

W O

Women In Optometry

Dedicated to the interests of women O.D.s

Spotlight on Service Careers



Dr. Amy Roan Moy



Dr. Lillian Kalaczinski



Dr. Susan Primo



Dr. Linda D. Johnson



Dr. Joyce Chien



Dr. Karen Chester



Dr. Liana Bullock



Dr. Joni Weideman



Dr. Tara M. Jayne

These nine women have framed their practices by serving in community health centers or in the military



Marjolijn Bijlefeld

Shout Out

Seasonal Bounties

As 2009 comes to a close, it seems appropriate in this issue to reflect on the good works and commitment of so many women in the profession. Our cover package focuses on two groups of women who have made a career out of service. What it cannot include is a tribute to the thousands of other women O.D.s who incorporate service into their work—teachers, community volunteers, mission trip participants, fundraisers and mentors. So in this small space, *Women In Optometry* would like to recognize them and their achievements, all of which combine to make the optometric community stronger and more vibrant.

That kind of dedication is seen in a variety of the stories featured here. Dr. Afsaneh Mahajerani created a space that would compel people to walk inside; Dr. Linda Chous was determined that children receive undivided and specialized attention. Five doctors share their best tips and strategies for 2010 to enable all readers to have a better year.

The end of the year also presents an opportunity to take stock of where you are and where you're headed. *Women In Optometry* is embarking on its fifth year of publication, which is a reflection of your interest and support as well as the changing profession of optometry. Our page 7 profile of the entering optometry school class shows women outnumber men overall and in most schools.

A special thanks goes to the many readers—men and women alike—who have contacted us with suggestions for stories. We welcome your input as we strive continually to improve on our mission to produce a lively and informative publication for and about women in the profession.

Marjolijn Bijlefeld

Marjolijn Bijlefeld
Managing Editor

NOVEMBER 2009

Women In Optometry is published quarterly by the Professional Publications Group of Jobson Medical Information, publisher of *Review of Optometry*, *Review of Cornea & Contact Lenses* and *Review of Ophthalmology*.

Sponsors:

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Working Women Challenged by Near Tasks

Working moms need clear, crisp vision for their many responsibilities at the office and at home. But many moms say that their vision is impacting their ability to complete everyday tasks, according to a survey conducted by Walker Communications for *Working Mother* magazine and ACUVUE® OASYS™ brand contact lenses for PRESBYOPIA.



Dr. Resnick

The survey found that 86 percent of women over the age of 35 are concerned that their vision is getting worse with age. Seventy-four percent of respondents say they have problems with near vision, which is disruptive because nearly half (46 percent) say that having good near vision is most important to get them through their daily activities. They cite problems with everyday tasks such as reading (66 percent), working on a computer (63 percent), using a cell phone/PDA (49 percent), seeing things in low light (45 percent) or trying to read a menu (44 percent).

"Everyone will experience presbyopia to some extent in his or her lifetime," says Susan Resnick, O.D., of New York, N.Y. For contact lens wearers, the tasks cited earlier may be even more challenging. "As they get older, besides struggling with their vision, many contact lens wearers also cite problems with dryness and discomfort and consider abandoning contact lens wear despite a strong desire to continue wearing them," she says.

Helping women patients in your practice by addressing visual concerns can also improve their mental health and physical well-being. Survey participants note that vision problems make them feel frustrated (61 percent), old (50 percent), physically uncomfortable due to headaches and eye strain (47 percent) and less confident to perform activities (30 percent). Women who have switched from contacts to bifocal or progressive lens eyeglasses say they feel less attractive, less confident and less able to perform certain activities as well. **WO**

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O.D. Builds the Practice of Her *Dreams*

Array of decisions await a new practice owner

Several years of working as an optometrist in various practice settings gave **Afsaneh Mahajerani, O.D.**, the clinical and practice management experience she needed to feel confident about opening a private practice. However, six months of work with architects, contractors, vendors and building management to get her location opened in the fall of 2003 became a kind of trial by fire in business education.



Dr. Mahajerani

Dr. Mahajerani learned that a mall in her hometown of San Jose, Calif., was constructing a new wing. She liked the access that a mall location provides, so she thought it would be a good fit. But first, she had to convince the mall management in a surprisingly rigorous interview, she recalls. "I was young, female and a solo practitioner," she says. "Malls are used to bringing in corporate optometry, but not private practitioners. I didn't have an established practice, and I didn't have much for collateral." The management team must have seen a glimmer of her drive, just as LensCrafters did in 1997 when the company made her a managing O.D. mere months after she graduated from Pacific University College of Optometry.

Since it was new construction, she was able to design her practice exactly how she wanted it. The 1,000-square-foot space includes two exam lanes and showcases frames on glass shelves and curved walls. The marble floors and designer lighting add an air of elegance. The optical is more like a

boutique than a traditional dispensary, and that draws walk-in customers. "I carry a lot of designer frames, and we tell customers that we update our frames every few months. So if they don't want to buy the frame now, we'll write down the model number. It may not be here next time they come in," she says, but that way the staff can order it.

Preparing for opening was more work and required more decision-making than Dr. Mahajerani anticipated. "I had to fly to Los Angeles to meet with mall architects. I wore a hard hat every day for six months as I stopped in daily to make sure the design was right," she says. It was during those moments—"I was ordering people around, and things were not getting done"—that she wished that optometry school had offered her more than one group project to develop a business plan.

It helped, too, that she had terrific support. Her sister, **Roza Mahajerani**, her business partner, continues to work with her. During the preparation, "she was my right arm. She helped me mentally and physically," she says. "When you start with nothing, the decisions are endless: What kind of credit card machine do you need? What fixtures and frames?" To cut costs, Dr. Mahajerani shopped around the entire San Francisco Bay area. She bought equipment from other O.D.s whenever possible so she didn't have to lease. "I spent a lot of time wheeling and dealing," she says.

Dr. Mahajerani's planning paid off, though. "My opening business projection was 30 patients a month. So you can imagine how pleased I was when I saw 30 patients in my first week," she says. Six years later she has expanded her practice to a three-doctor office, and she



Just five weeks before the practice opened, Dr. Mahajerani was checking daily on the construction progress.

attributes her success to the customer care she provides. Most of her advertising and marketing focuses on her current patient base. She has a rewards plan for those who refer others, and the word-of-mouth referrals about her service and product selection have established her reputation as a quality provider.

Her travels yielded another unexpected benefit. On a flight to Los Angeles in early 2003, Dr. Mahajerani struck up a conversation with the passenger next to her, a musician named **Hardy Hemphill** (visit his web site at hardy.fm). She learned he was a member of Shania Twain's band and was to perform the halftime show in the Super Bowl. They were married a year and a half later. Since then, she has garnered a number of world-class musicians as her patients. "I've been to award shows with him, and I've met just about every musician I've ever hoped to," she says. "I'm kind of an optometrist groupie." Often, when she's on the road with him, others think she's a musician, too. When she tells them she's an optometrist, they're intrigued. And when major bands come to San Jose, they often seek her out.

