



Women In Optometry

Dedicated to the interests of women ODs



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UCB



Brent Collins, OD
SCO



Amélie Pelletier, OD
U. of Montreal



Claudia Calogero, OD
SUNY



Tyson Allard, OD
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Maren Smithgall, OD
SUNY



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ICO



Marc Lay, OD
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Patty Oh, OD
UCB

Here They Come

The Class of 2010 contributes to the shifting demographics of the profession



Erin Witte, OD
MCO-FSU



Kelly Abbott, OD
MCO-FSU



Sherita Seward-Brown, OD
PCO-SU



Chad Linsley, OD
MCO-FSU



Meghan Elkins, OD
SCO



Drew Hoffman, OD
IU



Khanh Nghi Trinh, OD
PCO-SU



Alesha Jensen, OD
SCCO



Jamie Gold, OD
UMSL



Efen Gomez, OD
ICO



Brianne Hobbs, OD
UMSL



Travis Zigler, OD
OSU



Sarah Gallagher, OD
NSU-OCO



Elior Sandrousy, OD
U. of Montreal



Jamie McKenzie, OD
IAUPR



Michelle DePeau, OD
IU



Niki Henriksen, OD
ICO



Grant Hardan, OD
SCCO



Lauren Ernst, OD
OSU

June 2010

SUPPLEMENT TO
REVIEW
OF OPTOMETRY



Marjolijn Bijlefeld

Shout Out

Brave New World

Here's to the class of 2010! As these newly graduated optometrists begin a new phase of their lives, they also reflect

the evolution of optometry. In fact, it's remarkable how much has changed in the past 20 years: prescribing privileges, managed care, HIPAA rules, computerization and automation, shifting practice modes, new product development and, of course, the changing face of the profession. What hasn't changed is the dedication of the people who select optometry as their life's work.

Optometry school has never been easy. Today, students need to gain clinical knowledge as well as business skills. The graduates who spoke with *Women In Optometry* about their future plans feel like they're up to the task. And the GPA chart to the right, reflecting a general increase in overall GPAs, shows that the students coming into optometry school understand the academic challenge. These are no slouches; they are eager and determined to make a difference.

That determination is seen in other stories in this issue as well. Dr. Nikki Iravani has launched an iPhone app that can bring the message about eye health to every corner of the world. Dr. Joan Kaplow and Dr. Melinda Cano-Howes talk about the diversions along the way, a common theme in our survey, too. All ODs—men and women alike—balance the demands on their time and skills between patient care and optometry and the other things that are important to them. But that's what keeps it interesting. **WO**

Marjolijn Bijlefeld
Marjolijn Bijlefeld
 Managing Editor

Trends in Optometry School GPAs

Enrollment statistics from North American schools and colleges of optometry show that the average GPA of incoming classes generally has been rising during the past decade. Coincidentally, over the same period, the percentage of women in these classes generally has risen. The schools don't publish GPA trends broken down by gender, however. **WO**

School	2001-2002 Avg. GPA	2002-03 Avg. GPA	2003-04 Avg. GPA	2004-05 Avg. GPA	2005-06 Avg. GPA	2006-07 Avg. GPA	2007-08 Avg. GPA	2008-09 Avg. GPA	2009-10 Avg. GPA
IAUPR	2.80	2.90	3.05	3.05	3.00	3.08	3.20	3.05	3.10
ICO	3.23	3.15	3.25	3.25	3.31	3.34	3.39	3.39	3.44
IU	3.40	3.42	3.46	3.24	3.49	3.46	3.48	3.49	3.50
MCO-FSU	3.45	3.43	3.42	3.30	3.33	3.56	3.55	3.54	3.43
MU-AZCO	—	—	—	—	—	—	—	—	3.18
NECO	3.12	3.12	3.19	3.17	3.25	3.26	3.32	3.34	3.36
NOVA SE	3.20	3.30	3.20	3.30	3.30	3.30	3.28	3.39	3.37
NSU-OCO	3.52	3.54	3.57	3.59	3.50	3.64	3.60	3.70	3.53
OSU	3.45	3.50	3.40	3.20	3.53	3.50	3.53	3.56	3.61
PCO-SU	3.18	3.28	3.25	3.22	3.30	3.35	3.35	3.34	3.33
PUCO	3.30	3.30	3.43	3.38	3.43	3.52	3.45	3.41	3.50
SCCO	3.39	3.33	3.34	3.32	3.30	3.38	3.33	3.35	3.44
SCO	3.28	3.38	3.33	3.46	3.42	3.46	3.44	3.45	3.47
SUNY	3.20	3.18	3.22	3.16	3.31	3.51	3.46	3.51	3.49
UAB	3.51	3.55	3.66	3.65	3.52	3.63	3.66	3.56	3.60
UCB	3.39	3.31	3.44	3.50	3.54	3.43	3.50	3.53	3.55
UH	3.38	3.44	3.31	3.42	3.40	3.39	3.40	3.46	3.48
UIW	—	—	—	—	—	—	—	—	3.31
UMSL	3.38	3.40	3.49	3.26	3.42	3.44	3.49	3.44	3.40
WUHS	—	—	—	—	—	—	—	—	3.11

See page 12 for full names of schools. Source: Association of Schools and Colleges of Optometry and individual schools and colleges

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APP FOR EYES

Doctor's application for an iPhone-based eye exam becomes an immediate hit

If she had a dollar for every download of the EyeXam application for iPhone, **Nikki Iravani, OD**, would be a wealthy woman. It had been downloaded more than 200,000 times in the first six weeks it was available.

"I want everyone in the world to have the app on their iPhone," she says. "There is a huge difference in the number of free app downloads compared to 99-cent apps. People don't hesitate for a second to install a free app, but if it's 99 cents, they might skip it."

The free installation helps account for the tremendous popularity of this app, released earlier this year. But it's also just a useful and informative app to have. EyeXam includes tests for visual acuity, color perception, astigmatism and eye dominance. To recoup her investment—she hired a developer and obtained an Apple developer license—she has found sponsors. Vision Source and Alcon were the first two. People using the doctor-finder feature are directed to their closest Vision Source office, and information on Alcon products is presented along with information about associated eye conditions via the All About Vision link.

Dr. Iravani's interests in new technology and eye care dovetailed perfectly in this project. She is the founder of Global EyeVentures, a consulting firm based in California's Silicon Valley, and she was formerly a CooperVision vice president. After leaving the contact lens manufacturer, venture capital firms began to ask her to assess ophthalmic innovations. "Startup companies don't have the infrastructure in house, and after receiving funding there is always much work to get done" she says. "Essentially, the Global EyeVentures team of clinical investigators and consultants act as the startup company's virtual team to support various clinical, professional services, sales and marketing projects, until the company identifies a senior management team," she says. That might mean sales force training or developing a protocol for a clinical trial and extracting claims from clinical studies to support marketing initiatives.

