



Nisha Acharya, MD, MS
American Uveitis Society
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Information Sheets on Immunomodulatory Therapies for Patients with Uveitis

Purpose: There are an increasing number of systemic therapies being used “off-label” to treat uveitis. Due to potential serious side effects associated with these treatments, it is crucial for patients to fully understand the risks and benefits of these treatments. The goal of this project is to develop comprehensive information sheets on these medications which ophthalmologists can use in their practice to counsel patients appropriately, as well as to fulfill new FDA guidelines related to reproductive counseling.

Methods: Medication information sheets were developed for the commonly used immunosuppressive therapies used to treat patients with uveitis, using the Multicenter Uveitis Steroid Treatment Trial sheets as a starting model. Additional information was added from the peer-reviewed literature, the Arthritis Foundation, and from FDA guidelines. Material covered included mechanism of action, route of administration, adverse effects, precautions to take, and experience in uveitis. The sheets will be vetted by the Executive Board of the American Uveitis Society and then made available for use through the American Uveitis Society website.

Results: Medication information sheets were prepared for the following systemic immunomodulatory therapies: prednisone, methotrexate, mycophenolate mofetil, azathioprine, cyclosporine, adalimumab, infliximab and cyclophosphamide. The sheets have been incorporated into the APEX electronic health record system at UCSF and are being used in the Uveitis Clinic. Next steps include adjudication by the American Uveitis Society Executive Committee and dissemination.

Conclusions: Having standardized and adjudicated information sheets on immunomodulatory therapies will aid ophthalmologists in providing optimal counseling of patients, as well as enable adherence to FDA guidelines for prescribers of these medications.



Wesley H. Adams, MD
Montana Academy of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Working with Commercial Entities to Raise Public Awareness and Promote Ocular Safety.

Purpose: To collaborate with one or more hardware companies to develop a public awareness campaign to educate and encourage the use of proper protective eyewear in the workplace.

Methods: In collaboration with a hardware retail business, develop a public awareness campaign for appropriate protective eyewear using television or radio commercials, designated eye safety week and perhaps an Internet site.

Results: This is an ongoing project aimed at reducing ocular trauma from workplace accidents. Secondary goals include developing relationships for involving commercial industries in developing public education programs regarding eye safety, public education of an ophthalmologist being and Eye MD and surgeon, and to investigate the use of social media such as YouTube videos on eye safety to educate the public.

Conclusion: The desired result will be to decrease the number of ocular injuries in the workplace by encouraging patients to wear appropriate protective eyewear, by building a relationship with commercial industries to help encourage this education.



Lama A. Al-Aswad, MD
Women in Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: National and International Women in Ophthalmology Meeting

Purpose: To have the first Women In Ophthalmology (WIO) national and international meeting in August 2014. This meeting will consist of leadership training in addition to new advances in ophthalmic surgical treatments

Background: In the past few years based on Dr. Susan MacDonald's work the WIO has extended its outreach internationally to help women ophthalmologists and improve education around the world.

Methods: The program has three objectives: teaching advances in surgical treatments, leadership training and understanding ophthalmologic training in other countries. Key opinion-leading women ophthalmologists will be invited from different parts of the world and the USA to present new advances in their fields. In addition, they will be asked to speak about the status of ophthalmologic training in their regions and present on their opportunities and challenges. This meeting will offer unique leadership training that is not usually taught in medical schools and is important for professional advancement. WIO meetings have always welcomed all those interested in their content and are not limited to women or ophthalmologists.



Michael J. Borne, MD
Mississippi Academy of Eye Physicians and Surgeons
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Annual Meeting for Mississippi Academy

Organized Ophthalmology has suffered in Mississippi recently from an extreme lack of participation. In an effort to increase our influence, we have renamed the organization and split off from our combined society with the Mississippi ENT's. My project is centered on restoring an annual meeting for our society, and adding value to our membership.

Through a combination of continuing medical education, and rebate from risk management activities from malpractice carriers, I plan to add value to our membership through an annual meeting. I plan for the first meeting of the Mississippi Academy of Eye Physicians and Surgeons to be held in Jackson in August 2014. Prior to the meeting an aggressive membership campaign will be held as well.



