

Academy Notebook

NEWS • TIPS • RESOURCES

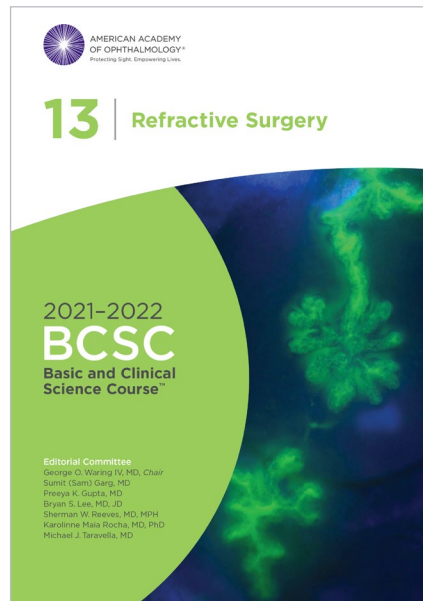
WHAT'S HAPPENING

BCSC Celebrates 50 Years

The *Basic and Clinical Science Course* (BCSC) celebrates its 50th anniversary this year. The 13 volumes that are the foundation of resident training for ophthalmologists evolved from a collection of content outlines to a comprehensive curriculum that offers text and e-book versions, with videos, animations, and activities designed to complement the core text, as well as an online self-assessment program.

Volunteers. From the BCSC's first edition (which was a series of booklets), Academy volunteers have conceived, developed, written, and revised its content. Revision of each volume takes two years of intensive work by writing committee members, who pore over peer reviews from Academy committees, including the Practicing Ophthalmologists Advisory Committee for Education, the Committee on Aging, and the Vision Rehabilitation Committee, as well as from the European Board of Ophthalmology. In recent years, participants in the Resident and Fellows Feedback Project have contributed their insights and the Resident Self-Assessment Committee has prepared study questions.

Revision of each section results from dedicated discussion and con-



2021-2022 BCSC. *The most recent BCSC edition includes major revisions to Sections 5 (Neuro-Ophthalmology), 8 (External Disease and Cornea), and 13 (Refractive Surgery). It's available in print or e-book format, and you can purchase an individual section or save when you buy a complete set of all 13 sections at aao.org/bcsc.*

sensus by the writing committee, which is responsible for identifying new developments that merit coverage, streamlining existing material, and eliminating outdated content. With an increased emphasis on visual and interactive learning, the BCSC committees also contribute images, create surgical videos, and work with Academy staff to develop animations and online activities.

Residents. The BCSC offers support for residents throughout the course of their programs and for practicing ophthalmologists as a trusted reference throughout their careers. In addition to the core curriculum, the BCSC Self-Assessment program offers an ongoing opportunity for residents to test them-

selves on ophthalmic knowledge, with answers based on BCSC content. Finally, the annual Ophthalmic Knowledge Assessment Program (OKAP) exams are based on a content outline derived from the BCSC, reflecting the key place that the BCSC holds in ophthalmic education and training.

Hard work and dedication from thousands of Academy volunteers has ensured that residents are provided with the ophthalmic knowledge they need to succeed.

Learn more at aao.org/bcsc.

The Ophthalmology Community Pilot Program

The Academy has launched a pilot program of special-interest communities where members can connect to share resources and evolve their body of knowledge. Think of it as your favorite social media site, but just for ophthalmology. Current groups include:

- **International Society of Refractive Surgery.** Share challenging cases in cataract and refractive surgery and ask for advice from fellow ISRS members around the world.
- **Ophthalmic Hospitalists Interest Group.** Share your knowledge and ideas about ER- and inpatient-based ophthalmic care with ophthalmic colleagues who focus their practice on hospital-based patients.
- **LGBTQ.** Build community with ophthalmologists committed to advancing health equity for LGBTQ patients and equality for LGBTQ professionals. Connect around mentorship, research, and advocacy in a safe space.



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- **AAOE-Talk.** Join the practice management online community where AAOE members openly exchange ideas and discuss the business issues facing modern ophthalmic practices.

- **Minority Ophthalmology Mentoring.** This group connect students and mentors involved in the mentoring program, which seeks to increase diversity in ophthalmology by helping underrepresented in medicine (URiM) students become competitive ophthalmology residency applicants.

