

2013 - 2014 PROJECTS

PAN-AMERICAN ASSOCIATION OF OPHTHALMOLOGY
CURSO DE LIDERAZGO



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Marcello Novoa Colombo Barboza, MD (Brazil)
Conselho Brasileiro de Oftalmologia

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: A competency exam in general ophthalmology

Introduction: The Brazilian government has used the low numbers of ophthalmologists registered with the Federal Medical Council to justify the need to authorize optometry in Brazil. A specialist degree in ophthalmology can be obtained after completing a medical residency program established by the Ministry of Education and Culture (MEC) or by passing the specialist examination certified by the Brazilian Council of Ophthalmology (CBO) after concluding a specialization course accredited by the CBO. Many factors may be responsible for a physician not having a specialist degree, including the prolonged amount of time between working as an intern or medical resident until sitting the specialty examination in ophthalmology; regional inequalities; advanced age; the fact that there was no need for a specialist degree in previous times; advanced level of specific knowledge of ophthalmology, etc. It is a fact that many physicians work as general ophthalmologists in Brazil, promoting, preventing, diagnosing and treating basic pathologies in ophthalmology; however, these physicians do not have a specialist degree recognized by the MEC or the CBO; therefore, they are not included in the government's statistics. These physicians play an extremely important role in caring for the ocular health of the Brazilian population, since they are spread throughout the various states of the nation.

Objectives: To conduct an examination for physicians working as general ophthalmologists to obtain a certificate of competency in ophthalmology following minimal curricular analysis. Those approved will then be added to the list of physicians regularly working in general ophthalmology in Brazil. In addition, this may serve as a stimulus for these physicians to apply to join the Brazilian Council of Ophthalmology, thus increasing its number of members.

Material and Methods: A examination of competency in ophthalmology will be held in September 2014 during the Brazilian Congress on Ophthalmology for 421 enrolled physicians who graduated in medicine prior to 2003 and who provided specific, documented proof that they had been working in general ophthalmology uninterruptedly. A descriptive analysis was performed of the sample of candidates with respect to their gender, age, time since graduation, whether they had undergone medical residency/internship and the state in which they were born.

Results: Of the 421 physicians, 286 (68%) were male and 135 (32%) were female. Overall, 332 (78.86%) were 35-50 years of age, 86 (20.43%) were 51-65 years of age, and 3 (0.71%) were over 66 years of age. In relation to the time since their graduation in medicine, 335 (79.6%) graduated 10-24 years previously, while 86 (20.4%) graduated more than 25 years previously. Overall, 282 (67%) had completed medical residency or internship, while 139 (33%) had not. With respect to their birthplace, 25 (6%) were from the north of Brazil, 114 (27%) from the northeast, 197 (46.8%) from the southeast, 36 (8.6%) from the mid-west and 49 (11.6%) from the south of the country.

Conclusion: The competency exam will be held in September and those approved will add to the number of physicians who regularly work in general ophthalmology in Brazil and to the membership of the Brazilian Council of Ophthalmology. This method for increasing the number of physicians working in general ophthalmology is an example to be adopted in years to come, and represents a way of contesting the government's argument regarding a scarcity of physicians working in ophthalmology in Brazil.

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Cristina Ferrari Lugo, MD (Puerto Rico)
Sociedad Puertorriqueña de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Ophthalmic Technicians Program

Puerto Rico is markedly divided in the metropolitan area (San Juan), and outside the metropolitan area (the Island). We have approximately 208 active ophthalmologists in Puerto Rico. There is presently only one program that offers the Ophthalmic Technicians associate degree in the University of Puerto Rico in San Juan. It graduates approximately 8-10 technicians yearly and almost all graduates stay in the Metropolitan Area to practice. Hence, it is very difficult for us Island Ophthalmologists to have access to properly trained personnel to assist in the management of patient care.

There is no doubt that establishing teaching programs outside San Juan for young individuals to train in the area of Ophthalmic Technicians will not only benefit us as practicing ophthalmologist but it will also benefit our patients. Properly trained personnel will make diagnostic testing more reliable and cost effective. Time management in ophthalmic practices will likely improve, as will patient education.

I have established a relationship and had a meeting with the President of the Catholic University in Ponce, Puerto Rico with campuses in Mayaguez and Arecibo. Present in that meeting was the Dean of the Mayaguez Campus and the Head of Curriculum. They are presently presenting the curriculum to the University Syndicate and the program will likely start in January 2015.

This program will graduate 10 Ophthalmic Technicians a year. Being that the Catholic University is a Worldwide Institutions this link will likely be used to establish similar programs throughout different part of Latin America.

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Roberto Gallego Pinazo, MD PhD (Spain)
Sociedad Española de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: International Medical Retina Fellowship in Spain... building a sand castle in the wind

Purpose: To create a medical retina fellowship at the Unit of Macula of the Department of Ophthalmology of the University and Polytechnic Hospital La Fe (Valencia, Spain) specially offered to people from South America.

Methods and Results:

- (1) Accreditation of the fellowship by the Association of University Professors in Ophthalmology (AUPO) and the International Council of Ophthalmology (ICO)
 - a. Successful contact with Mr Andrew G Lee, chair of the *Curricula and Expectations for Training Programs, Education Goal Committee*, thanks to the valuable help of Ms Elena Prior-Filipe
 - b. Acquisition of the paperwork needed in order to formalize the fellowship
- (2) Fund raising to cover the fellowship
 - a. Two pharmaceutical companies were highly interested in investing in this project as they understood that it was a new and interesting possibility for global ophthalmology
- (3) Receive the approval from the local board of directors at my facility
 - a. The easiest part was not so. The local board of directors considered “ridiculous” and “not necessary” to offer a fellowship to people from other countries

Conclusions: There are times in life when people stop your work, efforts and wishes. But this does not mean that they can destroy them. It means that it’s time to keep moving forward, and double your work, efforts and wishes.