Now that she has hired two associates, she is able to spend more time with her husband and baby boy. Finding that right balance between working hard and reaping the rewards of a professional career is music to her ears. **WO**



Dr. Mahajerani and her musician husband at a concert in Chicago's Grant Park



10 for '10

Strategies to start the new year strong

By Beverly Korfin, M.B.A.

Economists say we may be coming out of the recession....These 10 business fundamentals can help you prepare to hit the ground running for a strong 2010.

1. Create a budget.

A budget is an essential part of a business plan. Develop your 2010 budget now by looking at 2009 expenses and revenue. Review benchmarking data, such as that from the Management & Business Academy[®], to see how your practice

compares to others. Where can you save? Where can you enhance revenue? What investments can you make in your practice that will help you increase efficiency? While you're budgeting your money, think about budgeting your time, too. How can you work smarter in 2010?

2. Develop a marketing calendar. Purchase a large calendar or dedicate a binder to your marketing calendar. Identify public health awareness campaigns so that your own outreach is timely. Determine if and when you'll hold color contact lens fashion shows or other promotional events. Create a schedule for tasks that need to be completed for each event. Focus on one marketing promotion each month or each quarter.

3. Encourage teamwork. How well do the staff work as a team? How efficiently do staff interact with the doctor or doctors? Plan occasional events where staff can get together outside of work to foster better teamwork. Schedule at least one retreat, even if it's just for an afternoon or an evening. Allow each of the staff members to provide input on what works and what doesn't. Consider having someone from outside the practice facilitate this session.

4. Educate staff. One way that staff members will be able to help each other—and you—better is by knowing what happens in the rest of the office. What are the tasks every member of the staff can do? How can each member of the team help lighten the load for a busy coworker? Be sure all employees know how and why you have updated your product recommendations. Invite to your staff meetings manufacturers' representatives or speakers who can talk about issues like conflict resolution, personal financial planning or health and fitness.

5. Check the first impression.

Walk into your practice as if you were coming in for the first time.

How does it look? Look around—including at the ceiling, table-tops and bathrooms. Encourage your staff to determine what kind of impression their area of the office might make on patients. How can it be improved? Allow staff members to talk about the service they received recently at a restaurant or other service business. This will help staff be more attuned to delivering excellent patient service.

6. Reward patient loyalty. Does your practice thank patients for their referrals, big purchases or loyalty? If not, consider implementing such a policy. Sending thank-you cards or giving credit toward future purchases or services for referring patients are effective. Saying thank you may seem like a small gesture, but it builds good will.

7. Analyze your contact lens product mix. Data clearly demonstrate that practices prescribing daily disposable and monthly replacement contact lenses are more profitable than those prescribing primarily 1-2 week replacement contact lenses. Increased contact lens profitability can be linked directly to patient compliance with manufacturer-recommended replacement schedules. An independent study of 1,654 patients found that those wearing daily disposable and monthly replacement lenses are significantly more compliant than patients wearing 1-2 week replacement contact lenses¹. And don't forget to promote annual supplies of contact lenses, as this is perhaps the top contact lens patient retention tool. Plus, it will save patients money and increase convenience and compliance.

8. Explain yourself. A simple and effective strategy for showing patients the value of your optometric services is to talk through the exam process. Tell patients why you do the tests you do. Discuss your findings, and give patients the opportunity to ask questions. This conversation opens the door to talk about medical services, uncover problems and generate referrals from patients who—up until this moment, perhaps—didn't know you could manage these conditions.

9. Focus on hand-offs and follow-ups.

At the end of each exam, reiterate your findings and make your professional recommendation. Tell patients, in the presence of the optician or contact lens technician, why the product or products you are prescribing are suited to both their refractive requirements and their lifestyle. Call patients who have received new prescriptions or products to make sure they're doing well.

10. Try something new. It can be easy to say, "Oh, we tried that before, and it didn't work for us." What didn't work in 2000 might turn out to be one of your best promotional ideas of 2010. The key lesson here is to get active. The year 2010 is before you with great opportunities; get ready to seize it.

¹ Dumbleton K, Woods C, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens*. 2009;35(4):164-171. Compliance with manufacturer-recommended replacement frequency; based on a survey of 1,654 contact lens wearers.



On www.wovonline.org

"It's Your Business" also appears on the web site of Women of Vision.

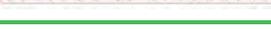
Check it out at wovonline.org.

Beverly Korfin, M.B.A., is senior manager of marketing operations for CIBA VISION Corporation.



Class of 2013 Draws More Women Than Men

In the four years that *Women In Optometry* has been producing this snapshot of incoming class demographics, the percentages have remained level. With three new optometry schools opening, the incoming class of 1803 students has about 200 more students than last year.

School	2009 total	# of women	% of women		
 ILLINOIS COLLEGE of OPTOMETRY	Illinois College of Optometry	165	103	62%	
 INDIANA UNIVERSITY	Indiana University School of Optometry	77	47	61%	
	Inter American University of Puerto Rico School of Optometry	62	37	60%	
 MICHIGAN COLLEGE of OPTOMETRY	Michigan College of Optometry Ferris State University	36	21	58%	
	Midwestern University Arizona College of Optometry	52	21	40%	
	New England College of Optometry	117	93	79%	
 NSU OCO	Northeastern State University College of Optometry	28	16	57%	
 NOVA SOUTHEASTERN UNIVERSITY	Nova Southeastern University College of Optometry	105	63	60%	
 OHIO STATE UNIVERSITY	The Ohio State University College of Optometry	64	33	52%	
	Pacific University College of Optometry	90	43	48%	
 PENNSYLVANIA COLLEGE of OPTOMETRY	Pennsylvania College of Optometry at Salus University	168	107	64%	
	Southern California College of Optometry	100	69	69%	
	Southern College of Optometry	124	73	59%	
	State University of New York College of Optometry	77	61	79%	
	University of Alabama at Birmingham School of Optometry	47	29	62%	
	University of California, Berkeley, School of Optometry	67	57	85%	
	University of the Incarnate Word School of Optometry	62	35	56%	
 UNIVERSITY of HOUSTON	University of Houston College of Optometry	105	61	58%	
	University of Missouri, St. Louis, College of Optometry	44	25	57%	
	University of Montreal School of Optometry	45	36	80%	
	University of Waterloo School of Optometry	90	58	64%	
	Western University of Health Sciences' College of Optometry	78	56	72%	
Source: Individual schools and colleges of optometry, as of September 2009		TOTAL:	1,803	1,144	63%

In Service: Community Health Centers

Close to home: community health centers provide chance to act locally

An optometry career in a community health center (CHC) has an enormous appeal because of the vibrant multidisciplinary approach, says **Roger Wilson, O.D.**, vice president of Health Center Programs at the New England Eye Institute (the clinical services and teaching subsidiary of The New England College of Optometry) and chair of the American Optometric Association Committee on Community Health Centers. "Everyone is focused on the common good of the patient, families and community," he says.

In the past five years that he has been screening applicants, more women than men have applied. It might be the familial atmosphere, the chance to work with other women health care providers helping underserved families or the opportunity to gain experience and management skills. Whatever the draw, these O.D.s share a goal to serve and educate those who may not receive eye health care otherwise. Learn how six women O.D.s are helping their community every day.