- **Information Technology in Ophthalmology.** Ophthalmologists can share information, ideas, and resources to incorporate information technology in daily ophthalmic practice.

Join The Ophthalmology Community at aao.mobilize.io/users/sign_in.

Eyecelerator Brings the Future of Ophthalmology Into Focus

The first in-person Eyecelerator meeting, held in Las Vegas on July 22, was an unqualified success. Momentum from that events swings into New Orleans for Eyecelerator@AAO 2021 on Nov. 11, one day before the Academy's annual meeting.

Program Director Gil Kliman, MD, along with an esteemed program committee of physicians and industry insiders, will offer an up-close look at the creative innovations disrupting ophthalmology. First-time presenters will unveil valuable advancements in clinical treatments, while penetrating

panel discussions offer an inside look into the future of eye care. There will also be networking opportunities with prominent clinician-scientists, mission-driven investors, and executive leaders from leading global companies. Eyecelerator is a partnership between the Academy and the American Society of Cataract and Refractive Surgery (ASCRS) to accelerate eye health innovation.

Learn more at www.eyecelerator.com.

TAKE NOTICE

Participate in the Academy Election

The election for open positions on the Board of Trustees and voting on the proposed amendments to the Code of Ethics begins on Nov. 15 and closes on Dec. 14 at noon EST. Election materials were mailed or emailed to all voting Academy fellows and members. Results of the election will be posted on the Academy's website at aao.org/about/governance/elections by Dec. 16, 2021.

Nominate a Colleague for the Laureate Award

Every year, ophthalmologists distinguish themselves and the profession by making exceptional scientific contributions toward preventing blindness and restoring sight worldwide. The Academy Board of Trustees recognizes these extraordinary contributions with its Laureate Award, the Academy's single highest honor. The award recipient is announced each fall, and the Laureate is recognized during the Opening Session of the annual meeting.

Nominate a colleague using the application at aao.org/about/awards/laureate by Jan. 31, 2022.

Remember the Foundation on Giving Tuesday

After your holiday shopping on Black Friday and Cyber Monday, kick off your year-end charitable donations on Giving Tuesday, Nov. 30. Entering its 10th year, this

global day of philanthropy encourages donating to initiatives that are important to you. This year, consider supporting Academy programs such as the Ophthalmic News and Education (ONE) Network, the Minority Ophthalmology Mentoring Program, EyeCare America, global outreach, and the Truhlsen-Marmor Museum of the Eye through a donation to the Academy Foundation. Your tax-deductible gift can be made in honor or memory of someone special.

Give today at aao.org/foundation/giving-options.

EyeWiki Introduces Contest for Best Article Revision

EyeWiki is the Academy's collaborative online encyclopedia where physicians, patients, and the public can view content written by ophthalmologists covering the spectrum of eye disease, diagnosis, and treatment. EyeWiki has traditionally hosted two annual writing contests: One is for U.S. residents and fellows, and the other is for ophthalmologists outside the United States. Now, EyeWiki is adding a third contest for Best Article Revision to recognize the impact the ophthalmic community makes by improving articles published on the site.

Contribute. If you are an ophthalmologist with an existing EyeWiki account, the Academy encourages you to contribute to EyeWiki by revising and updating an existing article that has previously been reviewed by an EyeWiki editor. Your work will help improve EyeWiki and support the collaborative spirit of EyeWiki, which depends on the ophthalmic community to collectively edit and continually improve the site. Learn more at eyewiki.org/Best_Article_Revision_Contest.

Next EyeWiki contest deadlines. For a chance to win a trip to the Mid-Year Forum, U.S. residents and fellows must submit an article by Dec. 1. Author a significant revision to any article on EyeWiki by March 1, 2022, for a chance to win an assortment of prizes from the Academy Store. International ophthalmologists must submit an article by June 1, 2022, for a chance to win online Academy products.



EYECCELERATOR. Physicians and industry insiders, including (left to right) Richard J. Gannotta, DHA, FACHE; Ruth D. Williams, MD; Anthony James Hayes; and Joel V. Brill, MD, spoke at July's first-ever in-person Eyecelerator meeting. Don't miss the next event on Nov. 11 in New Orleans.

Learn more about all contests at aao.org/eyewiki.