However, EyeXam was not backed by venture capital. Its genesis was much simpler—the playgrounds and grocery stores where Dr. Iravani would field eye care-related questions from friends. "Friends and family would hold their PDAs at arm's length and say, 'Nikki, I can't read my BlackBerry anymore. Do you think I need an eye exam?' I'm here in the techno world of Silicon Valley, where there's a new app coming out about every minute, and I thought,

There's got to be an app for this." Turns out, there wasn't. Or the ones that were available were not developed by doctors, nor were they practical. As an optometrist, she wanted to be able to grab people's attention and steer them to the next step—making an appointment for an eye exam. "My goal was to bring more attention to eye care."

Even though the demand for the EyeXam app seemed apparent to her, she's still stunned by its success. After having submitted her application to Apple, she wasn't sure what to expect. She received an email saying it had been accepted and would be available in the App Store in 24 hours. The downloads exponentially grew from day one. "I thought it might hit 10,000 by the end of the first week; it got there in three days and quickly became the #2 app in the top free medical category!"

Now Dr. Iravani is collecting feedback from current users to enhance future versions of the app. And at Global EyeVentures, she's also on the lookout for the next big idea in eye care. "The venture capital community believes that while some health care segments are saturated with recent innovation, there is still room for penetration and growth in the ophthalmic space." Judging by the overnight success of EyeXam, the world seems hungry for eye-related technology and products. **WO**



When Dr. Iravani did not find any complete vision screen apps developed by eye doctors, she developed EyeXam.

Special Delivery Delays Diploma

Erica Rindt Musgrove, OD, of Memphis, Tenn., missed her graduation from Southern College of Optometry for a very good reason. While her classmates were receiving their diplomas, she was giving birth to baby **Ella**. Her family was in town for graduation—but wasn't disappointed at the change in plans. **WO**



Classmates stopped by later to congratulate Dr. Musgrove (above, with her husband, Clint) on both of her accomplishments.





Do It Now

By Beverly Korfin, MBA

"I'm going to a practice management seminar later this year, and after that, I'm going to make some changes."

"I started to develop a plan for 2010, but fell behind. I'll do it next year."

"I heard some great ideas at the last meeting I went to, but we're too busy to make all those changes."

Do any of these sound like something you've said? There's no doubt that making changes in the way a practice operates takes some initiative. But that should not stall you in your tracks. In fact, delaying implementation of

needed changes can create a kind of stagnation, as well as a sense of dread. "Oh, this is something I have to do, but I just can't make myself get started."

Here's the good news. Small steps are better than no steps at all. And small steps are easier to achieve. You don't have to tie your new policy updates to the next big thing—implementation of electronic health records, the big office move, the new hire or the next equipment purchase.

There are plenty of steps you can take now—with relative simplicity. Each of these steps will bring you closer to the goal. We won't say it will bring you closer to the finish line because the end point keeps shifting as your practice goals and personal goals change.

Here's how to start.

Dust off your notes from earlier practice management sessions that inspired you. Were there action items you circled or underlined but haven't implemented? Don't try tackling them all at once, but prioritize a few that haven't been started and schedule a start date. Even doing one will give you a sense of accomplishment and momentum.

Approach your next practice management session or any doctor meeting with the goal of identifying two or three strategies that will help you. Ask questions about implementation and what to expect—and then start with those immediately upon your return to the practice.

Let the Management & Business Academy[®] (MBA) help. Eye care practitioners who have attended MBA sessions, sponsored by CIBA VISION[®] and Essilor, return to their practices with action plans for developing or updating their mission statements and overall goals, as well as beginning with small, incremental changes that will help them achieve the bigger goals. However, all practitioners can

benefit from the collected data and information on the mba-ce.com web site.

Register today and you'll be able to access practice performance metrics, a publication archive and more. There are staff management resources that include staff meeting guidelines, recommended reading for you and your staff and downloadable PowerPoint presentations to improve service levels and increase patient satisfaction. Those can be used at your staff meetings.

Take a look at the variety of practice metrics available on the site. Identify several and determine how you'll improve your numbers. The first truth of practice management is that you must measure a metric to track improvement. Perhaps you think you're doing alright in terms of percentage of contact lens patients, comprehensive exams per hour, or the number of toric or multifocal contact lens fittings. The MBA site can help you see where you fall in comparison with colleagues. Determine where you want to see improvement, share that vision with staff and practice colleagues, encourage their ideas for making it happen and start measuring.

Read through archived issues of *MBA Insights* for practical tips and inspiration. Articles cover patient communication, staff management, metrics, marketing and more.

You can even download monthly staff meeting agendas developed by MBA faculty member Dave Ziegler, OD. These will reinforce the key messages on service principles. The practical advice

will be tremendously valuable.

It's important to identify your long-term, overarching goals. And while it might be easier to take a deep breath and say, "I'll get to that someday," that attitude won't move you forward. Divide your big goal into smaller subsections.

For example, you might have this large goal: Create a practice that allows me to add an associate and work three days in patient care with one administrative day.

One section that is implementable immediately might be to generate enough income to add a part-time associate. Now start identifying strategies to help you to that first level. How can you create efficiency? How can you generate more revenue per patient? How can you add patients? Start with these small steps and next thing you know, you'll be writing your help wanted ad.

Beverly Korfin, MBA, is senior manager of marketing operations for CIBA VISION[®].

"Small steps are better than no steps at all.... Even doing one will give you a sense of accomplishment and momentum."



On www.wovonline.org

"It's Your Business" also appears on the web site of Women of Vision. Check it out at wovonline.org.



OD for Office

OD runs with support of her colleagues in practice and around the state

Alice Sterling, OD, of Winter Springs, Fla., may be the only optometrist on the ballot for District 33 at the Florida House of Representatives, but she surely isn't running alone. ODs from all across her state are behind her.

It starts close to home, with optometry and ophthalmology colleagues from Florida Eye Clinic, where Dr. Sterling practices, supporting her endeavor. Dr. Sterling has dropped down to 30 hours a week—and as the election nears, she'll cut back to 24 hours a week—thanks to her partner who has been picking up hours since the campaign kick-off last August. "The advantage of a large group is that you have someone to cover for you," she says. "It would be harder to step away completely for a few months from my own private business." If elected, Dr. Sterling would need to be in legislative session in March and April.

