

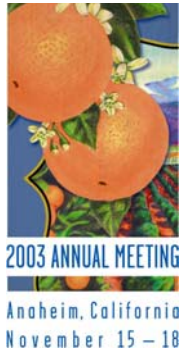
**Jeffrey A. Carlisle, MD**  
**Georgia Society of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Legislator Profiles and Sponsorships*

**Methods:** In 2002 Georgia elected its first Republican Governor since Reconstruction, this precipitated a change in the leadership party for the State Senate as well. The longest running Speakership in U.S. history also came to an end in this same election for the State House of Representatives. A new speaker of the House was elected though the controlling party remained the same. This project's goal was to interview and develop a profile of the newly elected Speaker of the House, the new Senate Majority Leader, and facilitate the development of more profiles ultimately leading to a physician sponsorship of each legislator in the State House and Senate.

**Results:** I met with and interviewed the new Speaker of the House, Terry Coleman and am currently attempting to arrange a meeting with the Senate Majority Leader (this individual has changed as the first new Majority Leader with whom I had an existing relationship has now resigned to run for the 6<sup>th</sup> District U.S. House of Representatives). Due to limited resources available through the Georgia Society of Ophthalmology and Pre-existing web based profiling of the State legislators through the Medical Association of Georgia (MAG) I have elected to partner with the Legislative Director for MAG to assist in establishing a sponsorship program for state legislators.

**Conclusion:** Meetings with key legislators in leadership positions should help to establish our positions on key legislative issues and begin ongoing relationships. Partnering with MAG to establish a legislative sponsorship program will give access to additional resources as well as facilitate alliances with other Medical Specialties, which is increasingly important to legislative success.



**Keith D. Carter, MD**  
**Association of University Professors of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

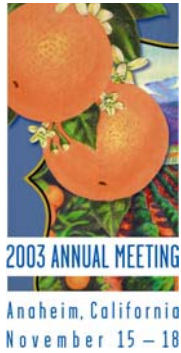
**Title of Project:**     *Integration of the American Academy of Ophthalmology Residents' Advocacy Program and New Graduate Medical Education Core Competencies*

**Purpose:** To encourage active collaboration between American Academy of Ophthalmology Residents' Advocacy Program and Ophthalmology training program directors in the use of the Residents' Advocacy Program as a tool to meet core competencies for residency training in professionalism and system based practice.

**Methods:** ACGME Core Competencies in the areas of professionalism and system based practice were used as guidelines for content of a new Residents' Advocacy Program module. Survey of ophthalmology residency program directors was done to determine interest and willingness to incorporate this into their individual residency curriculum.

**Results:** 109 programs were contacted with 49 favorable responses (44%). In assessing the needs of various curriculums throughout the country, we realize that this is a long-term project. The first module development was delayed, but anticipate the first presentation prior to years' end.

**Conclusion:** There is strong interest from ophthalmology training programs to incorporate the American Academy of Ophthalmology Residents' Advocacy Program into their curriculum. The value of this program as a tool for measuring competencies in specific areas will be evaluated



**Zélia M Correa, MD**  
**Pan-American Association of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

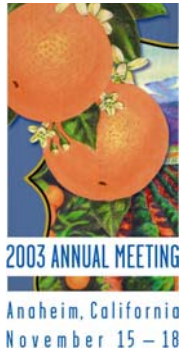
**Title of Project:** *Pan-American Association of Ophthalmology Leadership Development Program (Curso de Liderazgo)*

**Purpose:** to implement a Leadership Development Program for the Pan-American Association of Ophthalmology (PAAO)

**Methods:** Traditionally, Latin American Leadership has been family inherited leaving a great share of capable and energetic young Ophthalmologists unable to exercise leadership and contribute to their societies. The unstable, often times dictatorial, political situation in many countries has been a repressing factor for any leadership initiative among the population. With that in mind, permission was asked and granted by the board of directors of the PAAO to implement a Leadership Development Program based on an already proven successful model, the AAO- Leadership Development Program. Various committees were created to evaluate and nominate the applicants to the course as well as develop a curriculum and organize the course itself. Industry support was actively pursued through personal contact, phone calls and e-mail, to cover the costs of the Program. The infrastructure of the PAAO and the AAO staff helped to set up the details, send letters, calculate budget, and plan meeting site, speakers and the handout material.