Dr. Wilson

Make a Difference

After her 2003 graduation from the New England College of Optometry (NECO) and her residency at a VA hospital, **Amy Roan Moy, O.D., F.A.A.O.**, began her job search. The Martha Eliot Health Center in Jamaica Plain, Mass., part of NECO's New England Eye Institute (NEEI) subsidiary for patient care and clinical teaching, had an opening for a top job. "It was daunting to think of becoming a director right away," Dr. Moy says. But once in the position, her fears quickly diminished. "I enjoyed that I could do everything from managing the optical to precepting and building up the practice. We don't have an optician or office manager—we do everything as a team."

Dr. Moy learned Spanish with a tutor hired by the center so she could converse with patients more easily. "I enjoy seeing the patients and teaching the students about how to care for patients. It's not just their eyes but the whole patient," Dr. Moy says. Many of her younger patients are immigrants with amblyopia, a treatable condition with early intervention. But it's important that people in the community know to seek help. "Sometimes



Dr. Roan Moy

people just don't know much about their eyes," she says, noting that many of her interventions can have a tangible impact.

Dr. Moy also shares her enthusiasm for her career with NECO students, where she compares and contrasts her role to a traditional practice. "I think what sets us apart is that you can do a variety of things for people who really need it," she says. "They are grateful for any help you can give them. It's really rewarding for the heart, and you go home knowing that you made a difference."

Continue to Learn and Challenge Yourself

At another NEEI clinic, Lynn Community Health Center in Lynn, Mass., director **Joyce Chien, O.D.**, has put her classroom learning into action. "Optometrists are trained to help patients one at a time, on a case-by-case basis," she says. "Working in a CHC has given me the opportunity to serve on a much larger scale. I loved the idea of working in concert with other health care professionals to improve the health of not just one individual, but of an entire community."

Like Dr. Moy, Dr. Chien sees a large number of recent immigrants and patients with limited means. Many of them have had little to no access to eye care, so she knows she is making a difference with every exam, she says.

That's more easily said than done, but she enjoys juggling the roles. "I am an optometrist, an educator, a manager, an optical technician and an insurance biller. The abilities to multitask and prioritize are essential," she says. "But I can honestly say that every day I come to work, I am challenged and I am learning."

The Financial Need for Community Health

As the only full-time optometrist in a CHC for the entire state of Michigan, **Lillian Kalaczinski, O.D.**, of Grand Rapids, Mich., has her hands full seeing nearly 3,000 uninsured and underinsured patients each year.

In 2004, as she was considering a teaching career, a colleague introduced Dr. Kalaczinski to the Cherry Street Health Services. "They were looking for the right eye care provider, and I was very fortunate," she says. "It's a perfect fit for me." She is often the first to diagnose patients with glaucoma and diabetes, and she teams with other health care providers in the center to help patients manage chronic conditions.

Of her patients, 50 percent have Medicaid coverage, and 40



Dr. Chien



Dr. Kalaczinski

percent have no insurance at all. Nearly one-third of these patients are children, but she sees patients of every age.

While the CHC is a not-for-profit organization, it cannot function if it bleeds red ink constantly. Dr. Kalaczinski manages the finances for her eye clinic, and uninsured patients pay fees on a sliding scale based on their income. "Many of them will pay a very reduced fee of about \$40 for comprehensive eye exam with dilation and eyeglasses," Dr. Kalaczinski says.

"For our insured patients, we make a small amount of profit," she says. "We try to make as much as possible on insurance so we can pay for as many uninsured as possible." For the rest, Dr. Kalaczinski relies on grants and the generosity of industry partners.

With a downturn in the economy, money gets tighter as donations are down and the need rises. But thanks to support from the community and industry, she's been able to continue to offer products inexpensively. Even so, with the cost of goods, the optician's time and with many more patients to see, the center just breaks even.

Research Intersects with Community Health

As an associate professor of ophthalmology and director of Vision and Optical Services for the Emory Eye Center at Emory University School of Medicine in Atlanta, Ga., **Susan Primo, O.D., M.P.H., F.A.A.O.**, has an interest—as well as an obligation—to participate in research. That work can overlap with her duties at the Dekalb-Grady Health Center, a neighborhood clinic of Grady Health System hospital, the only public hospital in the Atlanta area.

After receiving a four-year, \$1.3 million grant from the National Eye Institute (NEI), Dr. Primo, a glaucoma specialist, a health communication specialist and a health literacy scientist, began working on I-SIGHT, the **Interactive Study to Increase Glaucoma adHerence to Treatment**. "We were looking for an innovative health communication strategy to help people with glaucoma be more compliant with taking medication," Dr. Primo says.



Dr. Primo

In a pilot program, patients from Grady Hospital, the health center and a nearby VA center used I-SIGHT's intervention program in which patients received personalized, recorded messages reminding them of their medication and frequency. More than three years into the clinical trial, Dr. Primo now hopes that a pharmaceutical company will use this method to help patients. The use of medication in conjunction with regular eye exams can prevent them from becoming visually impaired or blind.

Dr. Primo became exposed to community health during her rotations at New England College of Optometry and a residency at a CHC. "I fell in love with the fact that I was reaching out and helping people who have little to no access to primary eye care,"

she says. "I am African American, and I felt many of the patients could identify with me, and I could with them." Dr. Primo relocated to Georgia in 1992 to help develop optometric care in the Grady Health System. She continues to see patients at the main hospital as well as the CHC.

Despite Improvements, Eye Health Care Fights to Be Seen

Thirty years ago, the Jackson-Hinds Comprehensive Health Center in Jackson, Miss., started its optometry clinic with a shoestring budget and a single exam room. As the optometric scope of practice laws expanded, so did the clinic, recalls director **Linda D. Johnson, O.D.** "When we got approval for therapeutics, I didn't have to send my patients to an ophthalmologist for basic red eye treatment." It was also important for caring for patients with glaucoma, she says, since a majority of her patients are African American and are at a higher risk for developing glaucoma.



Dr. Johnson

Now, the clinic has another exam room, visual field machines and retinal cameras. Dr. Johnson is hoping she can hire another optometrist—an extraordinary level of success for perpetually underfunded CHCs. In February, the George Washington University School of Public Health and Health Services called the lack of access to eye care services for residents in rural and low-income areas a major public health crisis in America. The report, *Assessing the Need for On-Site Eye Care Professionals in Community Health Centers*, found that 70 percent of CHCs do not offer on-site vision care services. Only 11 percent report having full-time eye care professionals, and only 10 percent have on-site opticals. Few CHCs anticipate being able to add to the programs in the coming months.

Without full support from insurance or government programs, patients turn down corrective eyewear because they cannot afford it, especially patients with difficult prescriptions that are more costly, says **Karen Chester, O.D.**, of La Clinica de la Raza in Oakland, Calif. "These patients often need ongoing care for problems that are not solved in a single visit," she says. State health care program cuts make it more difficult to care for these patients, although the programs have helped optometrists build a more collegial relationship with other primary care providers.