Several women, mostly ODs, have provided encouragement and practical support to Dr. Sterling over the past few months. **Jeri Graham, OD**, who practices with Florida Eye Clinic in its Altamonte Springs location, provides comic relief and a helping hand through the toughest and longest days when it feels like all of her campaign work will never be finished, Dr. Sterling says. "She's been a delightful breath of fresh air."

Karen Perry, OD, of Orlando, believes Dr. Sterling should have taken this step years ago, and she now volunteers her time as Dr. Sterling's campaign treasurer. **Kerry Giedd, OD**, of Orlando, is captain of the neighborhood walk parties. "Her job requires being detailed and enthusiastic," Dr. Sterling says, adding that this will get harder as summer approaches and Florida becomes even hotter.

Although she is not an OD, Dr. Sterling's campaign manager **Helen Miller** has been a longtime friend. "Helen has a reputation for doing a great job at this, and she knows me and my comfort levels," Dr. Sterling says. "We didn't have to have a courting period to see how we work with each other."

ODs across the state have donated thousands of dollars to her campaign. "I could not be doing all of this without the vital support of so many optometrists," she says. Dr. Sterling appreciates this collaboration, and she encourages ODs to become involved in politics. "Optometry is a legislated profession," Dr. Sterling says. "Any business or profession would benefit by having one of its own within that legislative body." There are many ways and levels to support legislation. Her partner, **Victoria Donkin, OD**, mentioned that she felt guilty she did not give more, but Dr. Sterling assured her that her role of alleviating time in the office has been an essential contribution.



Dr. Sterling is gaining the support from many fellow ODs. (l-r): Dr. Giedd, Dr. Graham and Dr. Perry make up a core support team for her. Below left, these women ODs were among the volunteers who turned out for an office party to coordinate a mailing.

Dr. Sterling has never been one to sit still. In the past, she's been involved as a Committeewoman for the Seminole County Republican Executive Committee. For 20 years, she has been on the Legislative Committee of the Florida Optometric Association, and for 12 years, she has served as the American Optometric Association PAC Representative for Florida.

Dr. Sterling had been contemplating joining the race for four years, ever since an aide for a local representative told her the position would be a good match. "It caught me off guard because I never thought of it, but everyone I talked to said it would be ideal," she says. When a seat opened in the district in which she lives and works, Dr. Sterling decided to plunge forward. "I felt compelled to pursue this."

Since the idea started brewing, Dr. Sterling's attitudes have changed. She is seeking support rather than trying to find a candidate she wants to support, so she's had to expand her areas of focus. The optometric profession remains important to her, but many issues face her community. Potential constituents want to hear her views on jobs, taxes, education, community services and more. And when she speaks with citizens of the community she's lived in since her childhood, as well as professionals in many fields and industries, she hears the same concerns resonate. "Love of my profession is what started my venture into politics," Dr. Sterling says. "Love of my patients and community is my driving force now. The economic depression affects us all regardless of our career paths in life."

For more information on Dr. Sterling and her campaign, visit electallicesterling.com. 



The Matchmaker

Doctor launches an online optometry matching service

When **Stacy Vo, OD**, graduated from New England College of Optometry in 2003, she wasn't able to find a permanent full-time position quickly. "I worked as a per-diem doctor at 15 different practices, from corporate locations to private offices." Some of those required her to fill in for one day; some practices needed her there for three months or more.

Now, she's a practice owner with two locations in Redlands and Westminister, Calif.—and she occasionally finds herself searching for a fill-in doctor. "I have run into situations where I could not find coverage for my offices during certain times. And I have new graduates contact my offices for job opportunities at times when there is not a position available."

When the need for a fill-in doctor hits, it's often fairly urgent. One morning recently, her husband, a manager for her brother-in-law's optometric practice, received a phone

call at 6 a.m. from a per diem doctor who woke up feeling poorly. "He turned to me and said, 'I need you to go in.' It was my day off, but what if I had been busy?" Doctors left in a lurch like that have few options: work themselves, try



to reschedule some patients, call on a friend or potentially see patients go elsewhere. At the same time, young graduates have student loans and other bills to pay. Those who aren't employed full time would probably jump at the chance to fill in for a whole day of seeing patients.

Dr. Vo began to think that there must be a better way to match ODs with short-



As a practice owner and mother, Dr. Vo knows that there are many women ODs who juggle responsibilities. Her new matching service can help both employers and fill-in ODs.

term opportunities. So she launched an online matching system called OptoMatch in May. Optometrists who are looking for work, especially fill-in or per-diem work, can register for free. Practice owners and employers who want to hire a full-time, permanent doctor or expand their bank of candidates to cover for emergency leaves, maternity leave, sick leaves or vacations can register for free as well. They will be charged a small fee when a placement is made.

The employing doctor pays the per-diem doctor directly; OptoMatch's role is to match applicants by city, county or therapeutic licensing requirements, as well as dates available. The system even allows last-minute placements, as long as practice owners alert OptoMatch of a need at least three hours in advance.

Dr. Vo says she didn't create OptoMatch particularly with women optometrists in mind, but she also realizes that since there are more women graduates from optometry schools, there will be more women seeking work. "It can also help career women who might need to take time off for maternity or for family events," she says.

OptoMatch is available in all major cities in California, and Dr. Vo is hoping to expand the program's coverage area to more states soon. "If we can match doctors of optometry in a more effective way, I strongly believe that we can close the gap of unemployed ODs in California," she says.

To learn more about the service, visit optomatch.com.

Keeping Time: Doctor Melds Outside Interests and Career

Carolyn Finnell, OD, of Tucson, Ariz., had always been a student of science. Arts and literature were barely on her radar—until 2000 when she saw the movie *Emma*, which awakened a passion for Jane Austen's writing and the Victorian and Regency periods of British history. (The Regency period, 1811-1820, occurred when King George III was on the throne, but the country was run by the Prince Regent.) She began reading Austen's books, none of which she had ever read before. She joined the local Jane Austen Society of North America, but the chapter didn't dance as much as she had hoped. So she helped found the Arizona Regency and Victorian Society—and English country dancing is on the schedule every week. She also sews her own costumes for the dances and other events.

Her circle of friends and acquaintances has expanded during the years that she's been involved with these groups. That will come in handy now that she is opening her own practice, after years of filling in at other practices. "I was doing relief work all over town, for private practices and corporate-affiliated locations. It worked well to schedule work around my passions," she says, which also include taking and teaching yoga classes and, for years, included homeschooling her children. **WD**



Dr. Finnell

Friend Me?

Women ODs Build Networks Online and in Communities

The 400 optometrists who responded to a *Women In Optometry* recent survey on professional networking say that they join traditional and new networks for professional support, personal beliefs and just for fun. Many of these women wrote to *WO* to say that while they may have joined a local or community organization for one reason, the networks that sprung up have helped them improve their practices, too.