**Results:** Nominations were sent by various National Societies and a total of 15 candidates have been nominated: 6 from South America, 4 from Central America, 3 from the Caribbean Islands and 2 from Europe. All of them already confirmed however it is expected a 10% drop out until the beginning of the Program in November. The support given by the PAAO and the experience shared by the AAO staff were the key to set up and prepare the program structure. The final results of this project will start to become apparent when the participants start working on their projects and benefit their local societies.

**Conclusion:** This program may be the first step to achieve better political representation for Latin American Ophthalmology and a more effective recycling of its Leadership. Short-term results are expected once the first class starts their projects and benefit their National and State Societies. The personal relations and mutual understanding between PAAO-AAO were crucial to launch this course. The simultaneous yet separate AAO and PAAO courses will enable the second to gain experience and knowledge to have a fully independent course in the future.



**Sanjay D. Goel, M.D.**  
**Maryland Society of Eye Physicians & Surgeons**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Lobbying at the State House*

**Purpose:** To identify how the state eye society can adapt to changes in the political landscape (i.e. new legislators in key positions, change of controlling political party, etc.).

**Methods:** Last year, the Maryland state political landscape changed when a Republican was elected to the Governor's office for the first time in over three decades. Also, some pro-EyeMD incumbents have retired and new legislators were elected by their peers to key sub-committee positions.

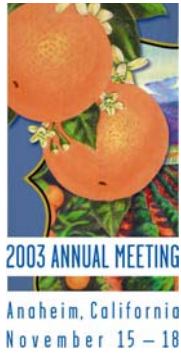
In the 2003 legislative session, the Maryland Society of Eye Physicians and Surgeons (MSEPS) found themselves opposing an optometric bill in the state legislature amid this changed landscape. A difficult fight was fought and the legislation was defeated in sub-committee by a narrow margin. The MSEPS fully expects the optometric lobby to submit another bill next year. Maryland remains one of the most conservative states in the union regarding optometric scope of practice.

With this in mind, the MSEPS set out on a game plan through the year to lobby state legislators. The following were executed and are on-going:

1. Fund raising from state Eye M.D.s to fund the state eye PAC.
2. Face-to-face meetings with sub-committee chairpersons to present Eye M.D.s' position.
3. Meetings with other legislators on the subcommittees to present our position. First, to solidify our pro-Eye M.D. legislative votes. Second to explain our position to those legislators who voted against us the last session to educate them on the merits of our case.
4. Retaining two influential lobbyists in this effort.
5. Attendance of legislators' fund-raising events by local Eye M.D.s and our lobbyists.

**Results:** Most legislators were very receptive to Eye M.D.'s position and our concern for our patients' eye care. We will be able to fully assess our efforts in the next legislative session when another optometric bill is submitted.

**Conclusion:** An organized effort by the MSEPS to lobby throughout the year has helped to get our message out. Waiting until a bill is submitted during a legislative session and trying to fight it is more difficult without the early lobbying efforts. We believe our efforts have solidified our past votes and have obtained several new votes from those who had voted against us last year.



**David W. Johnson, M.D.**  
**Colorado Society of Eye Physicians and Surgeons**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

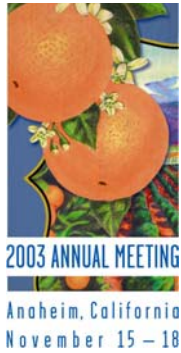
**Title of Project:**     *Legislative Committee Reorganization with Technology Upgrade*

**Purpose:** To enhance the function of the CSEPS Legislative Committee with emphasis on reorganization of subcommittees and member assignment of tasks using e-mail and web-based bulletin board technology.

