

Bob Stoops and Me



*David W. Parke II, M.D.
DMEI President and CEO*

*“This gift
bestowed by
training upon the
ophthalmologist –
the capability to
change lives –
is why
ophthalmologists
love their field and
why medical
students sense
that passion.”*

Did I ever tell you that Bob Stoops and I have similar jobs? (well, sort of).

Every fall he watches those young men whom he has recruited and trained begin to fulfill their promise. They acquire critical knowledge and skills, and begin to apply those skills with increasing confidence – and with increasing success! At the same time, Coach Stoops and his staff begin the process of evaluating and recruiting potential future players.

Every fall we watch as ophthalmology residents (men AND women) whom we’ve recruited and trained similarly demonstrate their increasing capabilities and clinical competence. And every fall we begin the process of choosing future residents from the pool of extraordinarily talented senior medical students.

Yes, I know you’re thinking that there are subtle differences between

Bob Stoops’ job and mine. Our residents are not expected to endure “two-a-day” practices. His players don’t endure 2AM emergency surgeries. Our resident applicants are not selected for their ability to bench-press more than their body weight; his players are not selected for their ability to tie suture finer than a human hair under a microscope.

But we both have the same responsibility – to sort through a tremendous amount of data about our candidates, combine it with the impressions gleaned from personal interviews, and come up with a rank list – a ranking of our preferred candidates. For us, this list is computer-matched with a similar rank list of preferred residency programs filled out by the candidates. At the end of January each residency program will find out which medical students they will train for three years.



How do we decide which medical students we will rank most highly? Which are the cream of the cream of the crop? That's a question that the applicants themselves frequently ask us – *What are you looking for in a resident?* I tell them the truth – that we are fortunate to have one hundred top quality applicants for every position, and that if our only goal was to have residents from the top 10% of the medical school class, we could fill the program many times over. We interview only about 35 of the applicants who have made the academic cut and whose resumes and letters of recommendation carry the promise of extraordinary professional success.

I then ask them, *if you were sitting in my chair, what would you be looking for?* And I'd ask you, the reader, *what are you looking for in a doctor?*

I apply the *would I want you to marry my daughter/son?* rule. In other words, once the applicant's made it to the interview, he or she has passed the academic performance test. They then must give evidence of the things that differentiate the really bright doctor from the really great doctor. And those are factors like integrity, compassion, love of learning, enthusiasm for people and for the profession, and intensity of purpose.

These students have to be teachable. (I'm sure that Coach Stoops has a football analogy). What does teachable mean to me? It principally means that every student possess a combination of

humility, critical self-examination, and ambition. In other words, they recognize that they will never have perfect knowledge or perfect skills, that they will continually critique themselves, and that they will accept nothing short of their best performance. They must revel in life-long learning.

This kind of student/resident is a joy to have at DMEI. They will typically demand not only exceedingly high performance of themselves – but of me and of the other faculty. And so they should! They are in their 30's when they finish residency training. They carry an average of over \$100,000 in educational debts. They are investing the first 8-10 years of their life after college in professional training. They have every right to expect and demand that the education be stimulating, intense, state-of-the-art and directed by faculty who are expert in their field. Their future patients depend upon it!

Why do some medical students choose ophthalmology over, for example, orthopedics, radiology, or internal medicine? In football, although wide receivers may become safeties and college quarterbacks may become defensive backs, positions are dictated in general by measurable factors – speed, size, agility, etc. For physicians it's more complex.

Ophthalmology is one of the most competitive specialties in medicine and fortunately for us and for our patients, a student must generally fall in the top quarter of his or her medical school class to have a chance at any residency spot. However, fortunately not every top student wants to be an ophthalmologist. We need great pediatricians, cardiologists, and neurosurgeons as well.

What characterizes the typical medical student who chooses ophthalmology?

Every year for the past twenty years I've interviewed medical students for ophthalmology residency positions, and I ask them *Why did you choose to pursue a career in ophthalmology?*

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DMEI DIRECTORY

Every year I hear the same dominant themes. They are attracted to ophthalmology because it encompasses the entire spectrum of medicine – infants to geriatric patients, medical therapy to surgery, outpatient to inpatient care. Ophthalmologists love their field because they also develop lifelong relationships with many of their patients. We are on one hand primary care physicians for the eye – doing normal checkups and prescribing glasses. On the other hand we are tertiary care subspecialists – performing intricate microsurgery for acute trauma or for the complications of chronic diseases like diabetes. (This is why it takes years to master these skills).