Overall, 68 percent of women *WO* readers said they currently belong to the American Optometric Association (AOA). Of women AOA members, 57 percent are practice owners, 31 percent are employed full time, and nearly 12 percent are employed part time. Women ODs reported that they joined the AOA primarily out of a sense of professional obligation, while networking, advocacy and reduced rates for

CE/meetings were also considered important reasons.

Women ODs in specialty areas, such as research, academia or the military, are highly involved in other optometric professional societies, with participation within those groups surpassing 90 percent. A number of women in a variety of practice settings also specified that they have joined the American Optometric Society. Across the full spectrum of career options, women ODs are involved in community organizations. *WO*

Why Women Join

While 45 percent of women said they joined the organizations they did for business growth and networking opportunities, that was by no means the only motivation:

- 71% said they joined out of a personal/family passion
- 49% said they joined for the volunteer opportunities
- 22% said they wanted to advocate for the organization or cause
- 7% cited another reason

Where Women ODs Go for Networking (other than the AOA)

Community organization:	71%
Other optometric professional society:	70%
Local business society:	34%
Nonoptometric professional society:	31%
Nonvision health group:	30%
Optometric service group:	25%

(respondents could chose all options that applied)

Connecting with the AOA

Younger women ODs are more likely to connect with the AOA through its web site and Facebook page and less likely to do so through publications or state or local meetings.

Decade Graduated	1970s	1980s	1990s	2000s
Web site	51%	52%	51%	61%
State and local meeting	54%	67%	56%	47%
National meeting	31%	28%	20%	21%
Facebook page	3%	7%	3%	10%
Publications	66%	61%	54%	55%

(respondents could select more than one option)

Weaving Networks

Many of the women ODs who responded to the survey said their first volunteer priority is with local churches, synagogues and their children's schools. Optometric service programs or organizations, such as InfantSEE, Opening Eyes and VOSH, also ranked high. And many raise money or awareness for cancer or other health foundations. There's no shortage of volunteer opportunities.



Dr. Davison

● **Janelle L. Davison, OD**, of Marietta, Ga., finds all the volunteer opportunities she wants through her local Junior League chapter. She volunteers 40 hours a year as a SMART session leader at Girls Inc., an after-school center that encourages girls to be excited about math, science and technology.

● **Mary Ann Peck, OD**, of Carrollton, Texas, is helping women who are working to pull their lives together and get back into the workforce. She'll be providing eye care and eyewear through the local Dress for Success program.



Dr. Adams

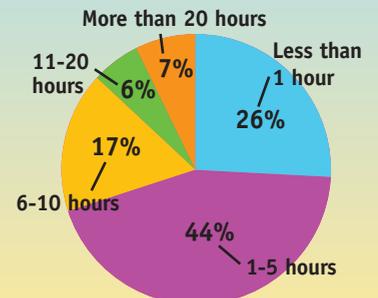
● **Juanakee Adams, OD**, has started her own foundation to provide vision services to underprivileged communities in Birmingham, throughout Alabama and even nationally. She's also involved with Spirit of Luke, a food and clothing ministry comprised of ODs, MDs, pharmaceutical professionals and nurses.



Dr. Jackson Condon

● **Kelley R. Jackson Condon, OD**, of Golden, Colo., says the Chamber of Commerce has done more for her business than any other avenue. Not only has she made lifelong friends, she met her husband through the chamber. *WO*

Time Devoted to Volunteer Issues (total volunteer hours per month)



The Class of 2010 Prepares to Make Its Mark

The percentage of women in the profession increases each year as more women than men graduate optometry school and more of the retirees are men.

The 33 smiling faces on the cover of this issue of *Women In Optometry* represent the future of optometry. Women account for about two-thirds of the class, as they have for most of the past decade. As a result, among practitioners under age 40, the number of women in practice is approaching the number of men. And ODs over age 50 who are

beginning to consider retirement are nearly all men. The face of optometry may be changing, but these young graduates share concerns and goals that, in most cases, transcend gender issues.

As they spoke with *WO* in the weeks preceding their graduations, some faced uncertainties about what they would do. Most were concerned about the debt they had accumulated. And others—men and women alike—were contemplating the offers that would allow them the best opportunities to practice, while

remaining connected to their spouses, children, communities and the profession.

ODs under age 40



ODs over age 50



Source: Association of Schools and Colleges of Optometry

Hungry for more education

More than 40 percent of these students have opted to complete a residency, even though most of them will graduate with a school loan debt reaching six figures. "Although the accrued debt from optometry school can be daunting, I feel certain the additional year of residency is of great value," says **Lauren Goldsmith, OD**, of Southern College of Optometry (SCO). "I believe a residency further advances the skill level of the newly graduated optometrist and provides a starting ground for practicing at a higher level of optometry. With loan lenders offering economic hardship and forbearance options, the residency has very much become a feasible opportunity for optometry students today."



Dr. Goldsmith



Dr. Hobbs

University of Missouri, St. Louis, College of Optometry classmates **Brianne Hobbs, OD**, and **Jamie Gold, OD**, agree. "It is difficult to put a price on training that will allow me to better serve my patients and future students," Dr. Hobbs says.

For Dr. Gold, who worked in the golf industry before optometry school, "choosing this residency is more about me perfecting my skills as a doctor so I can provide my patients and community with the utmost in care."

But even though they highly value the experience, it could still be a difficult choice to make. **Amy Knapke, OD**, of The Ohio State University



Dr. Gold

College of Optometry (OSU) enjoyed her 13-week internship at the Dayton VA, but says it was a tough financial decision choosing to return there for a residency. With her husband working a full-time and an additional part-time position, Dr. Knapke decided to go for it. "Without his support, I am not sure that I would be able to participate," she says.

Meghan Elkins, OD, also of SCO, didn't think twice about letting her debt stop her. "I feel that if you do not go for what you want in life, then you are shortchanging yourself," she says. "Making money will happen—just not next year!"



Dr. Knapke



Dr. Elkins

Finding the perfect practice

For most of these new graduates, the job search is on—and most of them covet a spot in an independent practice. In fact, none of these 33 said he or she was planning to open his or her own practice immediately, although it is a goal several years down the road for some. Just a few students said they were also considering working in a corporate-affiliated location.