José Gerardo García Aguirre MD (Mexico)
SPRV (Sociedad Panamericana de Retina y Vítreo)

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Pilot for a Teleophthalmology Program in Mexico

Purpose: To design and test a teleophthalmology program for the detection of glaucoma, macular degeneration and diabetic retinopathy in rural Mexican population, using the drs fundus camera (<http://www.centervue.com/product.php?id=637>).

Methods and Results: The drs fundus camera is a semi-automated digital retinal imaging device designed for teleophthalmology. It requires little intervention from the operator and automatically uploads images to a server, where they are stored for later interpretation by a retina specialist via a web-based software.

The design of this project involved retina specialists from the Association for the Prevention of Blindness in Mexico (Asociación para Evitar la Ceguera en México) in Mexico City (Dr. Jans Fromowand myself), two retina fellows from the retina and glaucoma department (Drs. Paola Jacobo, María García and Javier Flores), the chief scientific officer at CenterVue (Mr. Marco Morales), which is the Italian company that produces de drs fundus camera, and the local distributors in Mexico for the drs fundus camera (Mr. Oscar Athié and Mr. Hector Velasco). Funds for the acquisition of equipment are provided by the Mexican Health Department.

The first step of the project involved thorough literature search in order to identify successful teleophthalmology programs around the world, in order to select the optimal grading systems for our population.

The second step involved getting together with Mrs. Morales, Athié and Velasco in order to change the web software and the software of the camera itself in order to include our grading systems.

Afterwards, a inter-observer variability study was performed in order to prove that the photographers' (fellows) and graders' (retina specialists) performance was repeatable. Fellows took pictures of patients with (a) a normal fundus, (b) glaucoma, (c) non proliferative diabetic retinopathy, (d) proliferative diabetic retinopathy, (e) dry age-related macular degeneration and (f) wet age-related macular degeneration, that were uploaded to the server and graded via web by Dr. Fromow and myself.

For the test of the program, a rural government health facility has been adapted to run the pilot study. The facility is located in the town of Tepoztlán, in the state of Morelos, which is 80 km away from Mexico City. It has been adapted with an area to test the patients' visual acuity, an air puff tonometer, the drs camera, and high-speed internet access for image uploading. It also has a mobile unit that will take a second drs camera to smaller rural communities around Tepoztlán. This facility has a staff of five (two soon-to-be MDs doing their year of social service and three social workers). The staff were brought to our hospital and have already been trained in the measurement of visual acuity and the use of the drs camera.

Conclusion: This is the first step of what we hope will become a nationwide teleophthalmology program. Incidence of glaucoma, AMD and diabetic retinopathy (specially the latter) is really high in Mexican population. We hope that early

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detection of these diseases in the rural population will reflect in better eye health in people with few or no access to an ophthalmologist.

What's next?: The following step is that necessary equipment needs to arrive to the Tepoztlan facility, in order to begin the program in the field.

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Nuno Miguel Tavares L. Gomes, MD (Portugal)
Sociedade Portuguesa de Oftalmologia

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Retina Summer Camp

Introduction: Retina surgery is an ever-growing area of Ophthalmology. The increasing number of patients, the advances in technology and the growth of smaller hospitals in Portugal due to a de-centralization of Medical Resources have led to a growth in the number of centers where this surgery is performed. In spite of this, post-graduate teaching in Portugal is virtually non-existing, meaning most young doctors have little background to start performing vitrectomies with confidence.

Purpose: To create an intensive one-week course with a practical component in order to teach young Ophthalmologists who are starting retina surgery the basics of this technique.

Methods: Development of a one-week course with lectures given by the leading Portuguese experts in the area covering the basics and the basic approaches to different retinal pathologies, a hands-on wet-lab for the participants and the possibility to assist different experienced surgeons in the operating room to assimilate the concepts learned in the lectures.

Results: The first Retina Summer Camp took place from the 7th to the 11th of July 2014 in Braga. All the major Portuguese experts in the field were present as well as Dr. Carlos Mateo from Barcelona, a world-leading expert in the field of Retina surgery. The lectures took place in the morning. In the afternoons the 12 participants were divided into 4 groups and spent their time in the wet-lab and in the operating rooms of Hospital de Braga and of Hospital de Santo António in Porto, where they had the opportunity to work with 4 different experienced retina surgeons. Feedback from all people involved was excellent and the second edition of the Retina Summer Camp is already being planned for 2015.

Conclusions: Implementing the Retina Summer Camp will allow young Ophthalmologists to start performing retina surgery better prepared. Also, meeting more experienced retina surgeons will allow younger doctors to create a network of connections that could prove very useful in the most difficult cases.

Jorge Augusto Gómez Silva, MD (Colombia)
Sociedad de Oftalmopediatría Latino Americana (SOPLA)

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Teleophthalmology in Colombia

Purpose: According to the DANE that stands for the national statistics department of Colombia, by the year 2020 we expect a population of about 52.000.000. Recent estimates of the Pan-American Health Organization report that 8.2% will suffer diabetes by that year and that would be almost 4.2 million patients. 30% of this patients will develop diabetic retinopathy that could lead to vision loss.

