Island Society of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Evaluation of Children's Vision Screening in Rhode Island*

**Purpose:** Rhode Island (RI) along with many states has instituted mandatory child vision screening. In RI, children must have their visual acuity and stereopsis screened prior to entering kindergarten. Any primary care provider such as the child's pediatrician or family practitioner can do this screening. Children who fail the screening are referred for a comprehensive exam by a comprehensive exam by an ophthalmologist or optometrist.

**Methods:** The RI Department of Health runs an online database called Kidsnet. It contains data culled from primary care providers and laboratories about children such as demographics, newborn blood screening tests, vaccination records, etc. A page in Kidsnet is being developed to gather vision screening results as well as results of comprehensive exams on those children who fail screening and are referred. This page will contain the diagnosis, treatment and type of provider seen i.e. optometrist, ophthalmologist, or pediatric ophthalmologist.

My intent is to examine the data and determine if the screening is leading to appropriate referral. I am also interested to see if there are differences in the management of these children based on type of provider.

**Conclusion:** Currently a prototype page has been developed. It has not yet been added to Kidsnet. Budget constraints at the Department of Health have slowed the process. Once the page is running, I plan to educate the ophthalmology community in RI on its use. Optometric society leaders are planning to do the same for their colleagues.

**Justine R. Smith, MBBS, PhD**  
**American Uveitis Society**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Teaching Uveitis to US Residents*

**Purpose:** To establish the extent of teaching on uveitis in residency programs across the US and to develop new uveitis teaching resources.

**Methods/Results:** Uveitis is responsible for approximately 10% of blindness in the US; the annual cost to society is estimated to be roughly equivalent to that of diabetic retinopathy. It is the general impression of many members of the American Uveitis Society that there is a dearth of ophthalmologists whose practice is dedicated to the management of uveitis. This is expected to translate into less instruction on the subject during residency and a lack of role models to attract residents into this specialty. A review of the websites for the 117 accredited US residency programs showed that overall 45% of programs did not include uveitis in the list of subspecialties that were taught. A survey instrument was constructed with the input of the American Uveitis Society, directed at finding out what teaching resources residency program directors would consider beneficial in the relation to uveitis management. Administration of this questionnaire is planned for 2007. Using results of the survey, new uveitis teaching resources will subsequently be developed, e.g., uveitis reading list; web-based lecture series; and national uveitis meeting for residents.

**Conclusion:** Given the high burden of disease, comprehensive uveitis instruction during residency is critical. This program should facilitate the development of effective teaching materials since resources will be planned in consultation with the residency directors. Such resources might potentially assist programs that are deficient in this area to meet ACGME teaching requirements. The methods used and proposed in this project have potential applications to other “minority ophthalmic specialties”.



**Steven Swedberg, MD**  
**Washington Academy of Eye Physicians and Surgeons**  
**2006-2007 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *The Evidence-Based Principles of Human Influence – as related to Modern Ophthalmic Practice and Advocacy.*

**Purpose:** To educate academy members as to the current understanding of the scientific principles of human influence in order to enhance effectiveness in advocacy both to and for our patients, and for our profession.

**Methods:** Representative books were read on the subject of human influence and persuasion (both domain-specific and general audience) from the fields of Psychology, Business, and Philosophy. A lecture course on argumentation in the context of inductive reasoning was reviewed. A literature review was performed within the field of Psychology on evidence-based principles of persuasion. The preceding review was undertaken to facilitate a “white paper” to serve as a database for a series of short articles suitable for publication in our academy newsletter. State-specific data regarding physician advocacy participation will be reviewed prior to and following the articles.

**Result:** The weight of the evidence acquired supports the growing consensus among psychologists for a dual-process mechanism for making judgments under uncertainty. In other words, reason and intuition skills likely function in parallel, simultaneously, as people form their opinions and exhibit behaviors. Systematic processing defines the more explicit, analytic orientation involved in making judgments with which we are generally familiar, and that forms the basis of classic effective argumentation. The systematic approach to persuasion in the Western tradition dates back to ancient Greece with Plato, his contemporaries, and Aristotle in his “The Art of Rhetoric.” The study of intuitive judgment, in contrast, has arisen much more recently, in the later part of the 20<sup>th</sup> century, as predictable biases in human reasoning were uncovered. The “heuristics and biases” program, among others, challenges the assumption of cognitive psychologists that “a person had a rational, logical, and intentional control over the flow of thought and decisional output.” Certain less effortful heuristic short cuts in making judgments present themselves to a much greater degree than people’s awareness of their use.

**Conclusion:** Academy members increased knowledge of presence of a dual process mechanism in the formation of opinions and behaviors of our patients and our legislators should help facilitate patient and professional advocacy.