I also hear the repeated refrain from residency applicants: “But I really wasn’t sure about my career choice until I spent a one month rotation with Dr. X and saw the incredible difference he made in the lives of his patients. I remember patients crying the day after cataract surgery because they could see again. Dr. X really loves what he does.”

This gift bestowed by training upon the ophthalmologist – the capability to change lives – is why ophthalmologists love their field and why medical students sense that passion.

All physicians have the opportunity to change individual lives. Almost all physicians share a love of developing relationships with heretofore strangers. It is the essence of caring for people. Like most physicians, ophthalmologists must deal with failure. They must manage their share of chronic, debilitating diseases. Yet ophthalmologists are perceived (quite accurately in my opinion) as also having the capability and the frequent opportunity to dramatically make people joyously happy – to surgically restore their sight! This gift bestowed by training upon the ophthalmologist – the capability to change lives– is why ophthalmologists love their field

and why medical students sense that passion.

There are some other reasons. We are aided by expensive, cutting edge technology. If you do retina surgery, for example, you will be operating inside the human eye at the human body’s limits under a high magnification microscope while controlling (simultaneously with both your hands and feet) hundreds of thousands of dollars of computer-driven microinstrumentation. Cool, huh?

Another reason is the intellectual stimulation and challenge afforded by the study and repair of the visual system. Consider these facts. The eye is a part of the brain. Some of the cells in the eye terminate near the center of the brain. Therefore, looking into the eye’s retina is the only place in the body where a physician can directly see the central nervous system and blood vessels. It is a window to changes caused by almost every systemic disease.

Well, back to Bob Stoops and me. His regular season has come to a wonderful conclusion – the result in large measure of astute player selection with subsequent skilled training culminating in successful execution on game days. His most skilled players will move on to the NFL. Most of his players will move on to less physically demanding career paths. (Some may ultimately become physicians; several of our former residents played college ball). He will recruit another group of players – hoping his intuition regarding their potential will be as accurate as in the past.

As for me, 35 applicant interviewees have come and gone. Our regular season is 12 months long, however. For our patients, every day is game day. For 36 months each resident progressively acquires knowledge and skills under the direct supervision of dedicated faculty who themselves have their own practices. (They are player-coaches). Each resident then joins the national community of ophthalmologists, recognizing the necessity of life-long study in an ever-changing field.

Bob Stoops’ players are blessed with a group of coaches dedicated to their success. I hope that our residents feel the same. ▲

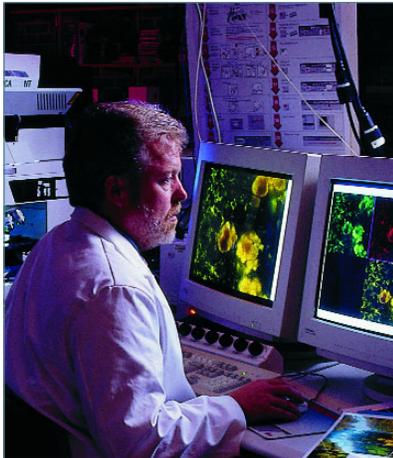
DR. GILMORE LEAVES DMEI FOR HARVARD

“One of the most significant confirmations that an organization has outstanding talent in its ranks is when others want to recruit its people – and recruit them to the most desirable positions of their profession.” With these words, Dr. Parke recognized Michael S. Gilmore, Ph.D. upon his departure from Dean McGee Eye Institute. “Mike has been offered just such a position and I couldn’t be more delighted for him, because he will succeed and lead another institution to even greater heights. However, we will miss him – not just as a scientist, but as a friend whose departure creates a void that will be difficult to fill.”

Dr. Gilmore leaves DMEI to become the Scientific Director and Acting President and Chief Executive Officer of the Schepens Eye Research Institute in Boston, Massachusetts. He is also the Charles L. Schepens Professor of Ophthalmology at Harvard Medical School. In his new position, Dr. Gilmore will not only continue his own line of scientific investigation but will direct the largest vision research enterprise in the United States.