**Methods:** The CSEPS Legislative Committee members voiced concerns regarding organization of subcommittees, effective communication of members, and the ability to react to legislative situations effectively. Also the use of the members' time with traditional meetings was questioned. The solution was the development of a password-protected bulletin board monitored by the society's lobbyist on his website [www.rgbgovaff.com](http://www.rgbgovaff.com). Legislative committee members receive e-mail alerts from the society executive director drawing attention to the bulletin board for updates and information. This has helped in long-range planning, new committee formation, and with assignment of members to standing committees. The bulletin board has proven valuable for timely dissemination of information and also as a repository for information such as talking points for the members as they meet with their areas legislators. Overall, there has been a decrease in traditional meetings with increased efficiency and time savings for committee members.

**Results:** The CSEPS Legislative Committee will be more effective in the upcoming legislative session due to web-based technology and more rapid dissemination of information.

**Conclusion:** The CSEPS Legislative Committee reorganization has been successful with the help of web-based technology. The committee members will be able to function more effectively and efficiently in the future.



**Leslie S. Jones, M.D.**  
**Washington D.C. Metropolitan Ophthalmological Society**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

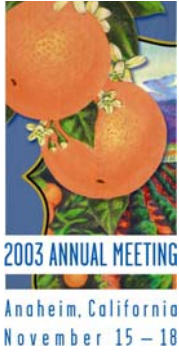
**Title of Project:**      *Resident Advocacy and State Society Membership*

**Purpose:** To encourage resident advocacy and participation in the Washington D.C. Metropolitan Ophthalmological Society (WMOS).

**Methods:** The WMOS is uniquely positioned in our nation's capital and gives its members the opportunity to advocate in local and national forums. This project is collaboration between the WMOS and local residency program directors to heighten resident awareness of the American Academy of Ophthalmology (AAO), their local society, and issues driving ophthalmologist to advocate for our profession. The program has three components: a presentation on the organization of AAO, an interactive presentation by legislative directors from Capital Hill on effective advocacy, and a presentation by the president of the WMOS encouraging resident membership and participation. Other goals for the program include providing a tool for insuring resident competency in the areas of professionalism and system-based practice.

**Results:** The WMOS is currently organizing the program with program directors from George Washington Hospital, Georgetown University Hospital, Washington Hospital Center, and Howard University Hospital residency programs to be presented to each group individually as well as developing a program evaluation to assess the impact of this program on residents, professional and system-based practice competencies, and resident participation in their state ophthalmology society.

**Conclusion:** Engaging residents early in their ophthalmic careers may lead to increased participation in state societies, the American Academy of Ophthalmology, and advocacy throughout their careers.



**Wonsuck Kim, DO**  
**Alabama Academy of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *EyeCare Alabama*

**Purpose:** To educate, examine, and treat diabetic eye disease in Alabama's underserved counties.

**Methods:** Alabama ranks first in the country in the number of diabetics per capita (1 in 10). Current Medicare records indicate that 56% of Alabama's Medicare beneficiaries with diabetes have not received a dilated eye exam in the past two years. Data from the EyeSight Foundation of Alabama Needs Assessment suggest that this may be partly due to the fact that persons living outside central Alabama have poor access to eye care providers. In addition, forty of the 67 counties in Alabama do not have an ophthalmologist.

The Alabama Academy of Ophthalmology (ALAO) - in partnership with the Alabama Quality Assurance Foundation (AQAF) (the state's peer review), the Alabama Department of Public Health, and the UAB Department of Ophthalmology – will provide ophthalmic services to diabetic patients in underserved Alabama counties. These services will include dilated eye exams, intraocular pressure checks, and laser photocoagulation treatment for diabetic retinopathy when indicated. Patients will receive eye health educational materials during the visit and will be referred for follow-up care as needed.

Members of the ALAO will volunteer their time to staff the clinics in the designated counties. Member ophthalmologists will return to their designated counties every 6 – 12 months for continuity of eye care at regular intervals.

AQAF will provide the database used to identify diabetic Medicare beneficiaries who have not had an eye exam in the previous 2 years. This project will help AQAF improve their dilated eye exam performance indicators under the diabetes management initiative.

The Alabama Department of Public Health will provide examining rooms at each county's facility.

The UAB Department of Ophthalmology will provide Resident ophthalmologists to facilitate patient care while working with the volunteer ophthalmologist. This experience will broaden their training as to the rural eye care needs in Alabama.