We know that early detection and intervention can prevent complications and decrease the number of blind patients. We Also recognize the importance of at least one annual retinal evaluation. Right know different associations estimate that retinal evaluations in the United States remains less than 50%. In Colombia we don't even have statistics for that, so, the number is probably much higher. The number of patients requiring retina evaluations will far exceed the capacity of our health systems.

A similar situation occurs in ROP, the increase in neonatal intensive care units (NICUs) and modern Medical technology has lead not only to higher survival rates but also to a higher rate of Diseases related to that extremely prematurity condition. Doctors are not interested in infants screening because of time demanding and the risk of lawsuits.

Methods: One mobile unit carries the necessary equipment to screen diabetic retinopathy, premature retinopathy, and eventually age related macular diseases. The technician uses the Retcam, the OCT, and a digital to capture various images. The technician then uses the software to transfer and share the images with an expert for interpretation and analysis.

The physician logs on to the platform via the web, (Platform That Integrates all the Retcam INITIALLY in the country and regionally, reviews the exams and generates a report). In the case of ROP, he will also inform the neonatologist in the Neonatal ICU of the results and the recommended plan of care.

Results: Today we have 6 connected centers. Combined, the centers have screen 1184 patients with diabetes mellitus. 274 patients were diagnosed with some degree of retinopathy. Subsequently, each received the appropriate treatment recommendation and referral.

With respect to the screening for premature retinopathy, we have successfully developed a software platform that has enabled us to introduce four Retcam in Colombia. We have in turn used the new Retcams to administer screening tests in hospital ICUs across the country.

We have approached various hospitals and insurance providers to propose the use of Retcams as the primary ROP screening method for areas of the country where there is no specialist to perform an screening in-person.

Conclusion: Implementing and utilizing tele-ophthalmology as a diagnostic tool has shown to improve access to health services, provides early diagnosis and treatment, reduces costs, and in comparison with the traditional, status-quo, system, it enables and supports large-scale education and awareness campaigns. While there exists barriers and roadblocks, both political and economic, that threaten the program's long-term sustainability, the overwhelming positive results outweigh the difficulties and inspire and motivate us to continue this program and its good work so we can reduce blinds in Colombia.

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Kim Jebodhsingh, BS MBBS (Barbados)
Ophthalmological Society of the West Indies

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: The Caribbean Ophthalmology Research Foundation (C.O.R.F)

Background: There are many diseases that have not been extensively researched in the Caribbean region. This is due to low global prevalence or economic insignificance in western countries where most medical research is performed. For various reasons, including genetic, climatic and socioeconomic factors, these diseases are often more devastating in the Caribbean, but have not attracted research to an extent commensurate with their significance.

There is a corresponding lack of funding in the Caribbean for medical research. The primary issue is not lack of funds, as there are many untapped sources of potential research funds including private philanthropy. Rather, the lack of research grants is due to the lack of a mechanism for linking private donors with research programs.

Purpose: The C.O.R.F is a coordinating body to attract, target and direct funds to research that can significantly improve understanding, treatment, delivery and economics of healthcare in the Caribbean. The Foundation will fund research conducted anywhere in the Caribbean by competent, trained physicians.

Methods:

1. Oversee the inception of the Foundation
2. Attract initial funders
3. To allocate the first research projects in the field of ophthalmology
4. Set up a Board of Management
5. Development of a brochure for donors, researchers and Board of Management
6. Create a website for the Foundation

It will therefore become important that the Foundation establishes a Board of Management, the aim of which will be to provide gravitas and eminence to the Foundation. The Board of Management will be charged with setting long-term objectives for the Foundation. It is intended that the Board will consist of people of regional and international repute in medicine and business who can lead expansion in sources of funding, and broadening the scope of research undertaken.

Initial research grants will be awarded to ophthalmologists for research in conditions identified in the Caribbean region noted in the "Vision 2020 strategy for the Caribbean" document which include:

- Cataracts
- Glaucoma
- Diabetic Retinopathy
- Uncorrected errors of refraction and low vision
- Causes of childhood blindness including Retinopathy of Prematurity (ROP), cataract and glaucoma in children.

We will also encourage collaborative research among institutions in the Caribbean and international institutions. This will allow for comparisons of race, climate, diet and environments which may aid understanding the etiology of disease.

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Results:

1. The C.O.R.F was initiated in May 2014 and will be incorporated in accordance with the Charities Act, CAP243 of the Barbados Law.
2. 3 Donors have been approached and are interested donating to the Foundation, meetings are set for December 2014 through February 2015.
3. Advice, assistance and important input have been given by key senior ophthalmologists and industry.
4. Ideas for research projects have been submitted to the Foundation by ophthalmologists for review.
5. Establishment of a Board of Management: the meeting is set for the week of February 24, 2015.
6. A brochure has been created and will be used for the distribution to donors, researchers and the members of the Board of Management
7. Website has been initiated

Conclusions: The Caribbean Ophthalmology Research Foundation serves to encourage research into diseases which have major impact in the Caribbean. The final meetings for donors and establishment of a Board will be in February 2015 in Barbados, when key persons will be in Barbados for the Latest Updates in Ophthalmology Subspecialty Conference.