Dr. Gallagher

Sarah Gallagher, OD, of Northeastern State University Oklahoma College of Optometry (NSU-OCO) knew that, financially, opening a practice wouldn't work immediately after graduation. So she chose another path—staying at NSU-OCO to become a faculty member as

Enrollment Trends

Enrolling Class Year	Average Percentage of Women	Total Number of Students	Total Number of Women
2006	65%	1,367	882
2007	64%	1,554	994
2008	65%	1,594	1,032
2009	63%	1,803	1,144

Source: Association of Schools and Colleges of Optometry



part of the Rural Eye Program. "I am so excited to work closely with optometry students while providing eye care services to our Native American population," she says.

Efren Gomez, OD, of Illinois College of Optometry (ICO), was still looking this spring for a place to land. He's the first person in his family of five siblings to complete graduate school, so he's seen the effects of a financial struggle firsthand. "I am going to pick up the first opportunity I come across, most likely, that I feel is right," he says.

He hopes it's a path that will bring him eventually into vision therapy and worries he'll be asked to push products for profit. "The care of patients is the most important thing, and I want them to come away thinking they saw the best eye doctor ever and not the best salesman."

Maren Smithgall, OD, of State University of New York State College of

Optometry (SUNY), says, "Although I wish I could say the opposite, my student loan debt definitely affects my choices. Ideally, I see myself in a private or group practice setting; however, I am not opposed to a corporate-affiliated career, especially considering the amount of student loans that I have accumulated."

Salary is important, but **Sherita Seward-Brown, OD**, of Pennsylvania College of Optometry at Salus University, and **Niki Henriksen, OD**, of ICO, don't want to base employment decisions on that factor alone. "While I am graduating with nearly \$200,000 of debt, I picked my job based on location and quality of living over several higher-paying positions in other states," says Dr. Henriksen. Dr. Seward-Brown is trying to balance several considerations: "Is there room for growth salary-wise? Will it allow me enough free time for my husband and two children? Is it going to be in

an area where I would like to raise my children? How can I impact the community through this position?"



Dr. Gomez



Dr. Smithgall



Dr. Seward-Brown



Dr. Henriksen

begin to relate to my dad as a colleague."

Tiffany Chan, OD, of University of California, Berkeley, School of Optometry, will be joining her parents in practice, and **Alesha Jensen, OD**, of Southern California College of Optometry, and **Travis Zigler, OD**, of OSU, will each work in practices owned by their uncles.



Dr. Zigler



Dr. Jensen

Passion for pathology

Jamie McKenzie, OD, decided to attend optometry school at Inter American University of Puerto Rico School of Optometry because it would expose her to a new culture, language and, most importantly, eye conditions that she may not see at home in Michigan. "I knew I could get an in-depth experience with pathology and disease, and to be in a hospital setting or an OD/MD practice, you have to be well-rounded," Dr. McKenzie says. While the move was far, she wasn't alone—her twin sister was a classmate.



Dr. McKenzie

Shift of the field

At the SUNY, where women students outnumber men about four-to-one, **Marc Lay, OD**, says it brought some positives to the experience. "It is great to see that our profession is equally driven by males and females," he says. "Working with men and women allows us all to be more well-rounded clinicians. For example, I have learned to improve my communication and patient interaction skills from my female colleagues."



Dr. Lay

Continued on page 12

In the family

For some of the class of 2010, optometry is already in their blood.

That's true for **Chad Linsley, OD**, of Michigan College of Optometry at Ferris State University, who knew since he was five years old that he would buy into his father's solo practice as a partner. "You could say that this will be the fulfillment of a life-long dream," he says. "It has been quite an experience to



Dr. Linsley



Dr. Chan

The AOA Membership Issue A Snapshot

Age	Male	Female	Total
25-34	42%	58%	21%
35-39	59%	41%	39%
50-65	88%	12%	40%

Source: American Optometric Association

Facing the unexpected

In April 2009, when then-24-year-old **Aundria Lear** started feeling dizzy following a case of bronchitis, she would never have guessed she was having a stroke. But as she and her fellow classmates at the University of Alabama at Birmingham School of Optometry (UABSO) were preparing for finals, that's exactly what happened.

She had been diagnosed with vertigo but began having more trouble sitting up and walking. When she stopped verbally responding to her husband, **Mark**, the couple rushed to the hospital. She was diagnosed with Wallenberg's syndrome, and while she was expected to recover fully, she'd have to relearn to walk, read and write. Classmates, faculty,

staff and even the dean came to visit her in the hospital. Dr. Lear says, "I think that is a huge benefit of attending UABSO—we all know each other well, and when one of us hurts, we all hurt."



Dr. Lear

She was determined to graduate on time. Her husband and his brother helped her while she regained her mobility, and classmates brought dinners and lecture notes to her house. She arranged to make up finals over the summer, and she completed her externship on every day she had off from school.

On May 17, just more than a year after her stroke and nearly fully recovered, Dr. Lear joined her classmates and received her doctorate of optometry on her 26th birthday. She will become an associate at an independent primary care practice in North Carolina. **WO**

The Income Gap

Women Earn Less

Year	Percentage of pay gap
2006	-29%
2004	-21%
2002	-22%
1998	-24%
1996	-27%
1994	-29%
1992	-31%

Statistics from the American Optometric Association show a continuing pay gap between men and women in optometry. The fact that there are fewer women than men in longstanding, high-earning practices and that women generally take more time away from work than men for childrearing are considered factors explaining some of this pay gap. Even so, men historically earn substantially more, according to *Caring for the Eyes of America, 2008*. **WO**

Total Individual Net Income by Gender, 2004-2006

Gender	Mean Net Income		Median Net Income	
	2004	2006	2004	2006
Male	\$140,145	\$142,924	\$118,000	\$119,000
Female	\$119,630	\$101,788	\$93,000	\$85,000

Key

IAUPR: Inter American University of Puerto Rico School of Optometry
 ICO: Illinois College of Optometry
 IU: Indiana University School of Optometry
 MCO-FSU: Michigan College of Optometry at Ferris State University
 MU-AZCO: Midwestern University Arizona College of Optometry

NECO: New England College of Optometry
 NOVA SE: Nova Southeastern University College of Optometry
 NSU-OCO: Northeastern State University Oklahoma College of Optometry
 OSU: The Ohio State University College of Optometry
 PCO-SU: Pennsylvania College of Optometry at Salus University

PUCO: Pacific University College of Optometry
 SCCO: Southern California College of Optometry
 SCO: Southern College of Optometry
 SUNY: State University of New York State College of Optometry
 UAB: University of Alabama at Birmingham School of Optometry

UCB: University of California, Berkeley, School of Optometry
 UH: University of Houston College of Optometry
 UIW: University of the Incarnate Word School of Optometry
 UMSL: University of Missouri, St. Louis, College of Optometry
 WUHS: Western University of Health Sciences' College of Optometry

Bring out the Best in Your Staff



Dr. Tlachac

Charlotte Tlachac, OD, of Alameda, Calif., assigned some required reading for a recent staff meeting: the 91-page *Patients Love to See You Smile*, which provides case-specific advice on how to handle patient interactions. Since then, the staff has been putting the ideas to use—and it shows in their smiles. She and the staff identified their top 10 ideas from the book.