**Wonsuck Kim, MD**

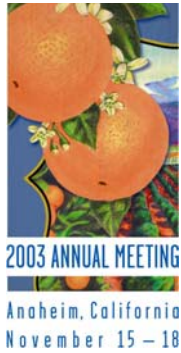
*Project: EyeCare Alabama (cont'd)*

Funding will be required to obtain portable equipment and instruments. The ALAO is forming a subsidiary corporation with a 501(c) (3) status for EyeCare Alabama. This will provide opportunities for receiving donations from non-profit organizations and corporate sponsors. Requests for funding through grant applications from the National Eye Institute and from State organizations are being pursued.

**Results:** The first outreach initiative took place in Marengo County, Alabama, in July 2003. Forty-nine patients with diabetes were evaluated. Eleven were found to have diabetic retinopathy, 10 glaucoma suspects, and 22 cataracts. Four patients required focal laser photocoagulation, and one panretinal photocoagulation. The community, local hospital and physicians of Marengo County were appreciative of our efforts. In addition, non-member ophthalmologists interested in this project joined the ALAO in order to participate in future outreach clinics.

**Conclusion:** This project will establish a statewide network of volunteer member ophthalmologists and County Health Department Clinics that can provide continuity of eye care at regular intervals within each participating underserved Alabama county. By increasing awareness and educating the public and the local medical community of the importance of regular eye exams, especially among the diabetic population, we hope to reduce the many complications of diabetic eye disease.





**David Lawlor, MD**  
**Vermont Ophthalmological Society**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

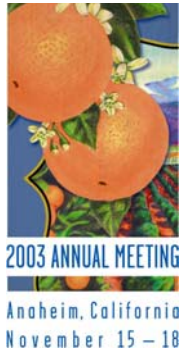
**Title of Project:** *Vermont Ophthalmological Society Web site*

**Purpose:** To facilitate communication between the public and Vermont Ophthalmologists as well as among the society's members.

**Methods:** A website is being created, under the auspices of the Vermont Medical Society, providing general information on Vermont Ophthalmologists. Links to patient information sites is provided. Information regarding upcoming meetings and issues will be available for our ophthalmologist members.

**Results:** Web based information is available for the public and our members regarding The Vermont Ophthalmological Society.

**Conclusion:** The Internet is an effective tool in medical society communication.



**Mary G. Lawrence, MD, MPH**  
**Association of Veterans Affairs Ophthalmologists**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

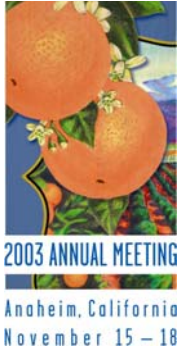
**Title of Project:** *Highlighting the Role of Veterans Affairs (VA) Healthcare System to the Residency Training of Ophthalmologists*

**Background:** Federal Medicare reimbursement regulations and competitive forces are limiting surgical and clinical training available to ophthalmology residents in academic health centers. VA Medical Centers now account for more than 50% of surgical procedures performed with the resident as the primary surgeon and a large proportion of clinical experience in which the resident is the principal decision maker. VA guidelines for resident supervision in the clinical setting require an attending physician to see all new patients, confirming the resident's evaluations, but allow patients returning for follow-up appointments to be seen by a resident alone, as long as an attending is available for consultation. The system provides a gradation in the process of a physician learning to make clinical decisions independently. In the surgical setting at VA Medical Centers, a resident surgeon may be the primary surgeon, as long as an attending surgeon is present in the operating room during the surgical procedure.

**Methods:** Key "decision makers" of the Association of University Professors of Ophthalmology (AUPO) and other groups of organized ophthalmology were identified and contacted. Through networking opportunities made possible by the Leadership Development Program (LDP) of the AAO, the "decision makers" were contacted through personal meetings, letters, e-mails, telephone calls, and more formal presentations. The purpose of each interaction was to highlight the critical importance of the VA Healthcare System to the future of ophthalmology, by emphasizing that the VA is providing a vast amount of the surgical experience for ophthalmologists in training and that the VA provides a system that allows residents to learn to make independent clinical care decisions.

**Results:** The Association of Veterans Affairs Ophthalmologists (AVAO) was invited and will conduct a "workshop" dedicated to VA issues at the Annual AUPO Meeting in January 2004.