Denise R. Chamblee, MD
Ophthalmic Mutual Insurance Company
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Connecting AAPOS to the March of Dimes (MOD) to Improve ROP Public Education

Purpose: ROP can have severe consequences for babies and their families. AAO, AAPOS, OMIC and many other organizations have been interested in improving outcomes for this disease. Though improvements in knowledge and treatment continue, data show poor results occur due to lack of education and “systems” issues with NICU’s and parents. Awareness efforts have been directed towards professionals such as neonatologists, pediatricians and ophthalmologists but less has been done for the public and NICU staff. The goal of this project is to develop a relationship with the March of Dimes (MOD). The MOD is a public organization with the mission of improving lives affected by premature birth. Common goals between the MOD, AAO, AAPOS and OMIC include education of the public and NICU’s about ROP and ultimately decrease ocular morbidity for these tiny babies.

Methods: Dr. Ed McCabe (national medical director for the MOD) was contacted to collaborate and foster our joint missions. Input from national leaders within the MOD and AAPOS derived goals for improvements

Results:

1. MOD website. Minimal information about ROP was present at the start of this project. Educational information for families, NICU’s and professionals was added to the website with links to AAPOS and other resources.
2. AAPOS dedicated its “fun run” for 2013 and raised funds to benefit the MOD. The 2014 run will also be dedicated to the MOD.
3. Educational materials to include a power point presentation and written materials are being developed to be retained in the national MOD office and accessed by any local chapter for educational purposes.
4. Each MOD chapter should have a pediatric ophthalmologist to serve as a resource. This physician will serve as resources to assist with education and questions regarding ROP and ophthalmologic concerns for premature infants.
5. Ophthalmologists are seen as Eye MD’s in a public arena

Conclusions: The impact of this project will be ongoing as will the efforts to sustain it. Continued efforts in communication between the MOD and ophthalmologists representing our national organizations will be necessary for sustaining awareness and education about ROP.



David A. Goldman, MD
American Society of Cataract and Refractive Surgery
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Global Interactive Surgical Skills Course: Webinar of Surgical Advances for Underserved Areas

Purpose: At annual ophthalmology meetings throughout the country, exciting data is shown on new technologies that may improve surgical outcomes. Much low cost advances are also presented, but because they typically do not have the same promotion that industry provides, they are effectively less available to practicing ophthalmologists. Many surgeons work in undeserved or destitute areas where purchasing high-end equipment is simply not possible. The purpose of this project is to create a live webinar presentation where low-cost surgical technologies and techniques are presented to improve the quality of care provided in these areas by their respective ophthalmologists.

Methods: In conjunction with the American Society of Cataract and Refractive Surgery (ASCRS), a live webinar will be presented.

Results: An outline for the presentation, including topics and speakers has been submitted and already approved by the executive committee for ASCRS. Sponsorship to fund the webinar has been obtained and the webinar will be presented in July 2014.

Conclusions: Although there is no conclusive way of measuring the impact of a webinar such as this on clinical outcomes, the usage of surgical libraries such as those found on the AAO and ASCRS websites indicates that surgeons are more internet-savvy and eager to improve their funds of knowledge and surgical skills through these forms of media. With the ability to directly ask questions of the videos' creators, the participating ophthalmologists' education should be even greater.



Anne M. Keating, MD
North Dakota Society of Eye Physicians and Surgeons
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Development of a Website for the North Dakota Society of Eye Physicians and Surgeons (NDSEPS)

Purpose: To develop a website that can serve as a major source of information for patients in North Dakota looking for eye physicians and surgeons in the state and to help them find specialists in their area. It will also serve as an interactive website with information on eye care and links to important websites with further information helping to educate patients. A final purpose is to connect the ophthalmologists in the state to each other and encourage membership in our state society, as the website will promote member practices.

Methods: I plan to look at a number of society websites throughout the country to see what they have done. Our target audience will include NDSEPS members, the general public, and state legislators. There will be an area specific to members and an area for the public to locate an “Eye MD” in the state, or find information on various eye diseases. We will have an area listing all the NDSEPS members and a “Contact Us” section, that will allow patients to email or call our society secretary for questions. On our Home page, we will have a brief history of our society and define what an ophthalmologist is to help educate the public. Under the “Member Only” section, there will be the option to pay dues online, and any news related to legislative activity.