1. First impressions are lasting impressions. The first 20 or so seconds when patients enter or call the office are critical.

2. When you care, patients care. Make sure patients know how important their eye health is to them—and to you, Dr. Tlachac advises.

3. You are always on stage. "Staff must leave their personal troubles at the time clock."

4. Add story-telling to the performance. When one employee began telling patients that antireflective coating (AR) on her lenses improved her vision, "her sales rate for AR skyrocketed." Now staff members know who in the office is wearing different types of eyewear and use each

other as examples of success.

5. Always respect patients' dignity and privacy. Use courtesy titles.

6. Avoid snap judgments. Offer the best option first. Patients can provide guidelines about their budget.

7. Listen attentively. Technicians who can restate patients' concerns during hand-off to the doctor, "reassure patients that they were listened to." Plus, it gives the doctor a better place to start the conversation.

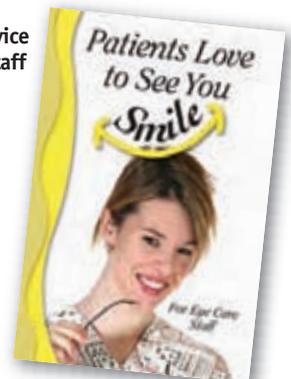
8. Negative impressions scream; positives usually whisper. "Acknowledge mistakes and fix them in the best way possible," she says.

9. No tech talk with patients. "If your grandmother wouldn't understand your explanation, it's too technical."

10. Under-promise and over-deliver. "This book's description helped the staff to understand the concept better than I had been able to before," says Dr. Tlachac.

Patients Love to See You Smile is available to order online at pca-ce.com. **WO**

Good advice for staff



Persistence Pays

Life's diversions and deferrals finally result in dream careers

Some people are lucky enough to identify their goals early in life and make steady progress toward achieving them. But these two women show that even if it takes a while to find your place, the journey can be meaningful.

The 20-Year Plan

Joan Kaplow, OD, of Rochester, N.Y., was 48 years old when she opened her own practice. Nearly three years later, she looks back at that tumultuous time. The economy was tanking, a family member spent eight months living in her house to recuperate from surgery, her father passed away and



Dr. Kaplow

her son went to college. She forged ahead anyway, realizing, "There's never going to be a perfect, 'right' time."

It hasn't been easy. The revenue from her full-time schedule at her practice is invested back into the practice. Her part-time work at a corporate location covers her loan. Be conservative in your budget, she advises. Don't purchase a house with a mortgage that needs to be supported by two incomes, and be prepared to go without an income for the first few years.

"The rewards of having your own practice—full scope or a specialty like vision therapy—are greater than anything I could have imagined," even though she's been imagining it for 20 years. As a new graduate, she began to think about a practice that included vision therapy. She benefited from vision therapy as a child, and she wanted to make a similar difference for other children.

Following her future husband to Philadelphia, where he attended podiatry school, she put those plans on hold, not wanting to commit to a place where the couple might not stay. She found fill-in work and later a full-time position in a

corporate-affiliated practice.

When the couple moved back to her hometown of Rochester, the location was right, but the timing wasn't—as the couple's son was born. Again, she found a corporate-affiliated practice that provided her scheduling flexibility so she and her husband could switch off for most of the child care duties, relying on formal daycare arrangements only rarely.

But when her husband decided to go to medical school in Pennsylvania, she became the primary provider, and investing in her own practice would have to wait. In the meantime, the family grew as a daughter was born.

Several years ago, Dr. Kaplow and her mother were driving around town, when her mother pointed out the window at an empty building, saying, "This is where I always pictured you practicing vision therapy." She had "all but given up hope about having my own private practice," she says, but this gentle nudge moved the idea forward. She didn't end up in the space her mother identified, but she did find an office two miles from her home—a perfect location for regular after-school contact with her daughter, now 12.

Dr. Kaplow has the only full-scope practice with a vision therapy focus in the area and constantly receives referrals from local ODs, with whom she's connected since opening.

Inspired by Stories

"If it wasn't for *Women In Optometry*, I don't think I would have ever opened my practice," says Dr. Joan Kaplow, who found inspiration in the magazine's stories. She learned that success comes in many forms, at many stages during life and to other woman ODs around the country. She contacted Margaret Foley, OD, of Eugene, Ore., who had been featured in a cover story about her practice. "Dr. Foley was so generous—she spoke with me for an hour to tell me how she did it, and that conversation was instrumental." **WO**

Third Degree Is a Charm

Optometry wasn't her original goal, but **Melinda Cano-Howes, OD**, knew she wanted to help people achieve a healthy lifestyle through a medically oriented career. Today, she's one of more than 40 doctors who practice at the 14 locations for Eye Associates of New Mexico, the largest eye care group in the state. Her busy schedule covers primary and urgent eye care, surgery follow-ups and contact lenses at the offices in Los Lunas and Socorro, N.M.

But her path here wound through the dentist's office and business school. Just out of college, she was a dental hygienist for 21 years. As much as she enjoyed the patient contact, the repetitive actions lead to back-and-hand-related pain. So she

went back to earn a business degree. It didn't take long for her to realize that business alone just wouldn't cut it. "I missed my work with patients and the science involved," she says. "When I began considering a career in optometry, I found a profession that blends science, medicine and patient care with fashion and fun." Friends encouraged her to visit the University of California, Berkeley, College of Optometry—and that's where she went, graduating in 1999.

Throughout the school week, she was separated from her husband, who worked the couple's farm in rural California. "I thought going back to school this time would be a breeze," she says, but many hours of studying proved her wrong. She stuck through it all, as a mature student among recent college graduates. "It was a long road, but it was worth it. I've been really happy with my choice." Not long after graduation, the couple moved to her home state of New Mexico. In addition to practicing, she's a clinical examiner for Part 3 of the National Boards in Optometry and the New Mexico State Board and is membership chair for the New Mexico Optometric Association.