**Conclusion:** The VA Healthcare System plays a crucial role in the training of ophthalmologists. It is essential that AUPO be aware of this and that the AVAO and the AUPO forge a partnership with excellent working relations to foster excellence in both the clinical and surgical training for America's future ophthalmologists.



**Steven J. Lichtenstein, M.D.**  
**American Academy of Pediatrics, Section On Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

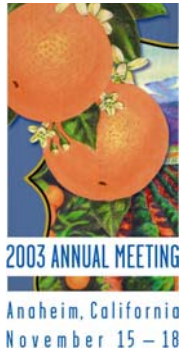
**Title of Project:**        *Coordination of Legislative Efforts to Benefit Children's Vision*

**Purpose:** To coordinate the efforts of three independent organizations for the benefit of children's ocular health issues in the United States.

**Methods:** The American Academy of Pediatrics, Section on Ophthalmology (AAP, SOOp) and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) are separate organizations whose members, pediatric ophthalmologists, all belong to the American Academy of Ophthalmology (AAO). Each organization has its strengths and weaknesses when dealing with policy issues and legislative efforts. In the past, these efforts have frequently been duplicated, especially when dealing with policy statements. Also, when pediatric ophthalmologists address legislative issues under the auspices of the AAO or AAPOS, it is often viewed as a "turf battle" with optometry. However, when approaching legislators as pediatricians under the auspices of the AAP, they are viewed as advocates for children. This project was designed to coordinate policy statements and legislative efforts of the three organizations to productively benefit our children.

**Results:** A meeting was held with representatives of all three organizations to establish goals to coordinate the efforts of the individual groups. From this meeting, standing committees were formed from the AAP, SOOp, and AAPOS to coordinate all future policy statement and legislative efforts. All policy statements relevant to the three groups will be simultaneously produced. Legislative efforts will be under the auspices of the AAP when dealing with children's issues.

**Conclusion:** By coordinating the efforts of three independent organizations, issues on children's ocular health can be most productive. This will allow us to achieve the maximum benefits for the children in our care.



**Connie S. McCaa, M.D., Ph.D.**  
**Mississippi Eye, Ear, Nose, and Throat Association**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

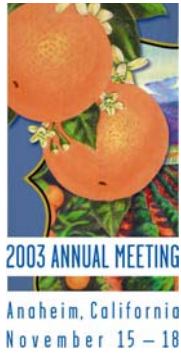
**Title of Project:** *Advocacy and Mentoring for Ophthalmology Residents and Coding and Compliance Education for State Ophthalmologists*

**Purpose:** This was a project with two goals: first, to train and encourage residents in ophthalmology to become involved in the state ophthalmology society; second, to provide a forum for the education of state ophthalmologist in coding and compliance issues.

**Methods:** The Mississippi Eye, Ear, Nose, and Throat Association (MEENT) cooperated with the University of Mississippi Department of Ophthalmology, the only ophthalmology training program in the state, to provide a resident advocacy session. The past-president and the executive director of MEENT met with the ophthalmology resident and the ophthalmology faculty to present a discussion of the opportunities in ophthalmology and to encourage the resident to become members of the state society and to advocate for the highest standards of eye care. This was followed later by a dinner at my home for ophthalmology residents and faculty and local members of MEENT. The residents were paired with MEENT members who had agreed to act as mentors. The legislative lobbyist told of the need for active participation in the current Mississippi state election in support of candidates who have supported or have agreed to support ophthalmology ideals and high standards of patient eye care. MEENT joined with Alabama and Louisiana state societies to sponsor a regional educational meeting for ophthalmologists to provide coding, compliance, and clinical education in Sandestin, Florida in July 2003. A resident was provided travel expenses to attend the Southeastern Regional meeting in North Carolina for advocacy training and practice management in September 2003.

**Results:** The ophthalmology residents in Mississippi are more aware of the need for their participation in the state society and for acting as advocates for their patients and for their profession. The state society members have been given the opportunity to further their education.

**Conclusion:** The interaction of the ophthalmology residents, the ophthalmology faculty, and the state society members is more active than it was before the program. The resident have taken a proactive role in promoting the highest standards of eye care and in supporting their profession.