Dr. Chester

The American Optometric Association is backing the National Health Service Corps Improvement Act of 2009 (H.R. 1884) to expand access to primary eye and vision care in underserved areas. That's essential, says Dr. Johnson. "Many patients wait for a problem. They don't know that glaucoma can be diagnosed before they can feel anything." That's where O.D.s can help. "It is up to us to sell the importance of optometry services at CHCs. Find out where these CHCs are, and show them the need and how these services can benefit their center." **WD**

In Service: Military

The Traveling Optometric Practice

Air Force Major **Tara M. Jayne, O.D.**, describes herself and her husband **Ronald Jayne, Jr.**, a former Chinese linguist for the Air Force, as travelers. “We don’t grow roots well,” she says. “But we definitely like the idea of serving in the military, having the opportunity to be in different parts of the country, going on humanitarian missions and serving populations around the world.”

In seven years of service, she has been assigned to four bases and relocated in August to Ramstein Air Base in Germany. Previously, she served as chief of optometry services for Hickam Air Force Base in Hawaii and had been stationed in California and South Korea prior to that. The Osan Air Base in South Korea was one of the highlights, Dr. Jayne says. “You are doing your job supporting the war, but it reminded me of *M.A.S.H.*,” she says. “You have this tight family, and I’d never been in a situation where you have 100 people in your extended family. You walk down the street, and everyone knows you,” she says.

It’s also a great career, she says. The Air Force gives her opportunities to expand her optometry skills, working with active duty members, their dependents and retirees. In South Korea, she also served on other Air Force bases that didn’t staff O.D.s. “I would fly around to the different bases for intensive three-day spurts,” she says.

Dr. Jayne also worked with aviators for the Korean Air Force because they did not offer optometry services. “If the pilots were ineligible to fly because of some vision condition, we would help them get back in the cockpit,” she says. Often, these pilots were reassigned, but that was frustrating to them. Dr. Jayne was eager to help them get back in the air. “It was like clipping their wings. I could get them going again. You feel really cool that you’re a part of that.”

In many ways, her day-to-day work isn’t that much different than a U.S. private practice. She sees a range of conditions, from refractions and contact lenses to glaucoma and hemianopsia. But traumatic brain injuries and disease can be part of a day’s work, too. Plus, there’s the travel—a perk unparalleled in a civilian job, she says. “In private practice, you pay to do those things,” she says. “You pay for your staff to work while you’re gone, and you pay for your ticket. I get to do this as my job, and I love it.”

Dr. Jayne almost ended up in private practice herself. While working as a technician in a practice near her home in Ohio, she decided to go to optometry school. Her plan was to return



Home is where the need is: in seven years, Dr. Jayne has been assigned to four bases.



Dr. Jayne

and buy the practice after graduation, but when Air Force recruiters came to visit The Ohio State University College of Optometry, Dr. Jayne became intrigued.

She discussed the opportunity and the tuition reimbursement with her husband, and they realized it was a smart decision. She applied for the Air Force’s Health Professional Scholarship Program. She was paid through the Air Force Reserve, and her final year of optometry school tuition was covered.

Since that first assignment immediately after graduation, it’s been a whirlwind, she says. Dr. Jayne will be in Germany for the next three years, working with three other O.D.s. The position offers chances to travel to Africa on humanitarian trips. And after that? She says, “Wherever the Air Force sends me, that will be my next home.”

The Perks of Military Practice

Dr. Tara Jayne shares some perks of practicing optometry in the military.

- **Covered expenses.** In addition to travel, Dr. Jayne’s malpractice insurance premium, admission to academy meetings and CE credits are paid for, wherever she is.
- **Help with school loans.** Dr. Jayne received \$40,000 towards her loans, and O.D.s earn a \$5,000 annual bonus if they serve.
- **Early-morning convenience.** Selecting an outfit for work requires no consideration. Uniform? Check.
- **Easily accessible help.** If a situation takes a turn for the worse, she can put the patient on a helicopter for emergency assistance.
- **Trained staff.** Every staff member arrives as a certified ophthalmic technician. “They are supporting me from the beginning, and I’m not teaching them how to fit glasses because they already know.”
- **Work is all about patient care.** Dr. Jayne doesn’t worry about the business side of her office, and she’s home by 5 p.m. She appreciates the time to spend with her 2-year-old twins.
- **Humanitarian missions.** As a part of her job, Dr. Jayne can help people around the world. Life-altering moments, such as giving eye-glasses to a young child in the Dominican Republic who “couldn’t see past his eyelashes,” have become the highlights of these trips. 

That Good Feeling

Joni Weideman, O.D., of Tallahassee, Fla., says she was a bit of a “late-in-life bloomer” when it came to figuring out her career. Getting her degree from Nova Southeastern University College of Optometry in 2003 was the easy part. After that, she was stumped.



Dr. Weideman

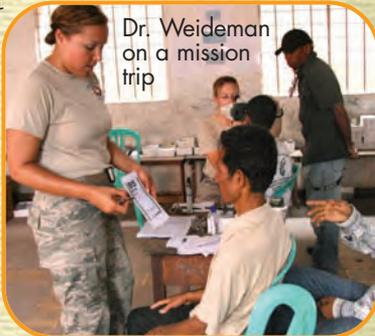
She practiced locally for a year, but Dr. Weideman wasn't feeling fulfilled. Then she completed a residency at the Lake City VA Medical Center, where she learned that she loved working with veterans. “They're the best patients one could ever have,” she says. Dr. Weideman quickly accepted a position at the VA Tallahassee Outpatient Clinic, and began looking into joining the U.S. Air Force Reserves about four years ago. “My veterans encouraged me,” she says. “It's great because now I can see the full spectrum of patients—those going in as Airmen and completing service as veterans.”

These patients let her know how much they appreciate her effort. “I get that good feeling all the time because I live and work locally,” she says. “I'm walking in the mall, and I hear, ‘Hey doc, I got my new glasses, and I love them!’ It makes me feel great.”

Her duty as a reservist requires her to report to 622nd Aeromedical Staging Squadron at Robins Air Force Base in Georgia once a month for unit training assembly, and she also has two weeks of active duty a year. “I complete eye exams on flyers who are going over or returning from traveling,” she says. “I fit them with contact lenses that are best suited for the type of aircraft that they are flying.”

Yet her favorite experiences have been the humanitarian missions, such as a July trip with the Pacific Angels program to East Timor in South East Asia. A team of four optometrists saw 1,600 patients over six days. This past May, she participated in a disaster relief exercise in the Philippines organized by the Association of Southeast Asian Nations. This type of mission allows the participating countries to interface and test their response to a disaster. “It was phenomenal to see the military from different countries work so seamlessly together throughout the entire mission,” Dr. Weideman says. And it was challenging. As the only optometrist, she saw 350 patients. “In order to function you have to be able to see. So we would go in and provide reading glasses for those who need to do things up close or spectacles for those who need to drive a car to transport water.”

Dr. Weideman has only one regret: “I wish I had joined earlier,” she says.