Judy E. Kim, MD
Macula Society
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Improving Access to Eye Care to a High Risk Population by Exploring Incorporation of Photographic Diabetic Retinopathy Screening at a Community Center

Purpose: Diabetic retinopathy is a leading cause of blindness and certain populations, such as the Latino population, are at an increased risk for diabetic retinopathy. However, many with diabetes do not get the recommended annual diabetic retinopathy screening and lose the opportunity to detect and receive treatment at an earlier stage for better visual outcome. We investigated potential barriers to retinopathy screening among the Latino community in Milwaukee and the feasibility of improving screening via implementation of fundus photography.

Methods: In order to assess barriers to diabetic retinopathy screening and the level of understanding regarding diabetic retinopathy among Latino population, a survey was sent to the families of children attending a Latino Community Elementary School and a focus group was held at the Latino Community Center. A nonmydriatic camera was tested at the Eye Institute to assess its effectiveness as a screening tool for diabetic retinopathy among the patients who were being evaluated for an annual diabetic retinopathy screening by the general eye clinic by eye care specialists and the agreement between the camera grading and the physician grading were compared.

Results: The Latino community members were eager to have their eyes screened if it will help them preserve vision but 1) did not feel strongly that screening was necessary since they did not have any visual problems affecting daily activities, 2) were unaware that diabetes can cause vision loss, 3) some were uninsured and lacked access to free care, 4) some felt it was inconvenient due to having to work multiple jobs, and 4) some had difficulty with transportation to see a physician. They would welcome more convenient free screening methods that can be performed closer or at the Community Center which they utilize regularly with a reminder by the Center to have the screening on an ongoing basis. The nonmydriatic camera was able to image the fundus in the patients with larger pupil but was ungradeable on patients with small pupils and needed dilation to image in these patients. However, once the images were obtained, the retinopathy detection was same or better than the physicians. The majority of annual screening patients did not have any retinopathy.

Conclusion: Diabetic retinopathy screening is desired by this high risk group but the modality will need to be sensitive to their barriers to screening in order to increase screening rates. Fundus camera imaging is a feasible and sensitive method to screen for diabetic retinopathy but has technical limitations that need to be addressed. Knowing these barriers and limitations will help with planning methods to improve screening for diabetic retinopathy to preserve vision in this high risk population.



David H. McCullough, MD
Connecticut Society of Eye Physicians
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: A Blast E-mail Campaign for Connecticut AAO Members to Lobby Connecticut Legislators

Purpose: The AAO has in place a method to "blast" email its members, when pending federal legislation requires ophthalmologists to lobby their Senators and Representatives. The Academy can also do this at the state level, utilizing the same Capwiz tool used in the federal effort. Connecticut Society of Eye Physicians (CSEP) would like to add another method to its lobbying effort in Hartford.

Methods: When legislative issues are identified during Connecticut's legislative session (January through May), State Society members working with the Executive Director will write a sample letter (email) that is then sent to the AAO (Michael Levitt and the State Governmental Affairs Department). The AAO team will then edit the letter to comply with the Academy's standards and legal requirements. The letter will then be sent via Capwiz to all AAO members in CT as a blast email. The CT ophthalmologist receives the email and fills out a pre-set form with their name, zip code(s) and phone number. With a click of a button the email letters are sent via Capwiz to the legislators, based on the zip code(s) supplied by the eye MD. The email letters are printed by legislative aides and given to the legislators, often resulting in email discussions or phone calls from the legislator to the ophthalmologist, further adding lobbying power.

Results: During the 2013 legislative session in Connecticut, two bills threatened the state's current malpractice law. One bill attempted to lower the standard that determines if a malpractice case is meritorious enough to proceed to court. Currently, a SAME specialty doctor must review the chart to decide if a "certificate of merit" should be issued to allow the case to move forward. The trial lawyers wanted to allow ANY physician to review the chart, thereby allowing many more frivolous cases to proceed to trial. The second bill attempted to allow trial lawyers to resubmit malpractice cases even if they had past the filing deadline. Through the use of AAO's State Governmental Affairs team and the blast email system (and many additional emails, phone calls and face-to-face meetings), both bills were defeated. Approximately 40 of Connecticut's AAO members sent email letters to their legislators.