**Eydie Miller, M.D.**  
**American Glaucoma Society**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *New Resources on the American Glaucoma Society Web site for Young Ophthalmologists and Society Members*

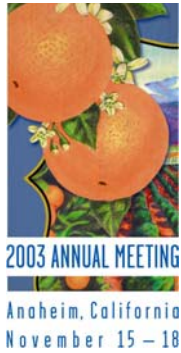
**Purpose:** To provide information regarding fellowship programs and employment opportunities on the American Glaucoma Society Web site

**Methods:** Ophthalmology residents interested in glaucoma fellowships currently do not have access to a centralized information source on individual fellowship programs. Only 11 programs out of the 54 listed in the match have fellowship-specific information on their parent institution's site. This project will compile information from each glaucoma fellowship program that would include a 2-3 paragraph summary of the program's philosophy, discuss the role and responsibility of the fellow, indicate the number of positions offered, names of preceptors, contact information, and contain a link to the departmental Web site. Potential fellows would be directed to the AGS site via a link to the Young Ophthalmologist's section of the AAO Web site. Letters will also be sent to all Residency Directors to announce this resource.

In addition to fellowship information, the AGS Web site will also be expanded to include employment opportunities for graduating fellows and practicing glaucoma specialists, and provide an area where resumes could be posted.

**Results:** The information will provide an important resource to fellow applicants and members of the American Glaucoma Society.

**Conclusion:** Expansion of the AGS Web site will emphasize the organization's relationship to the AAO and increase the resources available for young ophthalmologists and AGS members.



**Christie L. Morse, MD**  
**New Hampshire Society of Eye Physicians & Surgeons**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

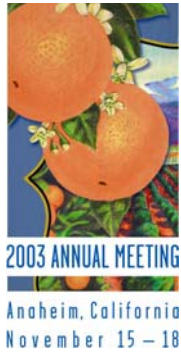
**Title of Project:**     *State and Subspecialty Society Coalition Building*

**Purpose:** To have the Legislative committee of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) function as a repository for information on legislative issues affecting pediatric ophthalmology across the country.

**Methods:** Each AAPOS Legislative committee member was assigned a region of the country and identified an AAPOS member in each state who was willing to serve as that state's "key contact." The primary responsibilities of each state legislative contact included: (1) Be aware of legislative issues that are important to pediatric ophthalmology, by maintaining an active working relationship with the state eye society and the state medical society; (2) Report back to the legislative committee member responsible for the state on legislative activities, strategies that worked and did not work, and any other useful information; and (3) Through the state eye society, be able to work with the lobbyists on these issues and coordinate responses among the state medical societies and the state eye societies.

**Results:** Many states were successful in defeating mandatory pre-kindergarten comprehensive eye examination legislation. On the pro-active side, AAPOS members worked through their state eye societies to enact legislation, which would mandate pre-kindergarten vision screening in their states.

**Conclusion:** By state societies partnering with their subspecialty societies, ophthalmologists can present a united front regarding legislative issues. Successful coalition building between state and subspecialty societies increases the likelihood of knowing about legislative issues and puts ophthalmologists in a better position to respond. An AAPOS legislative network advocates for our young patients, and for our profession.



**Mary O'Hara, MD**  
**Society of Military Ophthalmologists**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Dealing with Scope of Practice Issues for Ophthalmic Assistants*

**Purpose:** To assist ophthalmologists confronted with questions on scope of practice for technical personnel working in their offices.

**Methods:** Scope of practice issues for ophthalmic assistants have been raised recently by several State Ophthalmological Societies and by individual physicians. Several State Ophthalmological Societies have effectively dealt with these issues in their states. A worksheet (attached) was generated that incorporated these winning strategies and additional information that would help the individual ophthalmologist and the state society in answering scope of practice questions when they arise.

**Results:** The worksheet, *Dealing With Scope of Practice Issues for Ophthalmic Assistants*, will be distributed to State Ophthalmological Societies, the AAO State Government Affairs Office and interested stakeholder organizations such as JCAHPO. It provides contact information for grass-roots support at the state level and the ophthalmic assistant organizations. Literature cites for the most recent national job task analysis of ophthalmic assistants and state law precedents are included.