Dr. Weideman on a mission trip

The Balance

Working at the VA clinic in Florida and traveling to Georgia for her commitment to the U.S. Air Force Reserve requires planning and good communication, says Dr. Joni Weideman. Joseph Molinari, O.D. (Ret. Col.), her optometry clinic director, steps in to supervise her resident while she's meeting her reserve duty obligations. “It's important to have a team that supports your role in the Reserves,” she says. WO

Civilian O.D. Takes Pride in Serving Soldiers

Liana Bullock O.D., is a civilian in a military setting. But it's not an unfamiliar one. Dr. Bullock served three years of active duty in the Army until 2005. In 2008, she became staff optometrist for the U.S. Army at Ft. Bliss in Texas. It's a job she loves. “I'm extremely grateful to the soldiers serving our country,” she says. “It's an honor to me to provide quality eye care to them.”



Dr. Bullock

Her husband, **Jason Bullock**, is an active duty Army dentist. The couple enjoys the perks of working in the health care industry. “We are able to carpool to work and spend that extra quality time together,” she says. That's particularly special for spouses of military personnel, who often have to muscle through long deployments as the solo parent. Her husband was deployed for six months to Iraq in August 2008. “I was essentially a single, working mom,” Dr. Bullock says. “My daughter was six months old, and I had to care for her, the house and the car. I did it all. People don't often realize the sacrifices and the effect on the family when spouses are deployed.”

But there is a benefit in the predictable schedule. Dr. Bullock works business hours, Monday through Friday, and there's no weekend call. She thinks back to the juggle she faced working in private practice. Working late nights or weekends didn't fit into the family time she wished to have.

“Now in a military setting, I am able to show patriotism by working for the soldiers, but I can also enjoy the schedule, too.”

In fact, she enjoys the setting, noting it is comparable to any private practice. Her office is equipped with state-of-the-art instrumentation, and she fits soft and GP contact lenses, treats red eyes and post-op refractive surgery patients and is involved in disease management. “If a patient walks in with an eye trauma, I can send the patient to the neurologist for an MRI, if needed, and he or she comes back to me for a follow-up in terms of diagnosis and treatment,” she says. There's no worry that another practitioner is going to keep that patient; these military medical providers all work on the same team. WO

MAKING CONNECTIONS

Think Globally, Act Globally

By Cristina Schnider, O.D., M.B.A., F.A.A.O.

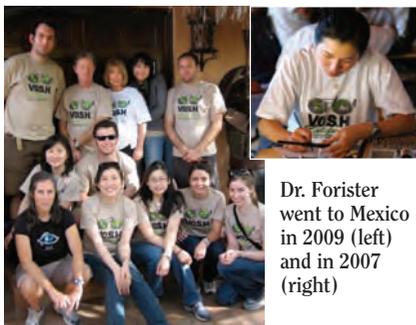
Optometrists help people every day in their own communities. While this is rewarding, O.D.s who have been on international missions say the connections they've made there fill them with gratitude. Volunteer Optometric Services to Humanity International (VOSH/International) and others offer opportunities that vary from short-term missions, research and educational activities to the establishment of permanent clinics or partnerships with another non-governmental organization for public service projects.



For some, volunteerism starts in optometry school. Practice owner **Ann Slocum Edmonds, O.D., F.V.I.**, spends one day a week at the optometry clinic at Pacific

University College of Optometry. As a board member for the school's student VOSH chapter, she introduces students to the program. "You need people who love this," she says. Not everyone will be interested in traveling abroad where conditions are hot, crowded and often bug-infested.

Dr. Edmonds finds that the best doctors are involved with volunteerism. "They become really great clinicians once they've been on one of these trips. You learn to not sweat the small stuff and to look at the big picture to solve problems in your office." Plus, these doctors will often have greater empathy for those less fortunate.



Dr. Forster went to Mexico in 2009 (left) and in 2007 (right)

Julie F.Y. Forster, O.D., F.A.A.O., became involved as a student at Southern California College of Optometry. "It allows me the opportunity to give back not only as a volunteer providing vision care to under-privileged populations but also as a mentor to both optometry and pre-optometry students" at the University of California, Berkeley School of Optometry.



Dr. Schnider

"Volunteer trips make me appreciate how lucky I am to be living in a country with such a developed health care system, where most people have the opportunity to get preventative healthcare," she says. "Although the days during these volunteer trips are long, I often forget the hard work when I see an elderly grandmother excited about her new reading glasses because she will no longer burn her fingers on the stove while cooking dinner."

VOSH/DelVal, which holds programs in Haiti and Guatemala, overlaps the career and family life for **Christine Mary Smith, O.D., R.N.**, of Doylestown, Pa. When her patients are educated on health care issues in the developing world, they often give their support. "Patients have been a generous resource to VOSH/DelVal through the donation of money, supplies and emotional support," Dr. Smith says.

And her family's been involved. Her children have helped "by packing glasses, working on our web site, fundraising and providing translation and patient care on a trip." In fact, VOSH volunteers tend to be the "roll-up-your-sleeves" kind of people who do whatever it takes to complete a project. The mission trips have fueled her passion for education. "Volunteering has made me believe that

health care is not a privilege, but a basic human right," she says. Short-term mission trips provide direct support to a relatively small part of the population. "Only through education and support of local health care providers can the eye health of the world be improved." Interested volunteers can email Dr. Smith at cmsmithod@gmail.com.



Dr. Smith with a post-cataract patient and his mother in Guatemala

After volunteering in third-world countries, **Nancy Coppic Clark, O.D.**, of Danville, Va., has come to "realize how fortunate we are to have basic equipment, referral opportunities and even dependable mail service," she says. "When these are not available, we learn to be more flexible and to work with what we have."

Over the past 30 years, Dr. Clark has participated in 15-20 trips and has seen changes as these third-world countries



Dr. Clark on a trip to Mexico in 2008

evolve. She says she's bonded and made wonderful connections with colleagues and other team members. But the serious conditions seen on these trips require some mental adjustments when returning to her practice. "I do have to be careful when I first return that I don't give patients a dissertation on how lucky they are if they have complaints about minor issues." Contact her at dnbclark@verizon.net if you are interested in participating with the Virginia chapter.

For more information on these doctors' local organizations or local teams near you visit vosh.org. You can contact me at cschnid1@its.jnj.com.

Cristina Schnider, O.D., M.B.A., F.A.A.O., is Senior Director, Professional and Medical Affairs, J&J Vision Care Japan.

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Strategies for Success in 2010

Build a Patient Loyalty Program

Deborah Goldman, O.D.
Wellington, Fla.



Dr. Goldman knows she needs to make a long-lasting impression to keep patients in her practice. "People can go anywhere," she says. "You want them to feel special about coming to you." Her method of building her practice is to provide patients with exceptional customer service and reward referrals.

Welcome patients. As soon as patients enter the door, a staff member is ready to greet them. She'll do it, too, if she's available. "We stand up, say hello and thank the patient for coming in," she says. "We make sure we know who he or she is, and we don't let the patient wander." Waiting time is kept to a minimum as part of Dr. Goldman's goal to make patients feel comfortable and appreciated. Patients talk about the homey feel.

Be accessible. To keep a patient returning and to encourage referrals, you have to do more than just check refractions. "If patients have a question, I'll call them back or get on the phone without hesitation," she says. "They need to know I'm here." Her practice accommodates walk-in patients and families with hectic schedules. "If a family of five wants to come in, I schedule them all. I don't make them come in at different times."

