President’s Perspective

“Is My Doctor Competent?”

If you become ill with a complex disease or need delicate surgery, you may understandably ask this question. In our case you are trusting your eyes and sometimes your life to your ophthalmologist. If, like most Americans, you have two eyes this is a very important question. If you have only one eye, this can be infinitely more frightening. A poor outcome can mean blindness forever. Physician competency does not eliminate the possibility of complications, but it stands to reason that it significantly reduces them.

How do you determine if a physician is competent? Is it having attended a good medical school? A good residency? Board certification? Being listed in “Best Doctors in America” or local magazines? Is it the size of the office? Should you listen to other patients? Should you believe the quarter page ads some physicians purchase claiming “best results” and “most experience?”

There is no absolute gold standard. Doctors themselves will disagree as to who “the best” is in a particular field or at a specific surgical procedure. How do doctors assess probable competence if they don’t have personal knowledge? Doctors themselves tend to give weight to quality of training — specifically to completion of a top quality residency and subsequent board certification.

Now ask yourself the question — “How does the residency program determine that a doctor is competent?” This is a core question for we physician-educators. Competency in ophthalmology (and all of medicine) means a lot of things. It includes book knowledge, judgment, decision-making capabilities, and technical aptitude. It includes communication skills, ethics, a passion for life-long learning, and a strong sense of personal responsibility for patient welfare. Competency is therefore not simply a measure of examination scores or surgical outcomes.

As the Chair of an academic department, every year I must certify whether new graduates of our residency program have completed their training in a satisfactory fashion. Without that certification, they cannot proceed on to possible board certification. We are cognizant of our responsibility. A large percentage of Oklahoma’s ophthalmologists receive their training here, and we therefore have a responsibility to the citizens of this state and to the 24 other states where our graduates practice.

What resources do we have to accomplish this educational task? We have a strong medical school behind us. The Dean McGee Eye Institute is a modern facility, completely equipped with state-of-the-art instrumentation available nowhere else in this state. Our residents have the opportunity to learn in a multitude of settings — University Hospital, the VA Hospital, Children’s Hospital of Oklahoma, Midtown Surgery Center, and the Institute itself. We take only three residents each year from the hundreds who apply. Each resident has nearly forty full-time Department of Ophthalmology and Dean McGee Eye Institute faculty committed to train him or her — one of the highest resident/faculty ratios in the country.

Consider one aspect of the task’s complexity — how do you determine if a trainee is competent to do cataract surgery? A very good cataract surgeon is much more than just a technician. I daresay that I could teach a gifted nonphysician to actually technically perform a routine cataract operation. He wouldn’t understand what he was doing, when it should be performed or not performed, what complicating factors exist, how to assess the patient’s...
DMEI Recruits New Director of Pediatric Ophthalmology

On August 4 Michael Siatkowski, M.D. joined the Dean McGee Eye Institute as its new Director of Pediatric Ophthalmology. A native of Pennsylvania, Dr. Siatkowski joins the Institute from the full-time faculty of the world-famous Bascom Palmer Eye Institute in Miami.

“We are absolutely delighted that Mike Siatkowski chose to come to the McGee Eye Institute in preference over all of the other nationally recognized eye institutes who were fighting for his talents,” said Dr. Parke. “He is a bright, energetic rising star in our profession. Equally important, he combines intellectual power with a gentle spirit, calm demeanor, and a sense of humor. He loves children, and takes personal responsibility for their care.”

Dr. Siatkowski will see patients in the newly renovated Institute pediatric ophthalmology clinic area. This new clinic was funded by a grant from the Keen Charitable Trust. “We truly value the Keen Charitable Trust’s commitment to children’s eye care. Their partnership with us on these renovations will provide Dr. Siatkowski with an excellent home for his patients,” noted Dr. Parke.

Mike Siatkowski does not come alone to Oklahoma. His wife, Rhea Siatkowski, M.D. is also a superbly trained and talented ophthalmologist. A native of New York City, she completed both a residency and a fellowship in diseases of the cornea and refractive surgery at Bascom Palmer. She, too, will be joining the Institute staff.

“Rhea and I were looking for a place that combined an exciting, nationally recognized eye institute with a supportive, friendly place to raise our family,” said Dr. Siatkowski. “We found it in Oklahoma.”

In addition to having been one of the busiest clinicians at Bascom Palmer, Dr. Siatkowski is also a serious clinician-scientist who will attract more nationally-sponsored clinical trials to Oklahoma.