Conclusion: The AAO's blast email system, already used extensively for federal lobbying efforts, can be easily adapted and used at the state legislative level to great effect. Because of the fewer number of emails sent to state legislators compared to their federal counterparts, email letters have a powerful effect at the state level. Connecticut legislators regularly personally respond to emails, either with a follow up email or phone call. This gives a simple "form letter" generated by the state eye society (and augmented by the AAO) great power to influence local legislation. When combined with CSEP's annual "Doctors Day at the Capital" where face-to-face meetings with legislators are the norm, email letters have more context to legislators who have already had discussions with ophthalmologists. The more opportunity we take to promote our position, the more chance we have to persuade the legislators toward our viewpoint.



Brian Privett, MD
Iowa Academy of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Implementing and Funding an Electronic Communication Tool for the Iowa Academy of Ophthalmology

Purpose: To provide an efficient electronic method for IAO members to communicate with their local state representatives in the event of a legislative issue that affects our profession and our patients; to increase advocacy efforts by IAO members by providing a quick and efficient means to find their local state representatives and engage with them; to provide an electronic newsletter to improve communication in a state where physical meetings are not held annually.

Methods: The Iowa Medical Society (IMS) utilizes an online program for communicating with Iowa legislators called Voter Voice. This program is also used to produce professional electronic newsletters for the IMS. The IAO had used the Voter Voice system on a pay-per-use basis in the past for grassroots efforts in a previous legislative session. The IMS was able to arrange a subsidiary account for the Voter Voice program for \$500 per year; a savings of around \$1500. The program allows the Iowa Academy of Ophthalmology complete control over its alerts and newsletters without having to go through any other group. A Patient Advocacy Fund was added to the dues collection statement to help fund the program and other activities of the IAO. This optional fund does not contribute to political campaigns and can therefore be paid with corporate contributions.

Results: The Patient Advocacy Fund collected nearly \$1400 for the first year. Five electronic newsletters have been produced and distributed since purchasing the program. A vision screening bill was passed by the Iowa House and Senate during the last legislative session. The IAO received word that the Governor's office might veto the bill for funding reasons. A Voter Voice alert resulted in several IAO members contacting the Governor's office. The vision screening bill was signed later that day.

Conclusions: The passage of the vision screening bill was hopefully a small scale test for the usefulness of the Voter Voice system. Even if the communications received by the Governor did not alter his decision, the engagement by IAO members at the individual level is vital to the success of the IAO in future legislative issues. Communication between the IAO and its members has more than doubled with the use of the electronic newsletter. The creation of the Patient Advocacy Fund provided more than adequate funding for the Voter Voice system.



P. Kumar Rao, MD
Missouri Society of Eye Physicians and Surgeons
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Early Resident Awareness of Advocacy Importance

Purpose: To increase awareness amongst residents of the importance of political activism and to find ways to improve resident participation.

Methods: First we obtained a commitment from our residency program director to incorporate advocacy efforts into the program curriculum. Second we sought out opportunities in advocacy efforts. Once these opportunities were organized, the residents were invited to participate. If necessary, the resident clinical duties were rearranged or excused by the program director, which then allowed the residents to participate in these activities.

Results: Our institution is 2 hours away from our state capital. Finding opportunities for resident involvement required working closely with our state organization. Often, the opportunity to participate in a hearing or rally at the Capitol occurs with 1 to 2 weeks notice. Over the course of the last year our residents participated in 3 such events at our state capital. Additionally, legislative events were organized in our area. Two local events were organized to improve Ophthalmologist membership within our state organization. A Grand Rounds lecture was dedicated to advocacy and representatives from AAO were invited and spoke to our community and residents about the importance of advocacy efforts. Lastly, we invited our local state Representative and state Senator to visit our program. During these visits the Representative and Senator met with the residents and were shown what training is required to become an Ophthalmologist.

Conclusion: Increasing resident awareness of advocacy is an important activity. Because of our physical location, which is several hours away from our state capital, making visits to the state capital is challenging. It requires a commitment from the program to allow rearranging of resident duties on very short notice. However once such commitment is made, the residents are interested in pursuing these opportunities.