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Luis Alberto Lagos Bulnes, MD (Honduras)
Sociedad Hondureña de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Remodeling And Expansion of The Ophthalmology Room in San Felipe Hospital

Introduction: In Honduras as in other Latin American countries, we have been flooded by different missions or what they call ophthalmological brigades, arriving from different places to practice cataract surgery. In this sense Hondurans ophthalmologists have somehow given the space for this types of activities and we have forgotten that eye health should be our responsibility and that only we can ensure the ocular health that our people deserve. With the assistance of PAHO, IAPB and PAAO, entities that have been very interested in the growth development of ophthalmology in the region, and this is not to belittle the work of international missions, have been carrying out activities aimed to improve eye health in Honduras. It is our intention with this project, to resume our duty and in this sense the San Felipe Hospital has been a mainstay as far as eye care is concerned, so we believe that with the remodelation and expansion of the ophthalmology service of San Felipe Hospital we can help exalt the Honduran ophthalmology and national ophthalmologists.

Proposal: The Project involves the remodeling and expansion of the Ophthalmology service of San Felipe Hospital.

Methodology:

- **1st Stage:** Expansion of the ophthalmology service with the increase in the number of attentions and cataract surgeries.
- **2nd Stage:** Physical expansion of the service to meet demand.
- **3rd Stage:** Community projection.

Results: At the moment, the number of cataract surgeries have increased, it is noteworthy that not in a desire number, but has allowed authorities see the effort it represents. We have received advice and support from the Pan-American Health Organization (PAHO / WHO) International Agency of Blindness Prevention (IAPB) and the Pan-American Association of Ophthalmology (PAAO), which has help us obtain the support of the government sector. The Eye Care Plan was approved which includes aspects for the expansion of health services and strategic alliances have been made with NGO's who are working hard in eye health.

Talks were initiated with the hospital management for the expansion of the service facilities and now this project is on the approval plan to request the assistance of donor countries.

Limitations: The actual political and economic situation.

Conclusions: The colleagues have enthusiastically received the project. Very long we are to see the achievements or the extent of it, but we have to move on, it is noteworthy that thanks to institutions such as PAHO, PAAO, IAPB we have put in the spotlight as far as ophthalmology is concerned.

Special thanks to Dra. Doris Alvarado for her initiative and dedication.

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Sandra Larco Moncayo MD (Ecuador)
Sociedad Panamericana de Baja Visión

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: A Pilot Study: Teaching Low Vision to Residents In Ophthalmology

Introduction: In all of Latin America, only Mexico and Brazil include Low Vision in their curriculum for Ophthalmology residents. Given the increasing number of patients with Low Vision worldwide, it seems that this subspecialty can no longer be ignored.

Purpose: To introduce residents to Low Vision so that residents may:

- Recognize patients with Low Vision
- Know how examine these patients (visual functions, prescription of optical aids)
- Provide appropriate primary care
- Refer patients to the proper service centers
- Introduce a sense of optimism about the existence and effectiveness of optical aids and other treatments for patients with Low Vision
- Give appropriate treatment and technical orientation for common diseases associated with Low Vision

Methods:

- A) Spoke with post-grad authorities at Universidad Central del Ecuador, (the only university currently training ophthalmologists in Ecuador) about including Low Vision in the curriculum for residents in ophthalmology
- B) Announced intention to start a pilot curriculum on Low Vision to the Latin American community of ophthalmologists.
- C) Became certified to teach Low Vision to postgraduates
- D) Obtained existing curriculums from Brazil and Mexico to use as references for forming the pilot curriculum in Ecuador
- E) Used ICO guidelines as a structural basis
- F) Invited local ophthalmologists, and the Low Vision team to guest-teach classes within their expertise
- G) Talked with the President of the Ecuadorian Society of Ophthalmology and with the President of the Pan-American Society of Low Vision seeking validation for pilot curriculum
- H) Looking to expand pilot Low Vision curriculum into the first and second years of the Ophthalmology residence program at Universidad Central del Ecuador.

Results:

- 1) Low Vision Curriculum for residents in Ophthalmology validated by both the Ecuadorian Society of Ophthalmology and the Pan-American Society of Low Vision
- 2) Third year residents received thirty-two hours of Low Vision training in 2014
- 3) Chilean and Peruvian ophthalmologist university professors have requested a copy of the curriculum

Conclusions: Teaching Low Vision to residents has been a wonderful experience not only for the scientific knowledge we've transmitted, but because we've been able to communicate the importance of each individual patient's' specific emotional and functional needs. Residents who are cognizant of this have a much greater chance of greatly improving the quality of life of their Low Vision patients.

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Arturo Ramirez-Miranda MD (Mexico)
Sociedad Mexicana de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: World Ophthalmology Congress 2016. Social Networking

Background: The city of Guadalajara, Jalisco will be the site of the next World Ophthalmology Congress (WOC), which will take place February 5th through the 9th of 2016. The organization of an event of this magnitude forces the Mexican Society of Ophthalmology (SMO), to take provisions and start a series of tasks to accomplish the mission that Mexican Ophthalmology has committed to. Since that election in 2011, several measures have been taken for the organization of the congress, academic and financial agreements have been signed with the SMO, with the ICO and with the PAAO in order to encourage the highest possible attendance.

Purpose: The purpose of this project is to develop digital communities with the aid of social networks (Facebook and Twitter), to promote the WOC2016 amongst the Spanish/Portuguese speaking ophthalmologists, especially in the PAAO zone (Latin America, Spain and Spanish/Portuguese speaking doctors in the US), to encourage the highest possible attendance.