**Conclusion:** Ophthalmologists confronted with questions about scope of practice for their ophthalmic assistants can use the information provided in *Dealing With Scope of Practice Issues for Ophthalmic Assistants* to assist them in effectively resolving the issues.

**AAO Leadership Program Project:  
Dealing with Scope of Practice Issues for Ophthalmic Assistants**

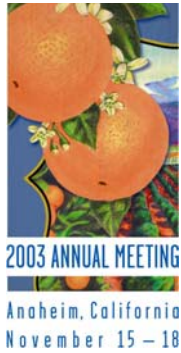
1. Generate grass-roots support:
  - a. Work with State Ophthalmologic Society
  - b. Contact AAO State Government Affairs Office (DC Office)
  - c. Collaborate with State Medical Society
  - d. Educate State Commissioner of Public Health/ State Medical Board about the issues
  
2. Establish long-standing nature of the profession with the help of:
  - a. Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) established in 1969 for the education and certification of ophthalmic technical personnel. Currently certifies approximately 16,000 individuals in the United States, Canada, and the Middle East. [www.jcahpo.org](http://www.jcahpo.org)
  - b. Association of Technical Personnel in Ophthalmology (ATPO), the trade association for ophthalmic assistants established in 1979. [www.atpo.org](http://www.atpo.org)
  - c. Consortium of Ophthalmic Training Programs (COTP) incorporated in 1993 to conduct post-secondary educational programs for Ophthalmic Medical Assistants, Technicians, and Medical Technologies in the United States and Canada. Contact this organization to see if any programs are open in your state. [www.cotpweb.org](http://www.cotpweb.org)
  
3. Go to the medical literature for articles that establish nation-wide norms for delegation of duties to non-licensed individuals in ophthalmology:
  - a. Woodworth KE, Campbell RC, Dean CA, Dubois LG, Ledford JK: Analysis of tasks performed by certified ophthalmic medical personnel. Ophthalmology 102(12): 1973-86, 1995 Dec.
  - b. Woodworth KE, Campbell RC, Dean CA, Dubois LG, Ledford JK: Analysis of tasks performed by certified ophthalmic medical personnel. (comment) Ophthalmology 104(1): 4, 1997 Jan.
  
4. Establish precedents in the law:

California Senate Bill 929 (2001): The language of this bill was under negotiation for over 18 months. Section 2 amends Section 2544 of the Business and Professions code to read:

2544. An assistant in the office of a physician and surgeon or optometrist acting under the direct responsibility and supervision of the physician and surgeon or optometrist may fit contact lenses. Under the direct responsibility and supervision of the ophthalmologist or optometrist, an assistant in the office of an ophthalmologist or optometrist may also do the following:

  - a) Prepare patients for examination.
  - b) Collect preliminary patient data, including taking a patient history.
  - c) Perform simple noninvasive testing of visual acuity, pupils, and ocular motility.
  - d) Perform automated visual field testing.
  - e) Perform ophthalmic photography and digital imaging.
  - f) Perform tonometry.
  - g) Perform lensometry.
  - h) Perform non-subjective auto refraction in connection with subjective refraction procedures performed by an ophthalmologist or optometrist.
  - i) Administer cycloplegics, mydriatics, and topical anesthetics that are not controlled substances, for ophthalmic purposes.
  - j) Perform pachymetry, keratometry, A scans, B scans, and electrodiagnostic testing.





**Derek T Sprunger, MD**  
**Indiana Academy of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Ophthalmology Residents and the Political Process*

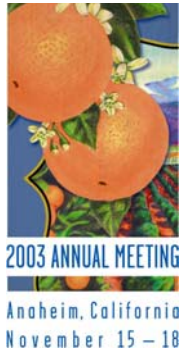
**Purpose:** Many resident conclude ophthalmology training with very little knowledge of the political process. Also, members of the Indiana Academy of Ophthalmology (IAO) who contribute to Political Action Committees (PAC) tend to be those who have been active since soon after entering practice. The purpose of this project is to provide a means to help educate residents about the political process.