We organized several local events as well. These events occurred after clinical hours in some instances, and during clinical hours in others. These local events were well attended by the residents. These local events were easier for the residents to participate in as several of the logistical issues are removed. The easiest way, and perhaps the most effective way to increase resident awareness and participation in advocacy efforts involved bringing the government to your program. This accomplishes two things. First it provides exposure of the resident to government officials. Secondly, it provides the government official exposure to the program and helps them understand what training is necessary to treat patients who require medical and surgical interventions.



Adam C. Reynolds, MD
Idaho Society of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Survey of Factors Influencing State Ophthalmology Society Membership in Idaho

Purpose: To determine what factors currently influence ophthalmologists in the state of Idaho toward or away from membership in the state ophthalmology society (ISO). Several different major categories of issues have recently been proposed to explain why state ophthalmology society membership in general has been waning nationwide. Idaho, being a low population, more rural, politically conservative, and geographically large state has specific intrinsic characteristics that undoubtedly influence state society membership percentage. This survey study is designed to indentify and further classify these factors. A secondary purpose in this study is to see if the very effort of attempting to measure these factors by interviewing state ophthalmologists has an influence on state membership percentages after 1-2 years.

Methods. There are currently 78 ophthalmologists in practice in Idaho with a state society (ISO) membership of approximately 40%. This percentage has been relatively static for the last 5 years. There have been no specific efforts at increasing ISO membership or inquiring about issues influencing membership during that time. The total number of Idaho ophthalmologists is so small that it is perfectly conceivable to conduct one on one phone or in person surveys by a single person. A letter will be sent to each state ophthalmologist purposing the intent of the survey along with e-mail contact when possible. Then over a period of 2-3 months a focused interview will be arranged and conducted with a few specific questions pertaining to ISO membership lasting approximately 20-30 minutes. There will be some open-ended discussion encouraged about the issues included. In particular there will be questions about the role of the support of state society membership to support advocacy issues, both as negative and positive for specific ophthalmologists. Results will be compiled related to demographic factors for each ophthalmologist and their ISO and AAO membership status.

Results: Certain factors are expected to be important especially for some groups of Idaho ophthalmologists that are negative influences concerning ISO membership. In particular, distant geographical location from the Boise area and lack of perceived value of ISO membership in light of the value of membership in the AAO are probably important issues. Also it has been thought that advocacy issues involving limiting optometric scope of practice by the ISO is a problem or potential risk for some co-managing ophthalmologists. These issues will specifically be asked about. A more open ended question for both current members and non-members will be what do they perceive as the most important things that the ISO could do to increase the value of membership. Over the next two years we will also examine if percentage membership in the ISO changes at all.

Adam C. Reynolds, MD

Project: Survey of Factors Influencing State Ophthalmology Society Membership in Idaho

Conclusions: Some factors that are understood to be negative influences of state society membership will not be significant in the state of Idaho. In particular we have very small numbers of eye MDs who are practicing in either academic, multispecialty, or hospital based practices, which traditionally have low state society membership. The vast majority of Idaho ophthalmologists practice in solo or small ophthalmology partnership groups that have been associated with high state society membership in other states. I am expecting geography and value issues to be the most important negative factors for ISO membership although apathy and decreased recognition of the value of membership in terms of advocacy issues may be a factor as well. These results will likely be similar and applicable to other states with similar demographic and geo/political characteristics including Montana, Wyoming, Alaska, and north and South Dakota. There may also be some application for eastern Washington, eastern Oregon and likely some of the smaller midwestern states as well. Some data should be available by the November AAO meeting but analysis will likely not be completed until the end of 2013.



Arvind Saini, MD
Wisconsin Academy of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Creating A State Advocacy Tool Kit

Purpose: To establish standardized tools for state ophthalmic advocacy, which can be used to create a culture of advocacy in the state. To establish advocacy tools that can be updated annually and used to mobilize political action to help enact legislative changes.

Methods: A legislative database was created on the state academy of ophthalmology webpage. A powerpoint addressing legislative issues was created that explained relevant ophthalmologic political issues. An annual advocacy day webcast was scheduled. Involvement in the annual state medical society's advocacy day was initiated.