Dr. Siatkowski brings a truly unique set of talents to Oklahoma. He is not only fellowship-trained in pediatric ophthalmology, but he is fellowship-trained in neuro-ophthalmology, with a particular interest in pediatric neuro-ophthalmology. His primary practice at Dean McGee will be pediatric ophthalmology and strabismus.

Dr. Siatkowski carries a national reputation for excellence. In addition to authoring or coauthoring nine books and chapters, he has published over thirty scientific papers in the past seven years. His work has led to a First Prize for Research from the Pennsylvania Academy of Ophthalmology and membership in the Alpha Omega Alpha Medical Honor Society. He has been an invited lecturer on four different continents.

And he has accomplished all of this before age 35.
**Legacy of Sight**

In 1992, the Dow Jones Industrial Average closed above 4,000 for the first time. This year, in 1999, the Dow has already closed above 11,000. This unprecedented increase in stock values has created trillions of dollars of new wealth. More and more people are recognizing that as their personal financial conditions have been enriched, they now have the means to provide for the institutions that through their good works have benefited their lives and their community.

Gifts to the Dean A. McGee Eye Institute Foundation can be restricted to vision research, patient care, or educating tomorrow’s ophthalmologists. The Eye Institute is only limited in what it can accomplish by the funding it receives. We have many dreams, but we are limited by the financial resources we receive from the generous gifts from our patients and friends.

This is an excellent time to consider supporting the Eye Institute’s mission through a gift of highly appreciated stock. Gifts of stock can provide a tax-efficient way to make meaningful gifts with little or no effect on your current spendable income. Both federal and state laws provide very strong incentives for making a charitable gift of stock. In fact, greater tax incentives exist for making gifts of stock than for making gifts of cash.

When you give appreciated stock, you are entitled to an income tax deduction for the full current value of the stock, not just the amount you paid for it. All capital gains tax that would be due on a sale of the stock is avoided. You are, in effect, allowed to use the “paper profits” in the stock to reduce the amount of income tax you would otherwise owe.

Making a gift of stock (including mutual funds) is a very simple procedure. Your financial services provider can transfer stock directly to the Dean A. McGee Eye Institute Foundation electronically or by stock certificate. In either case, we can provide the necessary information needed to make the transfer to you or your financial advisor.

The Dean A. McGee Eye Institute prides itself on providing very special eye care. Its extensive vision research programs diligently strive to improve the lives of generations that follow through finding ways to detect, treat, and ultimately prevent blinding eye disease. Your gifts make possible all that we do.

Please consider making a gift of appreciated stock to the Dean A. McGee Eye Institute Foundation. Your gift will directly benefit our programs and provide you with a very significant tax deduction. We are deeply grateful to our patients and friends who have supported the Institute so generously.

For more information regarding gifts of appreciated stock, call or write:

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**New Macular Degeneration Clinical Trials**

The Dean McGee Eye Institute is among a small group of eye institutes nationwide participating in research trials on the latest treatments for age-related macular degeneration. “Several therapies have evolved which hold new hope for preserving vision in many patients who formerly had ‘untreatable’ eyes and were doomed to gradually lose their vision,” noted Dr. Reagan Bradford, Jr., Clinical Associate Professor and study co-investigator.

Age-Related Macular Degeneration is the most common cause of blindness in senior citizens. In its most severe
DMEI Faculty Profile:
Ann A. Warn, M.D.

A special location and a special population keep work busy and challenging for Dr. Ann Acers Warn, of the Dean McGee Eye Institute’s Lawton Clinic. A Lawton native, Dr. Warn completed her training at Baylor University, the University of Kansas College of Medicine, and residency at the University of Oklahoma College of Medicine/DMEI. She moved to Lawton to help establish the Institute’s Lawton clinic in November of 1994. She now resides in Lawton with her spouse, Brett R. Warn, D.D.S., and their two children, Brittany age 3 and Pierce age 8 months. Warn conducts a general ophthalmology practice combined with ophthalmic surgery.

“During medical school I became interested in several areas,” Warn said. “Ophthalmology was appealing to me because it is a field where one can often truly help a patient and improve their quality of life by improving their quality of vision. It is also an exciting field because the technology is always changing and improving.”