Methods:

- 1) As part of the Mexican Integration and Technological support Committee, propose to the committee chair, Dr Ricardo Trigo, the creation of a social networks sub-committee.
- 2) Coordinate the WOC2016, social networks promotion subcommittee, requesting collaborations from ophthalmology leaders from every subspecialty.
- 3) Design a web managing schedule for uploading WOC2016 info, and work with the www.woc16.org Webmaster to be synchronized, and also with the Facebook English counterpart webmaster.
- 4) Organize a role of clinical cases, Mexican tourism, and WOC1970 history (also in Mexico) essays providers to keep the networks refreshed.
- 5) Share every post on the PAAO zone ophthalmological society.
- 6) Track Page activity, insights, reach, visits and likes regularly.

Results: So far, the Facebook page and twitter account was proposed to the committee and Accepted.

The Facebook page was created (<https://www.facebook.com/OftalmologiaCongresoMundial2016GuadalajaraMexico>) and the twitter account as well (@MundialOftalmo).

The promotion subcommittee was created with myself as head, and help obtained from ophthalmologist from every specialty, and even Dr Graue, WOC2016 congress president to write a message for the page. A schedule and time line was created to upload, a series of articles and pictures twice or thrice a week, to avoid saturation, starting from memories of the WOC1970 in Mexico and continuing with Touristic and cultural info of Mexico, and Ophthalmological clinical cases.

As today the page has 1045 followers and likes from every corner of the PAAO zone, with a high reach and performing very smoothly.

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Conclusion: The digital community has already created, and it is currently growing and engaging the interest of potential attendees of WOC2016, we will continue to feed the info on the page. Mexican ophthalmology must gravitate in world ophthalmology and therefore we must put forth our best effort to achieve this.

Dolores María Ribero Ayerza, MD (Argentina)
Consejo Argentino de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Protocolo de evaluación y tratamiento de Neuritis Óptica en Argentina

Introducción: Los pacientes que presentan disminución aguda de la visión secundaria a neuritis óptica, suelen acceder a la consulta especializada de forma tardía. En consecuencia, se retrasa el comienzo del tratamiento, con el consecuente resultado visual variable y discapacidad visual. Estudios han demostrado que el diagnóstico y tratamiento temprano de algunas enfermedades específicas de la vía visual mejora el pronóstico y puede disminuir la discapacidad visual a largo plazo.

Objetivo: Creación y promoción de herramientas para diagnóstico y tratamiento temprano de neuritis óptica con el fin de mejorar el pronóstico visual de los pacientes que consultan por disminución de la visión ocasionada por esta entidad, para ser utilizadas por oftalmólogos en formación y especialistas.

Métodos:

- 1) Primera etapa: Conocer el estado de situación de conocimiento de la patología y opciones terapéuticas actuales en Argentina mediante la distribución y posterior análisis de una encuesta anónima, distribuida a la comunidad oftalmológica mediante la lista de difusión electrónica del Consejo Argentino de Oftalmología (CAO) y en su sede a aquellos oftalmólogos que se acerquen a la Biblioteca del Consejo.
- 2) Segunda etapa: Incluir un módulo de "Evaluación, diagnóstico y tratamiento de enfermedades de la vía visual" dentro del programa "Cursos CAO" (modalidades virtual y presencial). Publicación en el sitio web del Consejo Argentino de Oftalmología de un "Protocolo para evaluación, diagnóstico y tratamiento de la neuritis óptica", siguiendo guías y evidencia publicada en la literatura mundial, de fácil acceso y comprensión a la población de oftalmólogos de Argentina.
- 3) Tercera etapa: Realizar una nueva evaluación post-intervención, mediante la redistribución de la encuesta. Luego decidir si se continúa con la intervención o se modifica de acuerdo a los resultados.

Resultados: En base a los resultados de la encuesta de situación se desarrollarán los medios educativos dirigidos a la comunidad oftalmológica.

Conclusión: Si bien no se poseen datos estadísticos precisos sobre su prevalencia, la neuritis óptica es una entidad que se presenta con cierta frecuencia en Argentina. El conocimiento por parte de la comunidad oftalmológica en todo el país de las características clínicas, evaluación y tratamiento puede mejorar el pronóstico visual y general en caso de confirmarse enfermedad desmielinizante.

Encuesta Situación actual Neuritis óptica en Argentina

Esta encuesta es anónima, sus datos no podrán ser identificados

Seleccionar la opción que considere más cercana a su práctica habitual

A. Demografía (Puede seleccionar más de una opción si así lo considera)

1. Tiempo de ejercicio de la oftalmología

- menos de 5 años
- 6 a 10 años
- 11 a 15 años
- Más de 15 años

2. Area geográfica

- CABA y área metropolitana
- Capital provincial
- Ciudad cabecera de departamento
- Zona rural

3. Formación oftalmológica

- Concurrencia
- Residencia
- Carrera de Médico Especialista
- Subespecialización

4. Area de trabajo

- Hospital general público
- Hospital general privado
- Clínica oftalmológica
- Consultorio particular

B. Con respecto a la neuritis óptica

1. ¿Cuántos pacientes con neuritis óptica ve en su práctica habitual en seis meses?