Results: The state legislative database created an easy way for state ophthalmologist to identify who their state representative were, how to contact them, and what legislative and personal issues were important to them. A PowerPoint presentation was created and introduced on the annual webinar to members to give them informed talking points to discuss legislative needs with state representatives. An annual webinar was initiated to inform state ophthalmology members of their resources, as well as to discuss talking points for the annual state medical society's advocacy day.

Conclusion: The initiation of a legislative database, political advocacy powerpoint that is updated annually, an annual state academy of ophthalmology political advocacy webinar, and involvement in the state medical societies annual advocacy day, all facilitate ophthalmologist advocacy activity. The goal of these initiatives is to create a motivated membership that utilizes the state ophthalmologic society as a tool for advocacy, rather than the state society pulling the membership into advocacy. We will encourage membership to invite legislators into their offices, research labs, and operating rooms, in which board members will make themselves available. We also will encourage members to come to the capital to meet with their representatives and with our state lobbyist, and also to later explore the potential for short web-conferences with state legislators. Lastly, we would like to initiate a form letter writing capability on the state society website, such that members can rapidly communicate with their representatives if germane topics arise. Ultimately, the goal of this activity is to create a state culture of advocacy and develop political relationships which can be utilized if legislative issues important to our field are brought up for debate.



Jonathan H. Salvin, MD
Delaware Academy of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: School Nursing and Ophthalmology Collaboration in the State of Delaware

Purpose: To foster a collaborative relationship with the school nurses within the State of Delaware with the ultimate goal of improving school vision screening guidelines and referral patterns, provide educational materials, and improve access for eye care to school-aged children throughout the State.

Methods: 1) Contact was made with the Health Services Director in the Department of Education for the State of Delaware. 2013 was already slated for review and revision of the state's school vision screening guidelines. A collaborative effort to review and update the vision screening guidelines to reflect the most up to date literature in an effort to maximize both sensitivity and specificity of referrals to an outside eye care provider, especially in the amblyogenic age ranges (pre-kindergarten – 5th grade). 2) Ongoing monitoring of testing statistics will be used to evaluate effectiveness of the changes made and the need for additional changes in the future. 3) Educational activities are planned for school nursing events and for monthly newsletters distributed statewide. 4) Ongoing discussion to expand the Nemours Student Health Collaborative – access to limited areas of the child's medical record within the Nemours/A.I. duPont Hospital for Children electronic medical record. The goal would be to facilitate two-way communication and access.

Results: A presentation of the updated state guidelines were presented to the lead school nurses from all school districts in the state on August 8, 2013. These nurses are then tasked with distributing the new guidelines throughout their districts and educated their colleagues to the changes.

Conclusions: School nurses in many areas throughout the State of Delaware function as the primary care takers for many children. Early and high quality vision (and hearing) screening is essential for early referral and ultimate treatment. The continued revision of the screening guidelines to reflect current practice patterns is necessary to keep the referrals appropriate and timely. The goal is to 1) have successful referrals for children with eye pathology that early correction can offer long-term improvement (i.e. amblyopia and strabismus) and 2) limit unnecessary referrals that are costly to the family and may result in unnecessary treatment. An ongoing collaborative effort with the school nurses with ophthalmologists is a necessary relationship and serves both sides equally well.



Sirtaz S. Sibia, DO
American Osteopathic College of Ophthalmology
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Young Members Committee of the American Osteopathic College of Ophthalmology

Purpose: To create a committee of those members who are in their first five years of practice: so that the College may address their educational needs and support their involvement in the College's activities. This committee should also be able to communicate its concerns to the College's board.

Methods: The Board of Governors of the College approved the creation of a young members committee in February 2013 and an introductory social event was planned for at the College's Annual Clinical Assembly in Orlando, Florida in May 2013. Senior residents, fellows and those members who were in their first five years of practice were invited and the event was to be hosted by the Board of Governors.

Results: A successful introductory meeting of the Young Members Committee took place; there were 60 young members who attended the meeting. The meeting was held in the evening on the first night of the annual meeting. Those in attendance enjoyed light music, cocktails and hors d'oeuvres. Members of the executive board introduced themselves to the attendees and discussed the purpose of this young members committee and invited those in attendance to discuss the role of this committee to their counterparts who had not attended.