Warn’s current project involves working with Oklahoma’s many Native Americans as an examiner for the Institute’s Vision Keepers program. A joint effort with the Oklahoma Medical Research Foundation, the project is keeping track of the incidence of eye disease in Native Americans. (Native Americans are considered at high risk for eye problems, since many also suffer from diabetes mellitus.) Approximately 1,200 Native Americans have been examined to date and are now being examined a second time to assess possible disease progression.

Others besides DMEI’s Lawton patients have noticed Warn’s abilities. She was one of the first two women to earn membership in the American Eye Study Club, and in addition to other professional activities, serves as EyePAC chair for the Oklahoma Academy of Ophthalmology. She has also gone back to school to earn a Masters in Business Administration (M.B.A. degree) to assist the Institute in managing the complex business of medicine.

“Dr. Warn was born in Lawton and raised in Oklahoma and has a tremendous love for the people of her hometown,” said Dr. David W. Parke II, DMEI President and CEO. “As a resident she impressed our faculty with her knowledge and clinical skills, but, more importantly, with her strong sense of personal responsibility for patient care. We have since come to appreciate her leadership ability and her spirit of commitment to her profession. Ann is also one of the world’s nicest people. The Institute is very fortunate that she was excited to return to Lawton to direct the establishment of our facility there.”

Optical Services at DMEI

Part of a complete ophthalmologic examination is ensuring the patient has the correct glasses prescription. Patients who travel long distances to the Dean McGee Eye Institute and require new glasses no longer have to go elsewhere to quickly obtain high quality eyeglasses. Officially open for 5+ years, the Institute’s Optical Services has more than tripled its facility size and capability in the past few months, and now manufactures its lenses on-site.

That ability includes even the most complicated prescriptions, said Optical Services Director Sheree Lyons. With a staff of three nationally certified opticians, one optician trainee, one optician’s assistant and a receptionist, Lyons said turnaround time is rapid, and patients traveling long distances can arrange to have the lenses prepared while they wait. A series of extremely precise computerized machines take the frames selected by the patient and mark, grind, polish, tint, add UV protection (if desired), and check with a light meter. The lenses are inspected at the completion of each stage in the process to ensure both lens accuracy and cosmetic appearance. The result — finished eyeglasses of the highest quality.

“When you go to a one-hour place the quality of the lenses can really become an issue,” Lyons noted. “For us, having this ability on site is really about control of the product. We can better assure that our patients are receiving exactly the prescription and type of lens they need.” Despite a focus on optical quality, style and patient choice remain important priorities. DMEI’s Optical Services maintains a selection of more than 1,000 frames, including designer frames and frames for children. “Another advantage of our ability to make glasses on-site is that many patients only need one lens,” Lyons said. “With some prior notification, we can easily handle that here by preordering the lens and grinding while they wait. That way the patient is never without their glasses. This is particularly useful for our patients who travel from the rural parts of the state.” For more information about Optical Services, call Lyons at (405) 271-6174.
related medical conditions, how to measure success, how to recognize and manage complications, and how to continually improve technique. Therefore, acquiring surgical competence is much, much more than simply watching some operations and ultimately “soloing” — with faculty in attendance.

How many cataract operations must the resident perform before he or she is technically competent? The required national minimum is 35. We mandate a minimum of 100, and our residents each do substantially more.

Yet numbers alone mean little. I have seen residents who after 20 supervised cataract operations are simply outstanding. I’ve also seen residents who even after 60 were nervous and hesitant, and who still benefited greatly from the presence of faculty in the operating room. They had not yet acquired confidence and fluidity of motion. Confidence should not be confused with overconfidence. The very good surgeons continually criticize their own work, search for imperfections, and seek to learn from others and improve their techniques.

We take our jobs as educators very seriously. We start with incredibly bright, young physicians. It is our responsibility to teach them the science and skills of ophthalmology and at the same time imbue them with a respect for the profession and for the patient. In the end we must weigh all the factors and judge whether we can proudly offer them to the community as physicians who will competently serve their patients’ needs.

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**Macular Degeneration, continued from page 3**

form, called exudative macular degeneration, abnormal blood vessel growth occurs underneath the eye’s central retina (see related research article on page 6) and often leads to rapid loss of central vision used for reading, driving and straight-ahead sight. Some patients, Bradford noted, now may possibly be successfully treated with newer forms of laser surgery, postponing or avoiding loss of vision. Candidates for this treatment are patients whose abnormal blood vessel growth (neovascularization) extends under the central retina and would not be treatable using conventional laser methods.