Give rewards. Dr. Goldman surprises patients who refer others to the practice with a reward—a \$5 gift card for Starbucks mailed with a thank-you card. She says that several patients who referred a patient and now know about the reward have continued to bring even more new patients in to receive this bonus.

Fast and Free Communication

Jennifer G. McKay, O.D.
Savannah, Ga.



Cross stamps off of your list of expenses. Dr. McKay has found that by using an email account, patient communication is free and easier than ever.

Collect email addresses. Dr. McKay began collecting email addresses from all patients on patient history forms in April. The following month, she experienced the best revenue she's ever had in the previous four years.

Prompt responses. Once a patient's contact information, along with exam date and birth date, are included in the database, email communications can be sent out immediately. Dr. McKay uses the email feature to send thank-you notes promptly after an exam. She also sends newsletters, e-birthday cards and annual exam reminders.

Be green. Not only is taking advantage of email communication cost-effective for your practice, but it is also better for the environment than printing postcards for recall. "This is a great way to stay green and high-tech at the same time," Dr. McKay says.

Dr. McKay's tip was chosen as the overall winner in an annual Optometric Business Academy™ Marketing Diamonds contest.

Analyze Your Business

Beverly Smith, O.D., M.B.A.
San Ramon, Calif.



Now is the perfect time to look ahead and evaluate your practice in preparation for 2010. To keep the task from being overwhelming, Dr. Smith suggests analyzing the practice strengths, weaknesses, opportunities and threats (SWOT).

Be specific. As you think of ways to improve or expand, keep in mind the common goal of optometrists: to provide a great experience for happy, healthy patients. "Our business strategies should be based on a close look at how we provide our services, which goes beyond the examination chair," Dr. Smith says.

Include all services. Beyond eye health examinations, consider the other services that are important to your business, such as billing, frame selection and appointment scheduling. "By doing regular 'mini-SWOT analyses' in each of these areas, you can monitor the pulse of your practice and make significant steps toward building a successful business," Dr. Smith says.

Track results. List the findings from your periodic SWOT analyses in all areas of your practice. Keep your notes handy and identify particular areas for improvement. Track your results as changes occur.

Success Starts with Staff

Laurie L. Sorrenson, O.D., F.A.A.O.
Austin, Texas



Dr. Sorrenson says office morale can make or break a practice. Excellent customer service can be delivered consistently only if there is a connection among staff members and between staff and managers. "I used to have the attitude that you should just be respectful to one another, but that you didn't have to be friends. But now I know you should." Here are ways she has helped her practice staff bond and improve the atmosphere.

Identify important areas. Companies with a customer service focus such as Southwest Airlines, the Ritz-Carlton and Nordstrom concentrate on making their employees happy, so her practice identified four key points—respect, teamwork, compassion and positive attitude—as essential to a positive office culture. These words are printed on a card staff members carry with them. "Give staff the tools they need to make a difference," Dr. Sorrenson says. "O.D.s are notorious for micromanaging and not giving the power to the employee to fix the problem immediately, but this is one of the best things you can do."

Do something fun. A portion of the practice's once-a-week lunchtime office meetings is dedicated to fun. Sometimes staff members pair up and interview one another to discover something new. When Dr. Sorrenson discovered that the staff wanted to socialize beyond the office, she added a summertime pool party, bowling outings and more in addition to the annual holiday party.

Improve interoffice communication. More than 20 people work at Lakeline Vision now. As her office grew bigger, Dr. Sorrenson added business email addresses for each individual. "This makes it easier for me to communicate with staff, and they

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PRECISION *Follow-Ups*

With a method for tracking referrals, O.D. keeps satisfied patients in her practice

Crystal Brimer, O.D., of Wilmington, N.C., is a perfectionist—especially when it comes to following up with patients who have been referred for specialty care. First of all, she'd rather treat or monitor patients herself, rather than refer, when it's within her expertise to do so. "I want them to get the precise care I think they need, and patients don't always do what you want them to do," she says. As more doctors, staff and sets of instructions come into play, the chance for mixed messages increases. That can result in noncompliant or overwhelmed patients. "It bothers me to see someone fall through the cracks." So, Dr. Brimer has created a process that makes sure she and her staff keep track of their referred patients.



Dr. Brimer

Pink sheet to spreadsheet. A pink sheet of paper is attached to every referred-out patient's chart. The sheet lists the doctor to whom the patient is referred, appointment date and time. The information is entered onto a spreadsheet on the office computer system. The spreadsheet is later used to confirm that consult notes are received from the specialist after the appointment.

Check in. A note is put in the computer at the bottom of the schedule on the date the patient should be attending his or her referral appointment. The front desk then calls that

office to confirm that the patient showed up. Staff members make sure that appointments are made and that patients go. "I don't want to find out six months later that someone did not make the visit," Dr. Brimer says. "If someone misses an appointment, cancels or is a no-show, the chart always ends up on my desk."

Send a letter.

If patients miss a referred visit but it is not their initial consult with the specialist (for a less serious condition), Dr. Brimer reminds them in a letter to reschedule the appointment with a specialist, and why. She includes a handwritten note at the bottom to encourage the patient to reschedule.

Personally make a phone call. If the initial consult is missed when a referred visit is extremely important or could result in a liability issue, Dr. Brimer calls the patient to make sure he or she completely understands the importance of this extra visit. Dr. Brimer or a technician makes it a point to check in with patients who have been prescribed new contact lenses, eyeglasses or medication. "I

Get Organized on Insurance

Keeping track of managed care billing can become confusing without an organizational system. After attending a three-day practice management seminar on billing and coding, Dr. Crystal Brimer decided she needed a foolproof system. She made a spreadsheet of all pertinent information for the plans her office accepts and transferred the information onto an easy-to-read graph that labels all codes she uses, insurance plans and the allowables for each. The back of the form has guidelines as to what is required in the exam room in order to bill appropriately for each 99__ and 92__ office visit level. "With my template, I'm consistent," she says. Stay updated, even if you have or will hire a billing staff member, Dr. Brimer says. "You can't train someone else if you don't understand it yourself." **WO**

tell the patient, 'If it is working, continue. If not, let's make another plan.'"

Through an externship and her first job, Dr. Brimer saw how easy it is to lose track of patients. She determined when she opened her own practice in 2002 that she would create a welcoming place where patients would want to return. Keen on interior design and with a great eye for style, she's created a boutique-style office where she works with **Joe Nemeth**, her husband, optician and office manager. "We make people feel at home and welcome," which undoubtedly is a big reason why patients love to return. **WO**

Round Table *Continued from page 13*

have a direct line to me, too," she says. Her initial hesitance about adding emails was offset by how easy interoffice communication became. "I can send out an email immediately about anything I want to implement or change and can work towards changing behavior right away."

Dr. Sorrenson says the more she involves staff, the greater the return to the practice. "If staff members love what they're doing, they will do a good job."

Referral Rewards

Eileen Weitzel, O.D.
Goldsboro, N.C.

To target current patients' circle of family and friends, Dr. Weitzel uses a gift card program that provides rewards for referring patients.

Promote the program. At checkout, patients are told about the gift card program and encouraged to email the practice, through its web site, their network of friends and family members.