Volunteer: Write an Article for *Scope*

Scope is the Academy's quarterly newsletter emailed to senior ophthalmologists (Academy members 60 years old and older) and written by senior ophthalmologists. Start by suggesting a topic within the areas of practice transitions, hobbies, physician wellness, ophthalmic history, Academy Foundation efforts, and book reviews, or propose a spotlight on a renowned ophthalmologist. If your article topic is approved, an editor will reach out to you. Expect a time commitment of three to six hours to write the manuscript, assist the editor with any queries, and review the finalized article. All articles are also published on aao.org/senior-ophthalmologists/scope and appear in a downloadable PDF of the quarterly issue.

Get started at aao.org/volunteering, then choose "Write." (This is just one of many Academy volunteer opportunities.)

Ask the Ethicist: Responding to Patient Demands

Q: *Immediately before a scheduled cataract surgery, my patient decided to forego our agreed upon treatment plan and opted for monovision because her husband "loved it." I advised canceling the surgery because this was a last-minute decision, some patients cannot tolerate monovision well, and she had not undergone a monovision contact lens trial. The patient was more than adamant, so I repeated my recommendations and created a new informed consent form to include a paragraph about the sudden change in plan against my advice. On postoperative day 1, the patient did not tolerate or understand her monovision. At postoperative week 4, she asked for an IOL exchange. I referred her to my partner for discussion/consideration of this procedure. How should I have handled this situation?*

A: When patients demand treatment that you believe is inadvisable and not in their best interest, you should refuse while offering the rationale for your

D.C. REPORT

Ophthalmologist in Congress Hits the Ground Running

Congress' new ophthalmologist also happens to be one of the Academy's strongest champions. In her first year in office, Rep. Mariannette Miller-Meeks, MD, R-Iowa, has been hard at work in the U.S. House of Representatives fighting for the people she serves.

Dr. Miller-Meeks, who represents Iowa's 2nd Congressional District and is the only ophthalmologist in the House, has already proven to be a staunch advocate for ophthalmology and patients. As a military veteran, she also has taken a stand to ensure that the health care needs are met for her fellow veterans, not only in her home state but also throughout the country.

Academy Senior Secretary for Advocacy George A. Williams, MD, said that within just a few months in Congress, Dr. Miller-Meeks has "already demonstrated that she will be a strong voice for ophthalmologists and our patients, as well as for the veterans who have served our country. Rep. Miller-Meeks' strong track record of leading the Iowa state health department and serving as both a state legislator and practicing ophthalmologist make her a critical advocate for our Medicare and Medicaid patients."

In 2021, Dr. Miller-Meeks spearheaded the following health care efforts, which are also key Academy priorities:

- She shepherded numerous veterans bills successfully through the U.S. House of Representatives, including the Sgt. Ketchum Rural Veterans' Mental Health Act, which expands veterans' rural mental health programs and supports additional research. President Biden signed this bill into law in June.
- She advocated for extending deadlines for physicians to access Provider Relief Funds to help them weather the COVID-19 public health emergency.
- She cosponsored bipartisan legislation to ensure providers are not taxed on monetary support that is received through the Provider Relief Fund.
- She has been a coleader on bipartisan legislation to reform step therapy protocols to allow physicians to request medication exceptions more easily and quickly.
- She collaborated with other members of Congress to urge CMS to pause its onerous prior authorization policy for eyelid and eyebrow procedures done in the hospital outpatient department setting.

In her first term, Dr. Miller-Meeks was appointed to three standing congressional committees, which is atypical for a new House member. Her appointments include the House Veterans' Affairs Committee, a key committee for the Academy and its priorities; the Education and Labor Committee; and the Homeland Security Committee.

In addition to these appointments, House Speaker Nancy Pelosi, D-Calif., named Dr. Miller-Meeks to a new Coronavirus Subcommittee, recognizing the value of her strong public health credentials in decisions about the country's response to the pandemic. Dr. Miller-Meeks is also active in the House GOP Doctors Caucus which is made up of physicians and other health care providers, who focus on the development of patient-centered health care policy in the House.

Visit aao.org/advocacy to learn more about Dr. Miller-Meeks' first year in office.

answer. It may be helpful to understand the root of the patient's demands, and you may be able to work around the dilemma with clinical evidence, risk/benefit ratios, other opinions, and a healthy dose of patience.