She's also an advocate for lifelong learning. "You can always go back to school," she tells math and science students whom she mentors at the University of New Mexico and anyone who might be considering a second career. It took her a while to find her niche, but when she did, it stuck. **WO**



Dr. Cano-Howes



The Best of Both Worlds

OD gets independence in private practice, camaraderie from clinical research group



Private Practice



Research



Dr. Lorenzana

Fresh out of optometry school, **Ingrid Lorenzana, OD, FAAO, FCOVD**, spent nine years working as a faculty member at Illinois College of Optometry (ICO) and an additional year at Southern College of Optometry (SCO), where one of her primary responsibilities included being a principal investigator for the Amblyopia Treatment Study as a member of the Pediatric Eye Disease Investigative Group (PEDIG). "Research has always been of interest to me, and I feel it's important to stay updated," she says. "It's exciting being a contributor to research that will later shape clinical care."

Even so, she decided eventually that she wanted a private practice, and six years ago, she acquired one in Schaumburg, Ill., which she now shares in a space with a pediatrician. But at the time, something didn't feel quite right. "Having a private practice is very rewarding, but on a collegiate level, it can be isolating," Dr. Lorenzana says. "I missed having fellow faculty with whom to discuss clinical cases."

Dr. Lorenzana bridged that gap by continuing her involve-

ment with PEDIG through her private practice. PEDIG, formed in 1997, receives its funding from the National Eye Institute to conduct clinical research in strabismus, amblyopia and other eye disorders that affect children. It is composed of pediatric optometrists and pediatric ophthalmologists nationwide. Dr. Lorenzana's situation is unusual since she's no longer in an academic arena full time, as are the vast majority of participating optometrists. However, her residency in Pediatrics and Binocular Vision and her pediatric academic experience secured her a spot as a certified PEDIG clinical site.

Dr. Lorenzana began her affiliation with the group while she was at SCO, but she realized that by bringing pediatric research into her practice, she could have the best of both worlds. "I work with the leading experts in the field, and I can share with them my experience of being in a private practice," she says. "We learn from each other as part of this network." Depending on the protocol and licensure needed for each study, Dr. Lorenzana usually conducts her research with fewer than a dozen patients a year. In her office, she has examined children for several protocols, among them the study, *Treatment of Bilateral Refractive Amblyopia in Children 3 to <10 Years Old*. This study's purpose was to determine the amount and time course of binocular visual acuity improvement during treatment of bilateral refractive amblyopia. For more information on additional PEDIG studies, visit pedig.jaeb.org.

PEDIG fuels Dr. Lorenzana's passion for children's vision. As a part-time faculty member at ICO, she spends time with fourth-year students in its pediatric outreach clinical program. Dr. Lorenzana makes these collegiate activities fit seamlessly into her practice, plus what she learns from her research can help her better assist her patients. **WO**

Building a Pediatric Practice

When Dr. Ingrid Lorenzana purchased her practice about six years ago, pediatric patients accounted for less than 3 percent of her patient base; but for a pediatric optometrist, that just wouldn't cut it. Dr. Lorenzana knew she needed to send that number soaring if her practice were to serve as a clinical study site. She promoted pediatric eye care and vision therapy throughout her community, making connections with local school nurses, principals, teachers and PTA leaders. By educating these key people about her services and knowledge, she started a referral base that has served as a pillar of practice growth. Currently, more than 60 percent of her total patient base is children. That puts her on track toward her goal of becoming a pediatric residency site. **WO**

Groundbreaking at PCO



The Pennsylvania College of Optometry (PCO) at Salus University (SU) celebrated the start of renovations on its Eye Institute with a groundbreaking event in late April. Pictured from left to right: Dr. Jean Marie Pagani, president, faculty organization of SU; Dr. Connie Chronister, associate professor at PCO; Dr. Holly Myers, associate dean, PCO; Dr. Susan Oleszewski, vice president and executive director for patient care services at the Eye Institute; Dr. Linda Casser, dean, PCO; and Shana Barrett, president of the class of 2013. **WO**

Women in the NEWS



Dr. Robbins-Winter



Dr. Windsor

Dr. Robbins-Winter & Dr. Windsor

Linnea Robbins-Winters, OD, of South Bend, became president of the Indiana Optometric Association at its annual meeting in April. Among other ODs

honored, Laura K. Windsor, OD, of Indianapolis, received the President's Citation award and the Meritorious Service award.

Dr. Silver

Caroline Silver, OD, of Cary, N.C., has been named "Best Eye Doctor" in *Cary Magazine*. This award was derived from record-breaking online votes and nominations from readers across Western Wake County.



Dr. DeRuyter

Becky A. DeRuyter, OD, of Le Mars, was inducted as a Board Trustee of the Iowa Optometric Association (IOA) at its annual Congress in late March. At the same meeting, she was also named Young Optometrist of the Year for her service to the IOA and the profession.

Dr. Gormley & Dr. Kispert King



MOA President, Dr. Thomas Wong, presenting the plaque to Dr. Kispert King

At the Maryland Optometric Association's (MOA) annual meeting late last year, Lauren Gormley, OD, of Baltimore, was named Young Optometrist of the Year. Christine Kispert King, OD, of Greenbelt, was also recognized as the recipient of the Melvin Waxman Award, in honor of her long-term, loyal service to the optometric profession and to the MOA.



Dr. Gormley

Attention! Air Force Optometrist Wins Triple Crown of Recognition

It's an honor to be recognized for dedication to your profession at least once in your career. Lt. Col. Annette Williamson, OD, of the 96th Aerospace Medicine Squadron at Eglin Air Force Base, Fla., has had that privilege three times—in one year. She received the Optometrist of the Year award from Armed Forces Optometric Society (AFOS), Association of Military Surgeons (AMS) and Air Force.

The AFOS recognition cited her role as the first optometrist to consult for refractive surgery in the Air Force, following ophthalmology consultants who had filled that role previously. She serves as director of the Air Force's first refractive surgery center, located in San Antonio, Texas. "It's the only medical contact lens clinic in the Air Force, and I saw corneal scarring and keratoconus," she says.

AFOS also recognized Dr. Williamson's dedication to her humanitarian missions to Alaska and Honduras. Her Alaskan trips serve remote villages where residents are lucky to have an exam every three years, if that often, and they often have to travel to Anchorage to receive the care. On one trip, Dr. Williamson discovered a young boy with a severe corneal ulcer. "He had been wearing his sister's contact lenses for months without taking them out," she says. Dr. Williamson worked with local health aides to have a shipment of medication flown in. "It's very rewarding, and I love doing trips every chance I get." In Honduras, she trained ophthalmology residents, seeing 100

patients a day and providing eyeglasses from the Lion's Club. Her award from AMS cited her work as an optometric reviewer for the international journal *Military Medicine*, as well as her role leading two optometry section meetings during its conference. Dr. Williamson collaborated with health care specialists from many professions during these meetings.