Communicate frequently. "When we respond back to each family member and friend the patients have referred us to, we email these prospects a copy of our newsletter explaining our practice and services, as well as let them know which patient referred them to us," she says. For any prospect who schedules an appointment, the staff adds money to the current patient's gift card.

Make rewards convenient. These funds don't expire, and patients can use the money for products or services in the office. It costs the practice nothing, but the results have been great. "Patients love to be catered to, and they want to connect their family and friends. When they can share something as personal as health care, we all win." **WO**

Next Round Table: Defining Priorities
If you would like to participate,
please email mbijlefeld@jobson.com.

A of Their Own

Pediatric practice caters to the youngest patients

The neon-colored jungle animals in the Glasses Menagerie logo are just the first clue that this is no ordinary eye care practice. **Linda Chous, O.D.**, wanted it that way. Since she opened the pediatric practice in 1991 in Minneapolis, Minn., she wanted it to be a destination where kids and parents could feel comfortable. From the saltwater fish tank in the lobby to the tiger ears attached to her binocular indirect ophthalmoscope headset, the entire practice is designed with young patients in mind.

That's true of the dispensary as well. Children should be happy and proud of their eyewear, she says. "Opticians in other practices were telling kids, 'Oh, they don't make red frames.' It was so untrue! They just didn't carry them!" So at Glasses Menagerie, patients and their parents are guided through the often-confounding process of frame and lens selection. "Virtually all of our pediatric patients receive aspheric photochromic antireflective lenses—always polycarbonate," she says. With more than 1,000 frames to select from, children can select the bold or subtle look that they'll want to wear. All of her frames are durable enough for active kids, and if the frame can't live up to that requirement, she won't carry it.

Dr. Chous, who became president of the Minnesota Optometric Association this year, is a passionate advocate for the importance of early childhood eye care. She participates in the InfantSEE[®] program, in which infants are offered one no-cost comprehensive eye exam. Not only do these exams help her diagnose potential problems and develop early intervention, the program builds the practice as parents bring other children in as well. Through word-of-mouth referrals and strong relationships with existing and new patients, the practice continues to grow. So, too, do her patients—some of whom even return to see her after they've gone off to college. In fact, it's not unusual for moms to ask her to examine their eyes. Petite women have also found that the practice offers more stylish options that fit their small faces.

Internal marketing gains its biggest push through the practice staff, says Dr. Chous. "We've had patients come in because a staff member has approached a parent at the grocery store when she noticed that a child is wearing ill-fitting frames. I have included staff members in outreach and in educational opportunities on a national level, such as participating in Opening Eyes, the vision screening program for Special Olympics, and involvement in InfantSEE."

Developing a trusting and respectful relationship with staff doesn't mean handing off oversight, though, she warns. As a practice owner, it's her responsibility to keep up with overall operations. Small lapses accrue quickly to become costly mistakes, she says. "For example, years ago I discovered that we were losing money because returned, broken eyeglasses or lenses weren't being returned to the manufacturer for warranty claims." **WO**



From the coolest kid frames to a fish tank in the reception area, Dr. Chous wants young patients to feel comfortable and welcome.



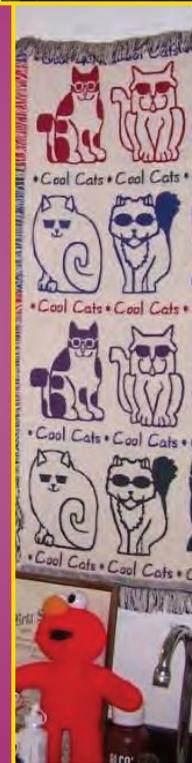
Professional Association Can Help Boost Practice

When Glasses Menagerie first opened, **Dr. Linda Chous** had just missed the deadline to get an ad in the new *Yellow Pages*. So she had to look at other ways of getting the word out. (She now uses Facebook and other social networking sites, but in 1991, those options didn't exist.)

That's when she discovered "the personal and professional value of becoming involved in my state optometric association. The more I have learned about the issues that affect our practices and how we care for our patients, the more I realize how vital it is for all providers to become aware and to be involved."

Dr. Chous has served on a number of committees for the Minnesota Optometric Association (MOA) before becoming president this year. She's been on the Children's Vision, Public Education and Low Vision committees and served on the board of trustees. She has Type I diabetes, and therefore has a particular interest in eye care as integral to diabetic health. She has presented to state teachers' conferences and talked about vision therapy and pediatric eye health to other health professionals. And she's been involved with the development of an interactive display on the eyes for the Minnesota State Fair, which drew nearly 4,000 visitors, and the display will soon become part of a traveling exhibit for the Science Museum of Minnesota.

Most of these opportunities came her way because of her connection with the MOA, she says. "There isn't a day that goes by that I don't love being in my practice and giving back to my profession." **WO**



Women in the NEWS



Dr. Schneebeck



Dr. Gabriel



Dr. Loomis

Colorado Honors



Dr. Wright

Lindsay Wright, O.D., of Firestone, was honored as Colorado's Young Optometrist of the Year. Jeri Schneebeck, O.D., F.C.O.V.D., of Aurora, was presented with the Distinguished Service Award. Gina Gabriel, O.D., M.S., of Longmont, was

honored as Keyperson of the Year, and Zoey K. Loomis, O.D., of Fort Morgan, became the Colorado Optometric Association's president-elect.

Dr. Smythe



Jennifer Smythe, O.D., has been appointed Dean of Optometry at Pacific University. Dean Smythe has been serving a temporary appointment since 2008.

New Jersey Honors

Maria Richman, O.D., of Manasquan, was honored as Optometrist of the Year by the New Jersey Society of Optometric Physicians (NJSOP). Sherry Lench, O.D., of Vineland, received the NJSOP Distinguished Service Award.



Dr. Richman



Dr. Lench

Public Health

Stacy Lyons, O.D., of New England College of Optometry and Renee Mika, O.D.,



Dr. Lyons



Dr. Mika



Dr. Block

F.A.A.O., of Michigan College of Optometry, were elected to the positions of chair and chair-elect, respectively, for the American Public Health Association (APHA) Vision Care Section for the coming year. Sandra S. Block, O.D., M.Ed., Illinois College of Optometry Associate Dean and immediate past chair of the section, was elected to be on the APHA's Intersectional Council Steering Committee.

Continued on page 17

Corporate V.P. Is Ready to

Opportunities for women growing as profession changes

Colleen Riley, O.D., M.S., F.A.A.O., did not expect to be where she is—yet. Dr. Riley recently was named vice president, professional development at Vistakon, making her the highest-ranking woman O.D. in a major eye care company today. She fills the role formerly held by the late Pat Cummings, O.D.



Dr. Riley

Dr. Riley brings 17 years of progressive experience as a practicing optometrist, academic instructor and clinical research strategist to the position. She has played an integral role in all stages of product development and developed new clinical study designs and metrics to measure vision, health and comfort. "We live in an evidence-based medical world. I think my experiences in driving research, innovation and new product development will allow me to build on the foundation set forth by Pat and those before him."