- 0 a 5
- 6 a 10
- 11 a 15
- 16 a 20
- mas de 20

2. Cuando se presenta un paciente con disminución visual, DPAR, con o sin edema de disco óptico en su consulta, usted:

- Solicita estudios complementarios y administra tratamiento
- Solicita estudios complementarios y lo deriva al neurooftalmólogo
- Deriva al neurólogo sin solicitar estudios complementarios
- Deriva al neurooftalmólogo sin solicitar estudios complementarios

3. Si solicitara estudios complementarios ¿cual/es elegiría?

- OCT de discos ópticos
- Angiografía retinal con fluoresceína
- Perimetria computada
- Resonancia Magnética de cerebro
- Evaluación clínica

4. Si Ud no pudiera derivar este paciente, ¿cómo procedería?

- Corticoides endovenosos
- Corticoides via oral
- Corticoides intraorbitarios

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No le administraría corticoides
Otro tratamiento (especifique)

TRANSLATION

Title of Project: *Optic Neuritis in Argentina: Evaluation and treatment Protocol*

Introduction: Patients who present acute visual loss secondary to optic neuritis and often have a delayed neuroophthalmological consultation. The specific treatment may also be delayed, resulting in variable visual outcome and incapacity. Studies have demonstrated that early diagnosis and treatment of some specific visual pathway illnesses offers a better prognosis, and can limit long term visual incapacity.

Purpose: To create and promote tools for early diagnosis and treatment of optic neuritis. Trying to improve visual prognosis of those patients who present optic neuritis and decreased vision. to be used by ophthalmologists in training and specialists.

Methods:

- 1) First Stage: To gather information about the knowledge of this pathology and therapeutic options at this time in Argentina, by distributing an electronic anonymous survey, with later evaluation, to the ophthalmological community, through the database of the Argentine Council of Ophthalmology (CAO). This will be offered also to the ophthalmologists visiting the CAO's Library.
- 2) Second stage: To include the "Evaluation, diagnosis and treatment of visual pathway illnesses" module as part of the CAO course's program; to publish in the CAO website a "Protocol for evaluation, diagnosis, and treatment of optic neuritis" referring to evidence and guidelines published in the world literature. It will be designed for easy access and comprehension for all ophthalmologists in Argentina.
- 3) Third stage: Reevaluate after initial intervention, through the redistribution of the survey. With the purpose of modifying or continuing the distribution of these tools.

Results: Educational methods (courses, ophthalmologic magazine publications) will be released to the ophthalmological argentine community, according to the situation survey.

Conclusion: Optic neuritis is prevalent in Argentina, but there are no statistical data on its incidence. The distribution easy access tools and information about knowledge, evaluation and treatment for this disease can improve visual and general prognosis of these patients, in case of confirming demyelinating disorders.

Optic Neuritis in Argentina, Situational Survey

**This is an anonymous survey, your data cannot be identified
Select the option you consider reflects your practice.**

A. Demographics

More than one option can be selected

1. Years practicing Ophthalmology
 - Less than 5
 - From 6 to 10
 - From 11 to 15

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More than 15

2. Geographical area

- Buenos Aires And Metropolitan area
- Province capital city
- City head of a Department
- Rural area

3. Training in Ophthalmology

- Ad Honorem vocational trainee
- Residency Program
- Ophthalmic specialist postgraduate
- Subspecialty

4. Work area

- General Public Hospital
- General Private Hospital
- Eye Clinic
- Private Office

B. About optic neuritis (ON)

5. How many patients with ON do you see in a six month period in your practise?

- 0 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- more than 20

6. When you see a patient with visual deficit, RAPD, optic disc normal or edematous, do you?

- Begin a work-up and treat?
- Begin a work-up and refer to a neuroophthalmologist?
- Refer directly to a neurologist without a work-up?
- Refer to a neuroophthalmologist without a work-up?

7. If you ask for complimentary tests which of the following would you choose?

- Optic disk OCT
- Retinal fluorescein angiography
- Perimetry
- A Brain MRI
- Clinical evaluation

8. If you cannot refer, how do you treat the patient?

- Intravenous corticosteroids
- Oral corticosteroids
- Intraorbital corticosteroids
- No corticosteroids
- Other treatment (please describe)

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Cristhian Marcelo Sancho P., MD (Ecuador)
Sociedad Ecuatoriana de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Detección temprana de queratocono y tratamiento

Propósito:

Capacitar en la detección temprana del queratocono a residentes y médicos oftalmólogos en áreas rurales del Ecuador.

Método:

- 1.- Adquirir dos topógrafos móviles con el apoyo de ONG's y la industria farmacéutica.
- 2.- Capacitar al personal quienes realizaran los exámenes y las visitas en zonas rurales.
- 3.- Capacitar al staff médico del área de salud correspondiente. En caso de que no se cuente con oftalmólogo se enviarán las imágenes escaneadas por correo electrónico.
- 4.- Una vez diagnosticados los pacientes se los remite a las áreas de salud correspondientes para su tratamiento o a su vez a ONG's que desean apoyar con el tratamiento.

Resultados:

Hemos podido capacitar a 15 residentes y 20 oftalmólogos generales de distintas zonas del Ecuador en la interpretación de imágenes topográficas así como a 8 técnicos para la adquisición de las tomas realizando 3 talleres con charlas y prácticas.

Se han podido realizar campañas para queratocono en ciudades como Portoviejo, Manta, Bahía de Caraquez, Daule, Guayaquil, Santo Domingo de los Sachilas, Riobamba, Guamote, Guaranda, Latacunga, Tulcán, Ibarra y Quito.

Desde que se inició el proyecto en Febrero del 2014 hemos podido diagnosticar 350 casos de Queratocono los mismos que han sido tratados en un 60% con métodos como el crosslinking, anillos o trasplantes.