Dr. Gilmore joined DMEI’s faculty in 1995 from the University of Oklahoma’s Department of Microbiology and Immunology. Charged with creating a new research center in ocular microbiology, he helped build a team of innovative scientists into the Molecular Pathogenesis of Eye Infections Research Center – applying cutting edge molecular genetics and molecular biology techniques to the study of blinding ocular infections. He focused initially on endophthalmitis – one of the most feared, blinding complications of cataract surgery and ocular trauma.

During his time at DMEI, Dr. Gilmore held four simultaneous R01 grants from the National Institutes of Health, a feat duplicated by very few scientists. The



Michael S. Gilmore, Ph.D.

grants are awarded only after a rigorous peer review process that critically evaluates the quality of science and project importance.

“Mike’s work helped to stimulate the development, at the national level, of an entirely new avenue for scientific investigation. He leaves behind him a whole new generation of investigators taking his work to the next level,” commented Dr. Parke.

In reflecting on his experience at the Dean McGee Eye Institute, Gilmore noted, “It is true that much of success is simply being at the right place at the right time! David Parke drew me to the right place, DMEI, because of his exciting vision to build our eye research program into a nationally recognized center of excellence. He supported our efforts at every turn. I value my experience at Dean McGee, not only for being part of the outstanding team that brought vision research at DMEI to its current prominence in the top six research programs nationally, but also because of all that I learned about effective leadership. I look forward to applying those lessons at the Schepens and the Harvard Medical School. I also look forward to the exciting prospect of forging new ties between the vision research communities in Boston and in Oklahoma City.”

“All of us at Dean McGee wish Mike Gilmore great success in the future,” said Dr. Parke. “We are proud that his roots are here at Dean McGee, and we will also take great pride in his future accomplishments. The Schepens is a lucky organization to have him at the helm. The nice thing is that the vision research community is a relatively close one, and we will have many opportunities for future collaboration. Our challenge now is to bring someone new into the Institute who will continue the tradition of excellence, scientific imagination, and productivity established by Mike.”

ANNUAL APPEAL: IN SUPPORT OF INDIGENT CARE

Gifts received during this year's Annual Appeal will again help support DMEI patients who cannot afford treatment and have limited means of paying. The Institute physicians, faculty and staff share a dedication to provide care to all patients – regardless of their ability to pay. DMEI provided over \$2 million in uncompensated care to patients in the Oklahoma region during the past year. Many of these patients travel hours to come here for their care.

In our 2002 and 2003 Annual Appeals, we requested your support for indigent care. Many of you responded with gifts and pledges of all sizes to help raise more than \$80,000 each of those years to support indigent care. That may seem like a small percentage of the total cost, but it represents a real help. ***All of the money raised during our Annual Appeal directly offset the rising cost of the care for our indigent patients.*** The physicians and staff here at DMEI are truly grateful to all of you who responded in such a generous way.

This holiday season once again we ask you to think of those in need – those whose vision to see friends and family may be in real jeopardy. We hope you will consider a gift to the Dean A. McGee Institute's Foundation as you make your annual charitable gifts. It will help fund the eye care of Oklahoma citizens who have limited resources and come to us in need of help. Your generosity will truly make a difference in their lives.



Penny Mills Voss, CFRE
Vice President for
Development, DMEI

HOW YOU CAN SUPPORT THE DEAN A. MCGEE EYE INSTITUTE IN OTHER WAYS:

Many types of assets may be given to the Eye Foundation including cash, securities, real estate, retirement plan assets, and personal property. Gifts to the Eye Foundation can be restricted to vision research, patient care or educating tomorrow's ophthalmologists. Or, your gifts can be unrestricted making funds available for the changing needs of the Eye Foundation. Either way, your gift is important to the future of the Eye Foundation as we strive to provide critical vision care and assist our research scientists in finding treatments and cures for the most devastating blinding eye diseases.

