

PREPARING THE DOCTORS OF TOMORROW

To equip the aspiring leaders of the profession, optometric educators must look into the future—without crystal balls or time machines.

BY BETH LEVINE



PHOTOGRAPHY BY JESSE DITTMAR



**DAVID
HEATH, O.D.,**
PRESIDENT OF THE
ASSOCIATION OF
SCHOOLS AND COLLEGES
OF OPTOMETRY

The profession of optometry is in a constant state of evolution. There are regulatory changes, advances in equipment, and demographic shifts, each of which have an impact on doctors and practices.

Across the board, the delivery of health care has evolved into an interprofessional, team-based approach in order to treat patients as a whole and not as a collection of body parts. Doctors of optometry are increasingly being integrated into this system due to the inherent link between systemic diseases, such as diabetes, and the eye.

How, then, do optometric educators prepare tomorrow's doctors *today*?

"Training our students to be effective members of collaborative team care is a central topic of conversation," says David Heath, O.D., president of the Association of Schools and Colleges of Optometry (ASCO).

AOA Focus talked with educators about how they're arming doctors-to-be with the skills to navigate an unpredictable future.

Growing scope of practice

The scope of practice for doctors of optometry has grown with every decade, and optometry schools' curricula continue to provide strong instruction in medical optometry to prepare students for these expansions, from different topical and oral prescription therapeutic agents to lasers and injectables in eye care. (Read more about optometry's scope expansion throughout history on page 22 of the November/December 2014 edition of *AOA Focus*.)

"The legislative efforts of optometric associations and volunteers



are what significantly impact the scope of practice," explains Karina Nikogosian, O.D., a 2011 graduate of the Illinois College of Optometry who practices in Oak Brook, Illinois. "Even if students learn how to manage various conditions, they may not be able to apply what they've learned if the state they practice in does not allow optometrists to do so."

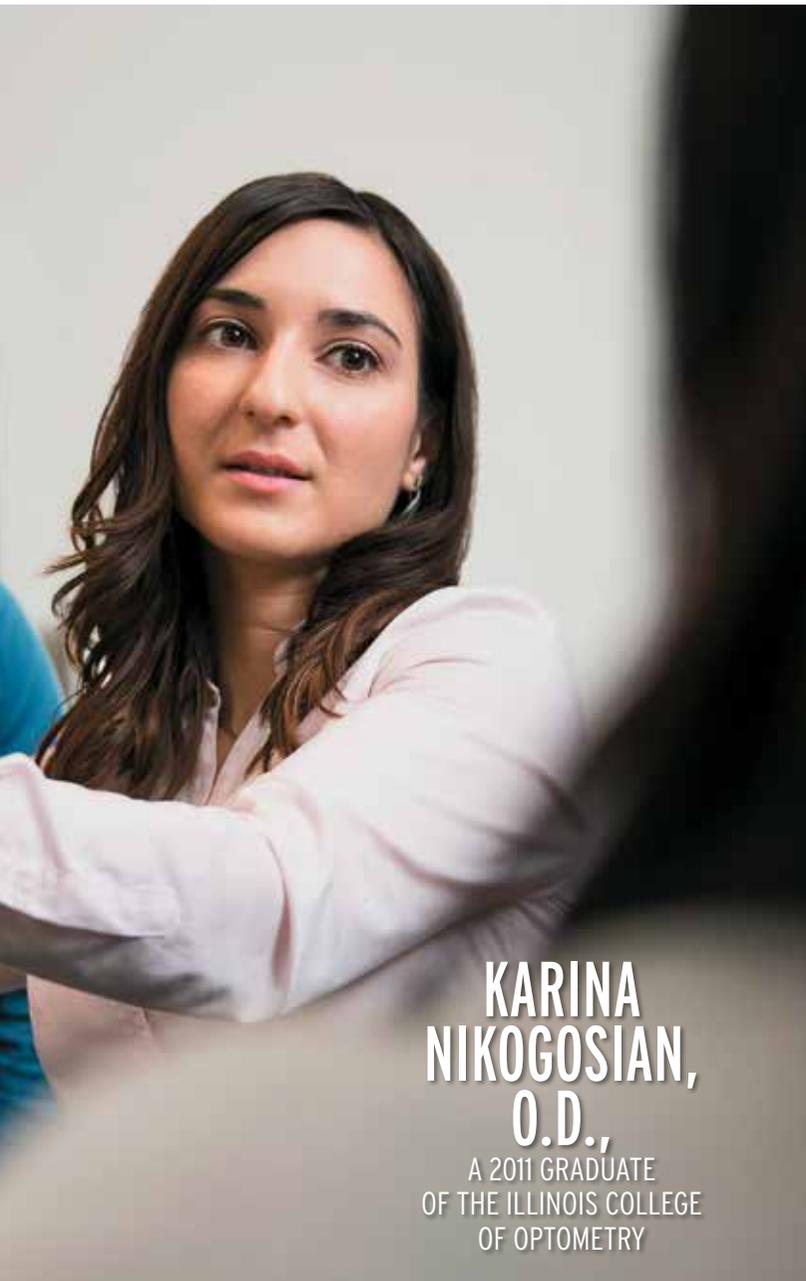
Optometry schools train students to the highest level (including injections and minor surgical procedures), no matter where they are going to practice.