El 40 % restante son pacientes que no han asistido a los controles.

Conclusiones:

El diagnóstico temprano de queratocono se lo puede realizar en la actualidad con equipos móviles y con la capacitación al personal médico incluso en zonas con difícil acceso para atención oftalmológica.

Bruna Vieira O. Carvalho Ventura MD (Brazil)
ALACCSA-R (Asociación Latinoamericana de Cirujanos de Catarata, Segmento Anterior y Refractiva)

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Educational video on congenital cataracts

Purpose: To make an educational video focused on the family of patients with congenital cataracts in order to provide them with information regarding the diagnosis and treatment of congenital cataracts.

Methods: The different partners of the Altino Ventura Foundation, in Recife, Pernambuco, Brazil, were approached to show them the educational video project and to obtain the funding needed. A video company comprised of professionals dedicated in making videos was hired to make the educational video. The video content was created, approaching the diagnosis of congenital cataract, the treatment options available, the surgical procedure, the importance of the postoperative regimen of drugs and postoperative visual rehabilitation, and the visual prognosis of the child.

Results: The non-governmental organization Child Blind Mission (CBM) agreed in financing this project. We included the visualization of the educational video in our Congenital Cataract Department flowchart. After the initial consultation with the ophthalmologist and diagnosis of congenital cataract, the parents or caregivers of the children watch the video and then return to speak to the ophthalmologist. When they return, they have acquired enough knowledge on the disease, treatment and prognosis to have a more focused discussion, optimizing their time and the doctor's time.

Conclusion: The educational video on congenital cataracts is an effective way to provide knowledge on the disease, the diagnosis and the treatment of congenital cataract to parents or caregivers of children with congenital cataracts. This optimizes the time spent in the clinic. We plan on making this video available online in a near video, so that it can be seen from home and shown to other family members and friends. We also plan on having English and Spanish subtitles added to it, so that it can benefit patients in Latin America and in English-speaking countries.

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PAN-AMERICAN ASSOCIATION OF OPHTHALMOLOGY
CURSO DE LIDERAZGO



Marta Roque de Andrade Vila Franca MD (Portugal)
Sociedade Portuguesa de Oftalmologia

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: Flash Look - New section of the Portuguese Ophthalmology Society Magazine

Introduction: The *Oftalmologia* is the Portuguese Ophthalmology Society (POS) scientific magazine that publishes especially original papers, every quarter. The target ophthalmologists in training, in solo practice, generalists but also ophthalmologists of African countries of official Portuguese language. Since there is a temporal gap between scientific information discussed in congress but also in courses all around the world and its introduction in the clinic practice, it would be very interesting and helpful to have a section where scientific information, particularly new, hot, difficult and controversial could be shared.

Purpose: To create a new and dynamic section in the POS magazine that would address controversial and/or hot topics in a very objective and simple way that could help doctors in their practice.

Methods: The section policy would be as follows: (i) topics to be defined by the editor and by the responsible of the section; (ii) the text in the format of answer/opinion to follow a very objective language and (iii) to have no more than 3000 characters; (iv) the same topic could have more than one answer/opinion to be produced; (v) 3 to 5 bibliographic references must be always provided; (vi) the readers are allowed/invited to participate by suggesting a topic or by giving an answer in return. In view of the full accomplishment of the section purposes, a committee composed of experts in the different ophthalmic sub-specialties has been created in order to write the section's content, propose topics or any suggestions or to be consulted with in case of any relevant matter related to the section.

Results: The first Flash Look was published in the third edition number of the current year and four different topics have been address. The next edition number to be released is already completed and a plan for the next year has been already outlined.

Conclusion: The acceptance of the new section has been very good and many topic suggestions have been received so far from our readers.

Oscar Alejandro Villalobos Urizar MD (Peru)
Sociedad Peruana de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract

Title of Project: ROP's Low-Cost screening for prevention of children blindness in Peru

Introducción: La Retinopatía de la Prematuridad (ROP) es la principal causa tratable de ceguera infantil en el Perú y el mundo. El riesgo de desarrollo de ROP en neonatos nacidos con peso menor a 1,500 gramos en nuestro medio es alto, con una incidencia que puede alcanzar el 70% a nivel regional. Debido a falta de capacitación, nuestra difícil geografía y problemas logísticos, no se está realizando diagnóstico oportuno en la mayoría de Unidades de Cuidados Intensivos Neonatales (UCIN), especialmente fuera de la capital.

Propuesta: Crear un sistema de diagnóstico temprano y oportuno de ROP en el País, que permita la disminución de los casos de ceguera por ROP utilizando cámaras retinales portátiles de bajo costo en hospitales regionales que cuenten con una UCIN.

Métodos:

- Selección de una cámara retinal que cumpla con los criterios de selección establecidos.
- Realizar pruebas clínicas supervisadas por 2 expertos en ROP locales en uno de los Hospitales de referencia en la capital, en al menos 10 neonatos previamente diagnosticados y clasificados con enfermedad de ROP.
- Efectuar jornadas de fotografías piloto en UCIN de Hospitales regionales que cuenten con estadísticas de ROP previas, así como de capacitación del personal en la detección de factores de riesgo para la enfermedad y manejo del equipo.
- Proponer la inclusión en el “Plan Nacional de Lucha Contra la Ceguera” del Ministerio de Salud las recomendaciones que de este trabajo se desprendan.