The Institute is now participating in the national Miravant trial, one of several new exciting therapies being tested, which offer hope for patients with these “untreatable” eyes. The Miravant study evaluates a type of photodynamic therapy (PDT), wherein patients receive an intravenous injection of a drug that sensitizes the abnormal blood vessel growth to the effects of low energy laser light. Laser treatment of the sensitized tissue then may help slow or even stop the leakage from these blood vessels, in turn resulting in stable or improved vision. Institute retina specialists anticipate participating in a separate trial of a related medication, Visudyne, by September.

In the second study, the Subretinal Surgery Trial (SST), the Institute is evaluating the use of submacular surgery. In submacular surgery, the abnormal blood vessels are surgically removed from beneath the inner lining of the back of the eye (retina). This study is being organized and conducted by the National Eye Institute of the National Institutes of Health. Dean McGee Eye Institute retina specialists have been performing this surgery on carefully selected patients for over one year and are experienced in the technique. This study will determine whether this form of surgery is helpful to patients with a specific subgroup of macular degeneration.

A third study underway evaluates the use of retinal laser treatment in a fashion similar to that employed for certain forms of diabetic retinopathy, so-called panretinal photocoagulation (PRP). Like the Miravant study, this treatment aims at stopping the leakage from the abnormal vascular tissue beneath the retina, in order to help maintain good visual function.

Patients are being sought to participate in all three studies. If you or your doctor believe you have active new blood vessel growth under the center vision from macular degeneration, you may be a candidate for one of these studies. Patients will be evaluated in clinic, and those found to have neovascularization under the retina, which is untreatable by conventional laser techniques, may be eligible to participate.

For more information, call DMEI Clinical Trials at (405) 271-6307.
FINDING ANSWERS TO DISEASE AT THE MOLECULAR LEVEL

In order to find sweeping cures for any serious disease (including the various causes of blindness) tremendous amounts of knowledge first must be acquired at the most basic level of the body — the genes of individual cells. Individual genes within the cells are the blueprints for the production of proteins which permit the unique functioning of different cells. The genes of some retinal cells, for example, produce a protein which stimulates blood vessels to grow, thus providing oxygen and nutrients to the inner part of the eye. Yet the same gene in a lung cell is “turned off” and produces no such substance. Studying this process leads to all types of questions involving how the genes function in normal health, and how they cause disease.

Scientists at the Dean McGee Eye Institute are heavily involved in such basic research. John Ash, Ph.D. recently joined the Institute research faculty from Baylor College of Medicine. He in particular works to offer new hope for the 14 million Americans who suffer from diabetes mellitus, and in particular the 40,000 diabetics who will go blind each year due to a common complication — diabetic retinopathy.

Ash’s work explores how tissues in the body control the growth and function of their network of blood vessels, more specifically known as the body’s vascular system. Many diseases and even death are the end result of abnormalities which cause the body to lose the ability to regulate its vascular system. Some key examples are heart disease and cancer. In the field of ophthalmology, vascular problems are a key factor of blindness and vision problems caused by diabetes, retinitis pigmentosa, age-related macular degeneration (see related article, page 3), and conditions found in premature infants.

“Many of the diseases associated with the growth of abnormal blood vessels could be helped if we had the appropriate means to prevent abnormal growth and to restore normal blood vessel integrity once it has been damaged,” Ash said. “In addition to its importance in treating vision loss, inhibiting growth of blood vessels has become the newest and most promising therapeutic strategy to controlling the growth of tumors in patients with advanced cancer. And there are implications for many other diseases as well.”

In the eye, blindness can be the end result of damage to the retina due to growth of abnormal blood vessels. Before physicians can use therapies designed to regulate blood vessel growth, they first must identify the interaction between specific growth factors required to stop abnormal growth and those required to promote proper blood vessel function. Prior studies have identified an expanding list of growth factors essential to vascular development. They also have revealed chemical “signals” in the body that both promote and inhibit blood vessel development, Ash explained. Using this knowledge base and using the eye as a model, Ash is conducting studies to help identify more of these growth factors and determine how multiple groups of growth factors can interact to promote growth, maintenance, and function of normal blood vessels. His work is funded through grants from the National Eye Institute, part of the National Institutes of Health, plus The Oklahoma Center for the Advancement of Science and Technology (OCAST), as well as by DMEI.