Conclusion: The College surveys the membership after the annual clinical assembly and the board has received many positive comments about the initiation of the young members committee, both from those in attendance at the initial meeting and those who heard about the initial meeting from their friends. The college now is focusing its efforts to create educational programs at its Annual Clinical Assembly for those members who are in the first five years of practice. The Board of Governors wants to hear what is important to the young members and is working on having more events where the young members can interact with the executive board. The board also sees that the members of this committee will be the future leaders of the College and wishes to further development their leadership qualities.



Chasidy Singleton, M.D.
National Medical Association, Ophthalmology Section
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Pipeline Mentoring Program to Increase Student Interest in Medicine and Ophthalmology

Purpose: Ophthalmologists care for patients with blinding eye conditions such as glaucoma, cataracts, and diabetic retinopathy. Even though these disorders affect the general population, they are often disproportionately worse (in severity, earlier onset, and prevalence) among African-Americans and Hispanics. To successfully meet the challenges of these health issues, the field of Ophthalmology has led in the highest quality of care and encourages screening exams to promptly detect and treat these conditions. Unfortunately, awareness of and access to this care is still the main problem in preventing blindness from these treatable conditions, specifically among minorities, causing disparities in care to this population.

In 2002, the American Association of Medical Colleges (AAMC) mandated a push to diversify the physician pool in an effort to eliminate disparities in health care. As a result, Ophthalmology has become more diverse, doubling the numbers of women and Asians within the field in the past decade. However, the matriculation of African-Americans and Hispanics has remained relatively flat. Increasing diversity in Ophthalmology could be a small, but essential, step in reaching the goal of providing excellent, safe, accessible, equitable, and culturally competent care to the growing, diverse U.S. population.

One method for diversifying Ophthalmology would be to increase student exposure to the field. Implementation of a mentoring program, starting early in the pipeline in middle school through medical school, may be an effective way to encourage youth from diverse backgrounds to pursue medicine and Ophthalmology. Programs like this have been successful in introducing and propelling underrepresented minorities into science, technology, engineering, and math careers. Few Ophthalmology mentoring programs exist for students prior to medical school. As Ophthalmology is typically one of the most competitive medical fields to enter, early intervention may help direct the academic development of younger students so that they acquire the appropriate work ethic necessary for successful entry into the specialty and/or medicine in general.

Methods: A local mentoring program has been initiated to encourage and foster confidence in the students' ability to excel and have the potential for becoming an ophthalmologist. The mentoring program consists of a presentation, given by an ophthalmologist, discussing why to pursue the career, outlining education requirements, showing an eye dissection, and increasing awareness of the scope of the ophthalmic practice. A survey was administered to the students before and after this presentation to assess if their level of interest in ophthalmology increased.

Chasidy D. Singleton, MD

Project: Pipeline Mentoring Program to Increase Student Interest in Medicine and Ophthalmology

For continuation of the mentoring effort, a website (www.peyeoneers.com) was developed to provide a resource to the students to learn about the history and practice of ophthalmology from the perspective of current practicing ophthalmologists, paving a path for the young students to follow. Included on the website is a section devoted to outlining the steps required from middle school through medical school to ensure successful matriculation into ophthalmology residency.

Results: The level of interest of medical students prior to mentoring was 2 (“minimal”), but increased to 4 (“moderate”) on a scale of 1-5. The expressed primary reason for change in interest toward ophthalmology was because they now had exposure to the field and could see the opportunities available to them.

Conclusion: Ophthalmology is a wonderful medical specialty, yet exposure to the field is limited for many students. Through mentorship, one can enhance student career interest toward ophthalmology. This effort, however, cannot be accomplished by a handful of ophthalmologists. Expansion of mentorship using the Internet allows broader access to the student to learn about the field and empower the student to seek out mentors that can advise him/her toward the correct career path. Initiation of the website, www.peyeoneers.com, will provide a one-step source for mentoring students from middle school through medical school about all aspects of ophthalmology. Ophthalmologists across the nation can utilize the website as a platform for initiating conversations with students about the field. The future goal is to collaborate with the AAO (Young Ophthalmologists section), AAMC, and the student sections of the National and American Medical Associations to multiply student awareness of this website.