Resultados: La cámara retinal seleccionada fue la VersaCam de Nidek (largo tiempo de operación, facilidad de operación, proveedor local). La principal limitante fue conseguir el permiso para importación de equipo médico necesario en nuestro País, el cual se obtuvo en junio. En la etapa inicial de pruebas clínicas, se evaluó un total de 14 neonatos con ROP diagnosticados previamente mediante oftalmoscopia indirecta, pudiendo confirmarse la patología en 12 de ellos (86%) mediante fotografía. Recientemente, desarrollamos una estrategia de fotografía asistida nueva, que permite incrementar tanto la precisión como la cantidad de material fotográfico conseguido.

Se determinó además que los Hospitales Regionales de las ciudades de Cuzco y Chiclayo cuentan con soporte para telemedicina y videoconferencias, además de UCIN y estadísticas actualizadas. Las gestiones de coordinación para iniciar las visitas se harán a nivel del consejo regional de la Sociedad Peruana de Oftalmología.

Conclusión: La utilización de cámaras retinales portátiles de bajo costo permite una evaluación inicial rápida de recién nacidos con ROP, siendo suficiente para la decisión de traslado y tratamiento especializado.

2013 - 2014 PROJECTS

PAN-AMERICAN ASSOCIATION OF OPHTHALMOLOGY
CURSO DE LIDERAZGO



Oscar Alejandro Villalobos Urizar MD (Peru)
Sociedad Peruana de Oftalmología

PAAO Leadership Course 2013-2014
Project Abstract - TRANSLATION:

Introduction: Retinopathy of Prematurity (ROP) is the leading treatable cause of childhood blindness in Peru and the world. The risk of developing ROP in newborns weighing less than 1,500 grams in our area is high, with an incidence as high as 70% at the regional level. Due to lack of training, our difficult geography and logistical problems, timely diagnoses are not being performed in most Neonatal Intensive Care Units (NICU), especially outside the capital.

Purpose: Create a system of early and timely diagnosis of ROP in the country, capable of reducing the incidence of blindness from ROP using portable low-cost digital retinal cameras in regional hospitals with NICU.

Methods:

- Acquire a portable digital retinal camera that meets the selection criteria.
- Conduct clinical trials supervised by two local ROP experts in one of the Capital's reference Hospitals, in at least 10 previously diagnosed and classified infants with ROP disease.
- Conduct photographs pilot sessions at regional Hospitals NICU that have previous ROP statistics, as well as staff training in the detection of risk factors for the disease and handling of the camera.
- Propose to the Ministry of Health the inclusion in the "National Plan to Combat Blindness" recommendations arising from this work.

Results: The selected retinal camera was VersaCam from Nidek (long working time and ease of operation, local provider). The main constraint was to get permission to import necessary medical equipment in our country, which was obtained in late June. In the initial stage of clinical trials, 14 infants previously diagnosed with ROP by indirect ophthalmoscopy were assessed. Pathology was successfully confirmed in 13 of them (93%) by digital photography. Recently, we developed a new strategy of assisted photography, which can increase both the accuracy and the amount of photographic material obtained. It was further determined that the regional Hospitals in the cities of Cusco and Chiclayo have support for telemedicine and videoconferencing, plus NICU and updated statistics. Coordination to start the visits will be made at Regional Council level of the Peruvian Society of Ophthalmology.

Conclusion: The use of portable low-cost retinal cameras allows rapid initial assessment of newborns with ROP, being enough for the transference decision and specialized treatment.

2013 - 2014 PARTICIPANTS

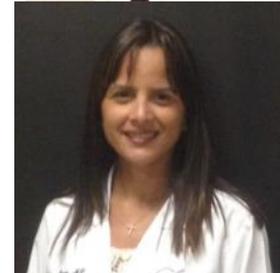
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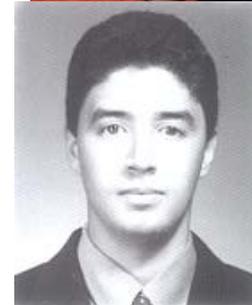
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GENERAL INFORMATION

PAN-AMERICAN ASSOCIATION OF OPHTHALMOLOGY
CURSO DE LIDERAZGO



The purpose of the Pan-American Association of Ophthalmology (PAAO) *Curso de Liderazgo* (Leadership Development Program) is to provide both orientation and skill development to future leaders of national ophthalmology societies and subspecialty societies affiliated with the PAAO.

Participants in the *Curso de Liderazgo* are selected by affiliated National and Subspecialty societies. The participant must commit to attending all designated meetings, complete a project that will benefit their nominating society and/or their community, and work with a local mentor.

PROGRAM GOALS:

- a) Identify individuals with the potential to become leaders in Ophthalmology.
- b) Provide orientation and skills to allow potential leaders to promote Ophthalmology locally, nationally and across the hemisphere.
- c) Accelerate the promotion of program graduates into leadership positions locally, nationally and across the hemisphere.

The *Curso de Liderazgo* is a joint investment and commitment between the Pan-American, the Candidate and the National Society or Subspecialty Society.



January 2014: Curso de Liderazgo participants, instructors and staff in San Francisco at the mid-year Work Session

GENERAL INFORMATION

PAN-AMERICAN ASSOCIATION OF OPHTHALMOLOGY
CURSO DE LIDERAZGO



SUPPORT PROVIDED IN PART BY:



Pan-American Ophthalmological Foundation
and its
Michael W. Brennan Leadership Fund



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