“An accepted hypothesis among scientists right now is that in normal tissues the body provides growth factors to the blood vessels, causing them to maintain integrity and function, and to prevent abnormal growth,” Ash said. “In patients with certain types of disease, including diabetes, these body tissues may lose the ability to provide a critical growth factor to promote healthy blood vessels. Or, instead, the body actually may provide an abnormal growth factor, which in turn promotes abnormal blood vessels. We are making substantial progress in the laboratory. Our long-term goal is to identify these factors and our ultimate goal, of course, is to use this information to develop treatment strategies for our patients.”
Surgery at DMEI Allows South American Artist to See Again

Victoria Carrasco has always been an accomplished artist. She had been doodling, drawing sketches and painting for as long as she can remember. Now Carrasco, 50, is the Dean of the Art School at Central University in Quito, Ecuador, her home city. In a visual industry, this is pretty amazing for a woman who has been legally blind in her left eye and nearly blind in her right eye for 10-15 years. But a recent trip to Oklahoma, where as a Fulbright Scholar she was a visiting professor, has changed her life forever.

In an effort to correct her vision problems, Carrasco had a cornea transplant over 20 years ago. But she subsequently developed complicated cataracts and her vision had failed. During her stay in Oklahoma City, she came to the Dean A. McGee Eye Institute and saw Bradley K. Farris, M.D., Professor of Ophthalmology. Despite the complications related to her prior surgeries, Dr. Farris felt that surgery with intraocular lens implantation offered her the best chance for vision. However, because of her situation, there was a significantly greater than usual chance of postoperative problems and blindness.

Ms. Carrasco’s difficulty in finding surgical help had been compounded by financial difficulties. To help her, Farris and Surgicare Midtown agreed to waive any fees associated with the surgery while Alcon Corporation agreed to donate the intraocular lens.

“I have had bad vision for as long as I can remember,” said Carrasco. “It has been very hard to teach and continue my art; I just had to find ways to work around it.”

Farris decided to perform surgery on the left eye first. Her vision in that eye had deteriorated to 20/200 — legally blind. In the delicate surgery, Farris removed the cataract and replaced her lens with a lens implant. Within a few days, a woman who desperately needed good vision for her profession had perfect vision — 20/20. Successful surgery was then immediately performed on the right eye.

“When we first took the bandages off her left eye, she started crying, took my hand and pulled me to her and hugged me,” Farris said. “It was the first time she could remember seeing clearly in decades. Now she has been corrected to 20/20 in both eyes and has very little need for glasses.”

“Oh it is wonderful. I am very grateful to Dr. Farris and Surgicare Midtown; it has given me a new life. Before the surgery I had a lot of problems seeing, but now I can see perfectly,” said Carrasco, who recently returned to her native Ecuador. “I have had bad vision my whole life. But this surgery should help me with my artwork and my teaching. This has been a very important turn in my life.”

Before returning home, Carrasco’s work was exhibited at a large art show. She requested Farris accept a piece of art on exhibit as appreciation for his work. Carrasco brought three large sections of a mural she had been working on for years. It is made on copper tiles, hand painted and enameled. Interestingly, the huge mural, which is now on display at Dean McGee, was made while Carrasco was legally blind.

“The piece is just beautiful,” Farris said. “I am thankful to her and proud to display it at the Institute. This is why I went into medicine; it is wonderful to help somebody and get a good result. Victoria gave credit to God, and so do we.”
DMEI Telephone Directory

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Thomas C. Wolf, M.D.

General Ophthalmology
(405) 271-1090
Hal D. Balyeat, M.D.
Cynthia A. Bradford, M.D.
Robert P. Shaver, M.D.

Glaucoma
(405) 271-1093
Gregory L. Skuta, M.D.

Low Vision
(405) 271-7834
Rebecca K. Morgan, M.D.

Optical Services
Spectacles, Low Vision Aids
Contact Lenses
(405) 271-6174
Sheree Lyons, A.B.O.C.

Optic-Ophthalmology
(405) 271-1091
Bradley K. Farris, M.D.
R. Michael Siatkowski, M.D.

Ocular Prosthetics
(405) 271-3391
Nancy A. Townsend, B.C.O.

Oculoplastic Surgery
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Scott C. Sigler, M.D.
Robert G. Small, M.D.

Pediatric Ophthalmology/Strabismus
(405) 271-1094
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