Lee A. Snyder, MD
Maryland Society of Eye Physicians and Surgeons
Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Attracting the “YO” – Creating a “Culture of Joining”

Purpose: To attract the participation of young ophthalmologists (YOs) in the Maryland Society of Eye Physicians and Surgeons (MSEPS) and create a “culture of joining”; to develop the next generation of leaders for MSEPS; to reinvigorate and strengthen the existing MSEPS membership.

Methods: Potential mentors were identified by soliciting participation first from the MSEPS Board of Directors and then by reviewing the roster of current society members. A list of YOs was obtained from the Academy, and mentors were matched up with mentees based on geographical proximity. Program materials were created that defined the role of the mentor and offered suggestions for mentor-YO interactions.

Results: This project was awarded a grant by the AAO through its Innovation in State Society Membership Program. A proposal was adopted by the MSEPS Board of Directors to remove barriers to membership by allowing YOs to join the State Society at no cost during their first year of membership, with a tiered dues structure for the following two years. The Board also created an Ad Hoc Young Ophthalmologist Committee and nominated a chairman to facilitate the mentorship program as well as to address other issues relevant to YOs. Programming is continuing to be developed which will include mentor-YO participation in the MSEPS members-only dinner in October 2013, a vision screening at the Maryland State House in February 2014, and the AAO Mid-Year Forum in April 2014. An accurate accounting of new members will be able to be measured over the next year.

Conclusion: It is expected that the personal relationships fostered between mentors and YOs will encourage new membership and active participation in the State Society, with long-term benefits of an invigorated society borne out over many years. The program materials will be standardized so that this project can be easily duplicated by other state societies.



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Leadership Development Program XV, Class of 2013
Project Abstract

Title of Project: Distance Category I Continuing Medical Education (CME) Opportunities for State Society Members

Purpose: Despite the need for timely continuing medical education, there are numerous barriers to CME. It is difficult for physicians to find time for education amidst the other responsibilities of a busy clinical practice. This issue is even more significant when a physician is in a state or a region where great distances separate one from another. The main available option requires cancelling clinics or surgery and travelling great distances to meetings to obtain this education, resulting in significant expense and lost revenue. While specialty society and professional meetings cannot be replaced, they are often not enough to accrue the 25-30 hours of CME (50 hours in Washington State) needed per year without incurring a significant burden.

The purpose of this project is to provide the lectures of our visiting speakers via the web to state society members that cannot easily travel to downtown Seattle. This project should help busy clinicians across the state balance their educational requirements with their clinical responsibilities and may increase the strength of our membership and their commitment to our state society.

Methods: WAEPS currently provides state society members with a monthly scientific speaker series that is included with their dues and provides category 1 CME credit. By working with the state medical society, we were able to obtain category 1 CME credit for not only those who attended these lectures in person but also for those who attended a live web cast.

The web cast software allows us to keep track of those who sign in to the webcasts as well as the duration that they are logged in. We are able to limit these webcasts to only state society members in good standing, as they are given a login password.

Results:

Primary outcome: Provide category 1 CME credit via webcast.

We obtained accreditation for this project from the State Medical Society in November 2012. From November 2012 through May 2013, we have provided 14 hours of category 1 CME credit for EACH state society member who has attended the lecture series via the live web cast which is the same number of hours that members attending the lectures in person have received over that same period.

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Project: Distance Category I Continuing Medical Education (CME) Opportunities for State Society Members

Secondary outcome: Does the project impact either:

1. The number of WAEPS members?

Washington State fortunately has a high percentage of ophthalmologists who are state society members, which has meant that we haven't see much change in our membership numbers with the implementation of this project.

2. The value of WAEPS membership according to state society members?

A survey of the membership has found that members highly value the new flexibility of obtaining CME via the web and feel that this project has enhanced their state society membership.

Conclusions: Although we were not able to measure a significant impact on the number of state society members in Washington State, this project has enhanced the value of state society membership. In addition, we have discussed our project with other states societies in our region who have expressed great interest in working with our state society to allow their members and perhaps membership numbers to benefit from participating in our webcasts.

This project has shown offering category 1 CME via live webcasts enhances the 'value proposition' of state society membership and can be a model for other states, regions, and meetings.