**Methods:** A presentation was developed and presented to educate ophthalmology resident about how the political process affects the practice of medicine. The presentation addressed both national and state issues and supplements the AAO's Residents' Advocacy Program (RAP). The importance of time and money contributions was stressed.

**Outline:**

- I Introduction
- II Scope of Practice
- III Insurance Law
  - A Billing
  - B Timely Payment
- IV Medicare & Medicaid
- V Malpractice Law
- VI General Business Law
- VII Education Money
- VIII Summary

**Conclusion:** We can and should be more active in education Ophthalmology Residents about the importance of involvement in political process.



**Mayssa Aziz Toppino, M.D.**  
**Florida Society of Ophthalmology**  
**2002-2003 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Resident Physician Advocacy and Non-Clinical Education*

**Purpose:** To introduce residents to important non-clinical aspects of practicing Ophthalmology.

**Methods:** A Resident Awareness Program was created by assembling a group of speakers including a credentialed Financial Advisor, a board certified Health Care Attorney and Risk Manager from a prominent liability insurance company as well as a representative from the Florida Society of Ophthalmology.

Topics include evaluation of Insurance Companies and Managed Care Contracts, Employment Contracts, Asset Protection, Risk Management and evaluation of Liability Policies. Additionally the importance of being politically aware and involved is discussed by FSO, including how politics and apathy impact our daily practice. The first program was delivered without consideration to meeting ACGME professionalism and/or system-based practice requirements. However after presenting initial project at the LDP program this is being incorporated.

**Results:** The program will be delivered annually to each ophthalmic residency program in Florida

**Conclusion:** Early outreach to Resident Physicians should over time lead to better membership and better participation from members.

## NORTH CAROLINA MEDICAL SOCIETY LEADERSHIP SCHOOL

Sharon Fekrat MD  
Sherman Reeves MD MPH  
Paul Kang MD

### North Carolina Society of Eye Physicians and Surgeons

**Title of Project:** *2003 Southeastern ophthalmology residents and fellows meeting of the minds: what every EyeMD needs to know to thrive after training*

**Purpose:** To educate ophthalmology residents and fellows from the southeastern USA about political advocacy and practice management using lectures, didactics, and question and answer sessions with the support of the North Carolina Society of Eye Physicians and Surgeons and the North Carolina Medical Society.

**Methods:** A meeting date, time and location was selected. Corporate sponsorship was obtained to fully support the meeting financially. Two residents were chosen to collaborate with to ensure that the meeting would address the needs of the ophthalmology residents and fellows. A curriculum was designed to fulfill the purpose of the meeting. Speakers were carefully selected to convey the message while capturing the attention of the attendees. Administrative support was sought.

**Results:** On Saturday September 20, 2003, the "2003 Southeastern Ophthalmology Residents and Fellows Meeting of the Minds: what every EyeMD needs to know to thrive after training" was held. Speakers included Geoff Broocker MD, Residency Program Consultant from Emory Eye Center; Donald Cinotti MD, Associate Secretary for State Affairs of the American Academy of Ophthalmology (AAO); Tamara Fountain MD, Risk Management Committee, Ophthalmic Mutual Insurance Company (OMIC), President of the Illinois Association of Ophthalmology; Cynthia Hampton MD, Past President of the North Carolina Society of Eye Physicians and Surgeons, Member, Secretariat for State Affairs, AAO; Paul Orloff MD, Congressional Advocacy Committee, AAO; Dana Simpson JD, Attorney/Member of the Physician Advocacy Team; William Voyles, Director, Allergan Business Advisory Group. Topics included: Political advocacy: what is it and how do I get involved; Political advocacy: the AAO, the government, and you; Practical considerations in career planning; Scope of practice: other eye care providers and ophthalmology; Liability issues and risk management in ophthalmology; Reimbursement and managed care: how do I get paid?; Physician employment and contracting issues. Approximately 65 residents and fellows from 7 states attended the meeting. Meeting facilities, meeting registration fees, lodging, speaker honorariums, meals, entertainment and local transportation were all paid for with corporate support.

**Conclusion:** A regional meeting for EyeMDs-in-training can be effectively organized, well attended, and inexpensive.