In fact, she sees it as a culmination of her own work. "I spent 12 years of my career at Indiana University and focused on R&D at Vistakon. This position incorporates the technical aspects, patient care and education." She also oversees all activities for The Vision Care Institute.

Her goals for the role are to push for innovation in new products while being connected with practitioners. "I'd like to continue the educational aspects of optometry and expand the opportunity for patient care," she says.

Dr. Riley, a contact lens diplomate in the section on Cornea, Contact Lenses and Refractive Technologies of the American Academy of Optometry, joined the company in 2004 as assistant director, R&D, and most recently served as director of design, research and development. She was part of the team working to transfer the high level of satisfaction with the spherical ACUVUE OASYS brand lens to the ACUVUE OASYS for ASTIGMATISM lens, from product concept to product launch.

She was a principle investigator in the Collaborative Longitudinal Evaluation of Keratoconus (CLEK) Study funded by the National Eye Institute. In 2007, she was selected as one of the top 20 Most Influential Women in the Optical Industry.

She says it's both a credit to Vistakon and a reflection of the times that women are breaking through barriers at corporations. "I always thought that Vistakon provided a huge opportunity for personal and professional growth," she says.

Without that confidence, she would not have made the difficult decision to uproot her family five years ago to move to Vistakon's Jacksonville, Fla., headquarters. That's the kind of decision many dual-income families have to make, and she believes that the expectation is often that the

Continued from page 16

Listen, Learn and Launch

woman gives up her job to follow her husband's career path. As it is for every family, the gain is balanced by sacrifice. "It was a life-changing event for my family. The children were in school, and my husband had a large mental health practice he left behind," she says.

Having been through that experience, as well as having juggled the demands of being a working mother, keeps her attuned to the challenges facing other young O.D.s. "Perhaps as an industry, that's where we've been a little remiss," she says, noting that the traditional models of optometric practice may not work as well for the next generation of O.D.s. "Young optometrists are not going to opt out of having a family. We need to present them with career options that allow them to continue to practice and contribute at a high level," she says.

Optometry, as a medical practice, lends itself to that because emergency calls and on-call demands are rare. "The profession is attracting a lot of bright students, so we need to accommodate the changing demographic," she says.

The first challenge in developing solutions is identifying the scope. "We don't have good visibility about who these practitioners are," she says, noting that there's not an effective way to track women O.D.s who reduce hours or take some years off during child-rearing or those who stop practicing as a result of a move to another state.

She believes that these are the bigger challenges to women in optometry. "I used to be asked all the time how I juggled taking

care of my children and working. I am rarely asked that anymore," she says. It may be because her children are older now, or else more women have created practice positions that fit their lifestyle. Now she hears more questions about professional advancement. That may be a good sign, meaning that more women O.D.s looking for mentors to help with those practical questions are finding answers closer to home.

"I used to be asked all the time how I juggled taking care of my children and working. I am rarely asked that anymore," says Dr. Riley. Now she hears more questions about professional advancement.

She's looking forward to exploring this and other issues of professional support in her new role. "In addition to assuring that current commitments are addressed, my first goal in this position is to listen. I'll solicit feedback that helps us figure out where to be most effective in 2010 and beyond." 



Dr. Miller

Pamela J. Miller, O.D., F.A.A.O., J.D., of Highland, Calif., was elected as a director and the first president of the American Optometric Society, a grassroots organization dedicated to providing an avenue for every optometrist to be heard on matters of professional interest. Visit optometricsociety.org for more information.



Dr. Yu

Susy Yu, O.D., a director at Kaiser Permanente in Southern California, was elected to serve on the Board of Directors of the Association of Regulatory Boards of Optometry.



Dr. Ramos

Leah Ramos, O.D., of Chesapeake, Va., was featured on the cover of *MBA Insights* 3Q 2009 issue talking about efforts to improve the patient experience.



Dr. Sclafani

Louise Sclafani, O.D., of Chicago, was honored as Alumna of the Year at the Illinois College of Optometry Alumni Weekend in September.



Dr. Marusich

Carol Marusich, O.D., M.S., F.C.O.V.D., of Eugene, Ore., discusses how to spot signs of visual impairment in young children on a CBS-affiliate station. The video clip can be seen on covd.org, under the News section.



Dr. Rosen

Karen Rosen, O.D., was recognized by the *St. Louis Business Journal* as one of the Most Influential Business Women in St. Louis for 2009.

Ohio Honors

Associate Dean and professor at The Ohio State University College of Optometry, **Karla Zadnik, O.D., Ph.D.**, was awarded Optometrist of the Year at the Ohio Optometric Association meeting.

Also honored: **Rebecca Williamson Brown, O.D.**, of Salem, as Young O.D. of the Year; and **Karen Riccio, O.D.**, of New Albany, as Key Optometrist of the Year.



Dr. Zadnik



Dr. Brown



Dr. Riccio



Building Bridges

Cooperation between M.D. practice and optometrists in town thrives



Dr. Stevens

By Ruth Stevens, O.D., M.B.A., of Portland, Maine

Sixteen years ago, I was a newcomer to Maine and in search of a job. I sent a letter to an ophthalmology practice stating that the relationship between ophthalmology and optometry was changing. I also said I could help them market the practice better to referring optometrists.

Maybe it was the audacity of the letter or the combination of the O.D. and M.B.A. degrees listed after my name, but the letter must have tickled a nerve. It resulted in a call and, ultimately, a job offer. I've been with the practice since then. I'm the only O.D. in an eight-M.D. practice that employs 80 staff members.

Some of it was the timing. Ophthalmology and optometry practices just were starting to work together. Maine's geography helped speed the process because the distances patients have to travel for consults or surgery make it more likely they'll return to their community doctor. And as the number of referrals to M.D. practices grew, the ophthalmologists saw the benefits of having patients with primary conditions, such as ocular infections, be

treated elsewhere. Cooperation has enabled all of us to work more efficiently and where we are best suited.

Many ophthalmologists want to be in the operating room and are happy to have optometrists doing primary care. As O.D.s in the area refer their patients to the practice for consultations or surgery, we are consistent in advising patients to return to their community O.D. as soon as possible. I am available for primary care and optometric services to patients who are connected to or call our practice, and my schedule is full every day.

The optometrists have benefited as well by knowing they can refer their patients with the confidence that those patients will be encouraged to return to them for future care. The ophthalmologists in the practice also speak at optometric meetings.

I initially thought I would use my M.B.A. training more in management. As it turns out, I prefer working in direct patient care. But the marketing and communication skills have helped me professionally. And the degree has made my life easier. Whether I'm doing my taxes or making investment decisions, I think back to the lessons from the M.B.A. curriculum.

I graduated from optometry school in 1987 and completed my M.B.A. in 1992, after three years of evening classes. I enjoy the process of learning, so after completing optometry school, I decided the M.B.A. would be more practical than a law degree. I felt the M.B.A. would help me develop the business skills I might need to run a practice. One of the rewards of the program was the opportunity to work with adults from a variety of careers.

I believe that the more you know, the better you can approach any challenge. Although formal schooling doesn't fit into my schedule now, I continue to look for challenges and unexplored hobbies. Life is more interesting when you learn new things. That's true personally and professionally. 

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