Rule 6 of the AAO Code of Ethics requires that treatment recommendations be made "after a careful consideration of the patient's physical, social, emotional, and occupational needs." Under Rule 2 of the Code of Ethics, when obtaining informed consent, "pertinent medical facts and recommendations consistent with good medical practice" must be presented in understandable terms to the patient or to the person responsible for the patient. Such information should include alternative modes of treatment, the objectives, risks, and possible complications of such a treatment, and the consequences of no treatment."

If you reach an impasse with your patient, it may be best to refer them elsewhere. Even though patient expectations for treatments and outcomes are very high, you are under no obligation to acquiesce to patient demands that you believe do not represent your patient's best interest. Be sure to document all discussions with patients about demands or noncompliance with your recommendations and keep copies of referral letters and patient termination letters in the record to avoid potential allegations of patient abandonment.

To read the Code of Ethics, visit aao.org/ethics-detail/code-of-ethics.

To submit a question, reach out to the Ethics Committee at ethics@aao.org.

OMIC Tip: Take a Timeout

OMIC has received reports of wrong events associated with intravitreal injections. These include wrong condition, wrong dose, wrong drug, wrong eye, and wrong patient. To ensure that the correct drug and dose are injected into the correct eye every time, the ophthalmologist needs to lead a timeout before each injection. A timeout provides the opportunity to confirm that the patient, medical record, and ophthalmologist are in agreement.

In a two-minute video, **Pauline T. Merrill, MD**, shares her tips for reducing the risk of error when administering intravitreal injections, including making notes on the injection tray and confirming with the patient.

See the video at www.omic.com/dr-pauline-merrill.

Read more on this topic in Journal Highlights on page 34.

The Ophthalmic Mutual Insurance Company (OMIC) offers professional liability insurance exclusively to Academy members, their employees, and their practices.

ACADEMY RESOURCES

Overcome Coding Challenges

The Academy's coding education resources provide an expansive mix of personal instruction and the essential tools you trust most. These include the newly developed *Ultimate Documentation Compliance Training for Scribes and Technicians*, private consultations with Academy experts, and 2022 editions of *ICD-10, Coding Coach*, and other popular reference books.

Visit aao.org/codingtools.

Extend Your Learning

If you attended the Academy's September webinar titled "The 2021 Update on Oculoplastics: What Every Ophthalmologist Should Know About State-of-the-Art Oculoplastic Therapies," and the portion about corneal neurotization piqued your interest, you might consider using these Academy resources to learn more:

Video. Watch Minimally Invasive Corneal Neurotization Technique at aao.org/clinical-video/minimally-invasive-corneal-neurotization-technique.

Editors' Choice. Read an article about a minimally invasive corneal neurotization procedure that benefits patients with neurotrophic keratopathy at aao.org/editors-choice/minimally-invasive-corneal-neurotization-procedure.



EyeWiki. Read an article about corneal neurotization for neurotrophic keratitis at eyewiki.org/Corneal_Neurotization_for_Neurotrophic_Keratitis.

If you missed the webinar, you can view the recording at aao.org/clinical-webinars.

Webinars: Diagnose This Live!

On Wednesday, Nov. 3, 8:30-9:30 p.m. EST join the Academy for a free Diagnose This Life! webinar. You'll have the opportunity to identify gaps in care and target areas for clinical practice assessment and improvement while earning 1 Self-Assessment CME credit.

Register now at store.aao.org/dx-this-live-1.html.

PASSAGES

Dr. Miller Dies at 88

Marilyn T. Miller, MD, MS, skilled pediatric clinician and 2019 Academy Laureate, died Sept. 28. She was 88.

Dr. Miller studied and trained at the University of Illinois at Chicago, where she served on the faculty since 1965. Following her residency and fellowship at the Illinois Eye and Ear Infirmary, Dr. Miller stayed on to become director of pediatric ophthalmology and strabismus. Here, she developed her main area of interest—craniofacial syndromes and malformations.

Dr. Miller became the first female president of both the American Ophthalmological Society (AOS) and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS).

Her career also took her around the world, including a clinic in rural Abak, Nigeria, and Aravind Hospital in Madurai, India.

"Marilyn touched lives, whether [they be of] a patient, student, colleague, or mutual Cubs fan," said Susan H. Day, MD, former Academy President and friend of Dr. Miller. "Her generosity, concern for others, and delight in both teaching and learning are enduring lessons for us all." She is survived by her husband, seven children, and 11 grandchildren.