"The tricky part is that we are

constantly adding to our curriculum to keep up with scope expansion, but we're not taking anything out," says Caroline Pate, O.D., associate professor and director of residency programs at the University of Alabama Birmingham School of Optometry (UABSO). "Material from 20 years ago is still there, but we've added an intense load on top of that."

New technology changes practice

AOA Faculty Relations Liaisons Committee Chair Janice McMahon, O.D., points out that though technology



**KARINA
NIKOGOSIAN,
O.D.,**
A 2011 GRADUATE
OF THE ILLINOIS COLLEGE
OF OPTOMETRY

certainly changes within a profession, and sometimes very quickly, “in optometry we tend to find that new technology supplements our current equipment, rather than truly replaces it. For example, in glaucoma, a visual field test, which has been around for many decades, is supplemented with the newer diagnostic OCTs and other tests.”

Brooke Harkness, fourth-year class president at Pacific University College of Optometry, explains how learning about past, current and emerging diagnostic and therapeutic technology works in the classroom.

MAINTAIN AOA MEMBERSHIP AND MAKE YOUR VOICE HEARD

When it comes to communicating the value of AOA membership, faculty serve as a direct window to students.

“The AOA is a great place to get your voice heard. It protects what we can do, and solidifies what we will be able to do in the future,” says AOA Faculty Relations Liaisons Chair Janice McMahon, O.D.

With the ever-growing scope of medical training that optometry students are receiving, the importance of advocacy on the profession’s behalf also grows.

Dr. McMahon says that in her observations, this generation of students is very interested in being actively involved in making a difference. “They want to be able to actively do something, such as go to a convention or representative’s office. They don’t want to just write a letter. They’ve got a lot of drive.”

She adds, “The more involved they are in AOA as students, the more involved they will continue to be.”

Upon entering optometry school, students can join the American Optometric Student Association. Once they have graduated they can retain their membership with the AOA by joining their state affiliate. Faculty play a crucial role in encouraging this important step.

Benjamin Emer, executive director of OptometryStudents.com and fourth-year student at Illinois College of Optometry, notes advocacy as one of the benefits of AOA membership. “Advocacy is crucial to the profession. We wouldn’t be where we are now without the AOA. I think every student needs to go to the AOA’s annual Congressional Advocacy Conference in Washington, D.C., at least once to see how much goes on behind the scenes. Change doesn’t happen overnight, it takes years. Everyone has to put forth effort and sustain that effort.” (Mark your calendar for the 2016 Congressional Advocacy Conference, April 17-19 in Washington, D.C., and stay tuned to aoa.org/news for more information.)

“When changes take place, such as the development of online vision tests and recent events with unilateral pricing policies, no one else would go to bat for us other than the staff and volunteers of the AOA and state affiliates. Such sense of security and unity is the true value of membership,” points out Karina Nikogosian, O.D., a 2011 graduate of the Illinois College of Optometry who practices in Oak Brook, Illinois.

She adds that as a recent graduate, her professional priority is to be a member of the AOA and Illinois Optometric Association. “My participation in these associations not only means that I have a network of colleagues, but it also means that I have an optometric family where I have made long-lasting friendships, not only in my own state but also throughout the United States.”

> Maintaining membership with the AOA is important—and simple to do. Find your AOA affiliate association in the “Affiliate Finder” at aoa.org. Then visit aoa.org/join, submit the requested contact information, and your affiliate association will contact you to complete the process.

BROOKE HARKNESS,

FOURTH-YEAR CLASS PRESIDENT AT
PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY,
WITH FRASER HORN, O.D., ASSOCIATE
DEAN OF ACADEMIC PROGRAMS
AND ASSOCIATE PROFESSOR



“WE ARE BEING TAUGHT THE HABIT OF STAYING CURRENT: FINDING THE LATEST STUDIES, FINDING EVIDENCE TO SUPPORT YOUR METHOD OF TREATMENT. OUR PROFESSION IS NOT STATIC, IT IS EVER-CHANGING, AND THAT’S A GOOD THING.”