HOW TO MAKE A GIFT:

The attached self-addressed return envelope has been included to provide you with an easy way to make a gift to the Foundation. Just fill in the appropriate information on the envelope and return it with your check or credit card information to the Dean A. McGee Eye Institute Foundation. After your gift has been processed, we will send you an acknowledgement and receipt for your records. ▲



ACERS SOCIETY LAUNCHED BY ALUMNI

It began as a conversation at last year's Alumni Meeting in Anaheim: how best to honor Thomas E. Acers, M.D., the first full time Chair of the Department of Ophthalmology and founding Director of the Dean McGee Eye Institute. A committee of Alumni, representing every generation of the program's graduates, brainstormed ideas and settled on the concept of an Endowment, in Dr. Acers' name, to benefit the Residents and Fellows of the Department.



Thomas E. Acers, M.D.

On May 8th, at a reception in conjunction with the annual Alumni/Residents Meeting, the society's namesake and membership were honored. Dr. Acers, proudly assisted by his wife, Jackie, presented plaques and certificates to 20 Life members, 20 Annual members, and the two newest Alumni members, and soon to be graduated Dr. Sterling Cannon and Dr. Donald U. Stone. The event was a huge success and a fitting tribute to the Chief. In true self-deprecating Acers' fashion, Dr. Acers remarked that he would have sold his name long ago if he thought that it was worth anything!

Membership in the Acers Society is open to Graduates of the Ophthalmology Program at the University of Oklahoma as well as interested supporters of the Program. Membership categories are:

Life Membership: A commitment of \$10,000, to be billed to the member at \$1000 per year for members age 40 and over, and at \$500 per year for members under 40.

Annual Membership: Donation minimum of \$250 per year. Continuing Members accumulating a \$10,000 total donation will achieve Life Membership status.

Anyone interested in learning more about the Society should contact Penny Voss in the Development Office at (405) 271-7801 or any of the following committee members.

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DR. HAIVALA RETURNS TO DMEI

Dean McGee's most clinically active subspecialty section is the division of Diseases and Surgery of the Retina and Vitreous. These five subspecialists (Reagan H. Bradford, M.D., Stephen R. Fransen, M.D., Ronald M. Kingsley, M.D., Robert E. Leonard, M.D., and David W. Parke II, M.D.) treat a wide spectrum of diseases from macular degeneration and diabetic retinopathy to macular holes and retinal detachment.



Darin R. Haivala, M.D.

"Given the emergent nature of many retinal diseases, it is critical that we be able to offer rapid access to care to our patients and their referring doctors," notes Dr. Bradford. "As the largest group of retina subspecialists in a four state area, many people depend on us for help in the management of infections, trauma, and retinal detachments."

In order to better meet the demand for its services, the section has conducted a yearlong search for another subspecialist to join its ranks. The Dean McGee Eye Institute takes great pleasure to announce the appointment to its faculty of Darin R. Haivala, M.D. beginning this month.

A native of South Dakota, Dr. Haivala graduated from the University of South Dakota School of Medicine with

multiple honors and academic scholarships and completed his residency in ophthalmology at the Dean McGee Eye Institute. He subsequently undertook an 18 month fellowship in Diseases and Surgery of the Retina and Vitreous at DMEI and then joined an active multi-specialty clinic in his home state before returning to Oklahoma.

"We generally believe in recruiting physicians who trained at other institutions in order to avoid becoming scientifically inbred. Only once before in the entire history of the Institute have we brought back one of our own fellowship graduates to join our faculty," comments Dr. Parke. "However, in Darin's case, we couldn't help but make an exception. At the conclusion of his training, he was one of the brightest and most skilled fellowship graduates in the country. Furthermore, he has now had an additional year of experience behind him to bring back to DMEI. Darin has a serious interest in clinical research and will give us additional capacity to bring to Oklahoma new and exciting clinical trials."

"I am truly excited to be returning to Dean McGee. The opportunity to once again be actively involved in clinical research as well as making teaching and academic contributions is wonderful," notes Dr. Haivala. "The Institute is viewed as a premiere organization in American ophthalmology, and I'm thrilled to be a part."

Darin and his wife Jenn have three children and will live in Edmond. ▲



The Stark family with 2004 Stark Lecturer Roger A. Dailey, M.D. of the Casey Eye Institute



Dr. Dailey with DMEI's Scot Sullivan, M.D. and Scott Sigler, M.D.—two of his former fellows.

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