In naming her Optometrist of the Year, the Air Force lauded her role as chair of the Optometry Optimization Working Group. "We have 74 clinics, and the total value of care provided is \$96 million, so we are looking at ways to standardize what we do and how new technologies can help us," Dr. Williamson says. "To make us as productive as possible, we are hoping to incorporate data from testing equipment directly into electronic medical records." The transition won't be easy, but the process will become more efficient.

Serving as an optometry flight commander and running a clinic are not unlike managing an independent practice.



Dr. Williamson

Not surprising for someone of her rank, Dr. Williamson shines as a leader. She brings those around her together and is never shy to help out her colleagues. In fact, many of the accomplishments for which she has been cited reflect tasks she took on for colleagues who had been

deployed. Even as she accepted the additional responsibilities, she never lost sight of her full-time role: serving as an optometry flight commander and running a clinic, not unlike managing an independent practice.

Dr. Williamson is chief of biomedical scientists at the hospital in Eglin, representing to the commanders 17 different specialties, including physician assistants, audiology, physical therapy, podiatry and public health. She helps these individuals with performance reports, mentors them for career opportunities and also represents their issues to the commander as they plan for the future and examine ways to keep processes running smoothly.

Dr. Williamson is in her fifth assignment since she joined the military in 1995, but she still hasn't been overseas—something she would love to do when her daughter is a little older. So for now, she won't request the transfer, but if she's asked, she will gladly help out—just as she always does. **WO**

Summer and Sunwear

Do your patients know how to protect their eyes from the sun? Even though 85 percent of Americans know UV rays are damaging, only 65 percent wear sunglasses as protection, according to *Global Attitudes and Perceptions About Vision Care* by the Vision Care Institute.

HealthyWomen, an independent health information source for women, is offering a free educational resource to explain the risks associated with UV exposure to the eyes and ideas for minimizing UV exposure. *Fast Facts for Your Health's* "The Sun & Your Eyes: What You Need to Know" is available to ECPs in a customizable PDF to print or use online by emailing fastfactsuv@inkandroses.com. **WO**



Dr. Sturm

Jo'el Sturm, OD, of Tulsa, was elected president of the Oklahoma Association of Optometric Physicians.

Dr. Hinkley & Dr. Mika



Dr. Hinkley



Dr. Mika

Two faculty members from the Michigan College of Optometry at Ferris State University were honored at the Michigan Optometric Association's (MOA) meeting in January. **Sarah Hinkley, OD**, of Big Rapids, is the school's Chief of Low Vision Services and an assistant professor, and she was named the 2009 Young Optometrist of the Year. Associate professor and Director of Community-Based Services **Renee Mika, OD**, of Big Rapids, received the Keyperson Award for her ongoing and recent contributions to the MOA.

Dr. Peschke

Karen Peschke, OD, of San Marcos, was named Young Optometrist of the Year for 2009 by the California Optometric Association. Dr. Peschke was honored for her contributions to organized optometry and to her local society, the San Diego County Optometric Society.



Dr. Bader

Rebecca Bader, OD, has been named Director of Optometry Student Education at the Spokane VA Medical Center in Spokane, Wash.



Dr. Newhouse & Dr. Carman



Dr. Newhouse

Beverly Newhouse, OD, of League City, was awarded Young OD of the Year, and **Carolyn Carman, OD, FAAO**, of Dallas, won the Mollie Armstrong Award by the Texas Optometric Association.



Dr. Carman, left, and Dr. Laurie Sorrenson

Pink Ink

The Challenge of Balance

By Sarah Hinkley, OD, FCOVD
Assistant Professor and Chief of Low Vision Services
Michigan College of Optometry at Ferris State
University



Dr. Hinkley

Numerous articles have been written on the rise of females in optometry and the impact it will have on the profession, but I have read few that address the challenges we face on a personal level. I am fortunate to have a wonderful family and successful career as a female doctor of optometry. But every day contains challenges that test my fortitude. There is a constant tugging at me from all directions, including my family, workplace and profession. The pressures are primarily positive. They motivate and uplift me. In fact, I thrive on them. Each accomplishment, patient helped, student reached or loving moment with my children propels me forward in a flurry of happy chaos. By the end of the day, I sometimes wonder if I have given away every piece of myself. I feel like my son's Silly Putty, cohesive and strong yet stretched this way and that until I'm so thin and wispy that no strength remains. Or maybe I spend too much time with a three-year-old!

It is on those days when I realize that I must focus on what is most important in life and ignore the competing tugs a bit. While there is no ideal solution to dealing with the multiple positive and negative stresses on a professional woman, I have discovered one thing. I cannot be perfect. It is such a simple statement, yet it is so difficult to accept. During the overwhelming moments, I ground

myself in the people and relationships I hold dear and divert distractions until I am re-energized and refocused (and foolishly believe I can do it all once again). "So what if the dishes sit in the sink until tomorrow," I tell myself. "My children need some mommy time." But that doesn't stop me from thinking about the fact that my house is a mess. Somehow I have just gotten over it.

I work in an amazing environment with fantastic people. Every day, I am fortunate to impact the future of optometry, expand students' knowledge and fuel the fire in their eyes. When I am given the opportunity to speak candidly with female students and ask them why they chose optometry, most mention that it is a great career choice for a woman. They cite the different practice modalities, lack of frequent after-hour emergencies and flexibility of hours, all pointing to the ability to balance personal and professional life. Yet as they progress in the curriculum, investing every ounce of motivation toward the attainment of "doctor," I witness external pressures influencing decisions. For instance, female students entering with a desire to work only part-time or not at all until their children are older often face ridicule from family, friends and colleagues. "Why would you give away so many years of your life in order to attain a professional degree, only to throw it away by not working?" Or on the flip side, I have heard women asked, "How can you be a successful wife and mother when you work so much? I know you love optometry, but it is impossible to devote your life to both your career and your family." And then there are optometric colleagues who have told me that women are "ruining" the future of the profession by capturing many of the seats in optometric classrooms and then choosing "not to work as hard after graduation" as their male counterparts because of family-related choices.

Thankfully, such comments have been few. Pressures seem to mount with each passing year in optometry school, including family situation, student debt load and a host of other real-life considerations. It is not easy. And yet we are strong. We persevere like a small boat on a journey across the ocean, at times gliding smoothly along while at other times feeling pounded on both sides from rough seas, unsure of our direction but remembering we are strong enough to survive. The paths to determining how to balance the personal and professional parts of life are different for each of us, and the external waves we face are unique. But once we choose the path in optometry that is right for us as individuals and stay grounded in what we value, we can push forward without regrets and enjoy every possible minute this life has to offer. I hope to convey to my students that it does not have to be a choice between personal life and professional life—that they can be successful at both while maintaining a healthy balance. 

Sponsors of Women In Optometry