—Brooke Harkness, fourth-year class president at Pacific University College of Optometry

“Our faculty members reach out to industry professionals and stay on top of the latest research to keep students current on technology. The college frequently hosts guest lecturers and informational sessions with technology representatives, and arranges hands-on demonstrations. For example, students were recently able to attend a lunch meeting with representatives to discuss genetic testing for macular degeneration, a cutting-edge addition to developing a treatment plan for our patients with the disease.”

The Affordable Care Act (ACA) is looking for value in the care provided—and that means they expect improvement in the quality of care while increasing efficiency, Dr. Heath explains. “This goal embraces the development of new technologies that can collect data or analyze problems more quickly and efficiently.”

A perfect example of this is AOA MORE (Measures and Outcomes Registry for Eyecare) by Prometheus Research. At the 2015 Optometry’s Meeting®, the AOA introduced optometry’s first clinical registry—a

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private, secure database that systematically integrates anonymized patient data from multiple electronic health record (EHR) systems and facilitates secondary uses of that data by doctors themselves, and the profession. This kind of technology pushes providers to spend more time on analyzing data, rather than collecting data.

AOA MORE participation satisfies doctors' meaningful use item for registry use and helps them stay compliant in tracking electronic Clinical Quality Measures emphasized in meaningful use stages 2 and 3, as well as the Physician Quality Reporting System. Best of all, it's included as an AOA member benefit at no cost. (Learn more on page 38 of the September 2015 edition of *AOA Focus*.)

Increased role of residency programs

Another way students and schools are coping with the growing curriculum is through the expansion of post-grad residency programs offering advanced training. Currently there are more than 200 programs and 400 residency positions available in the United States, and more are under development, particularly in affiliated non-school sites including medical centers, health centers and private practices.

There are 11 different categories of specialization for residencies, including ocular disease, community health optometry, cornea and contact lenses, pediatric and geriatric optometry.

"The profession of optometry does not currently have highly defined subspecialties, but there are areas where the trend toward specialization is occurring such as low vision, vision rehabilitation, and cornea and contact lenses," says Dr. Heath.

Students are realizing that



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David Heath, O.D., speaks with students, clockwise from front, Patrick Doty, Michael Wallerich, Pratik Patel and Kelly Voltz.

completing a residency might give them an edge by strengthening their expertise. “At UABSO, we had a record 53 percent go on to a residency this year. That says something about the culture,” says Dr. Pate. “With this demand, we need to figure out how we can increase these opportunities for our graduates by getting more quality and competitive programs up and running.”

Expanding patient base

Contemporary population and societal trends are creating a larger patient group that optometry students must be prepared to treat.

According to the U.S. Census Bureau, the 65-and-older age group of the U.S. population is projected to nearly double in size by 2050—leaving an increased need for eye care providers who can manage age-

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related health issues such as cataracts, glaucoma and macular degeneration. Considering this fact, the National Eye Care Workforce Study, a joint venture by the AOA and ASCO completed in 2014, concluded that there is an adequate supply of eye care providers to meet the currently projected demand through 2025.

What this means is greater opportunity for doctors of optometry to provide full-scope care; not at the exclusion of comprehensive, routine vision care, but to the inclusion of the medical side.

“Baby boomers want to stay active, so it’s important to know what technology is out there to help them stay involved and independent,” says Benjamin Emer, executive director of OptometryStudents.com and a fourth-year student at

Illinois College of Optometry.

On the other end of the spectrum is the 21st-Century kid. Today’s children are practically born with screens in front of their faces. These devices bring their own set of eye issues, such as strain and conditions resulting from blue light exposure.

Emer, whose 15-month-old son “is already grabbing at smart-phones,” notes the importance of continued education for the public provided by AOA members.

AOA’s flagship Ready for School public awareness campaign reminds parents, teachers and caregivers about the need for comprehensive eye exams for children each year before school. In 2015, the campaign emphasized the growing strain that digital device use is putting on children’s eyes, and how to

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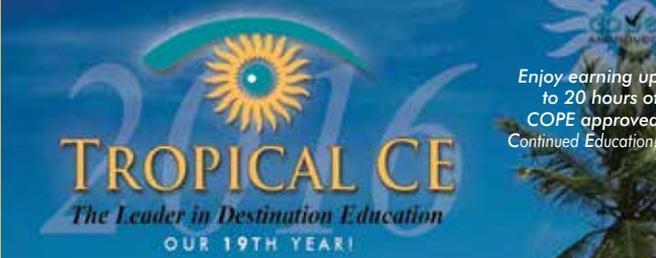
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