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2010

WIO

Women In Optometry

Dedicated to the interests of women O.D.s

The Growth Curve

for pediatric patients.

SUPPLEMENT TO
REVIEW
OF OPTOMETRY



Marjolijn Bijlefeld

Shout Out

The Journey Is Filled with Surprises

Dr. Sarah Marossy never thought she'd become a pediatric OD. She recalls how medically oriented

she was during and immediately after optometry school. That's still important, yet there she is on our cover, surrounded by and devoted to children in Idaho. Life has a way of putting people or circumstances in your path—and these can make you change direction. This issue has several stories that fall under that theme.

On page 17, two women share how they determined to make their practice fit around their newborn babies. These were not practice scenarios for which they planned—or the plans they had made didn't fit well when the time arrived.

While many women say the people or circumstances they encountered have encouraged them to pursue a dream, not every encounter is a pleasant one. Yet savvy business people learn what not to do—and as readers, you can apply these lessons without having to struggle through them personally.

It's remarkable how many women ODs respond to our *Women In Optometry* surveys or in notes to us and talk about the different paths their careers have taken. They've worked in a variety of settings, or they've come from a different career altogether. Our readers have garnered a tremendous amount of insight and experience. I encourage you to share it with others.

One part of *Women In Optometry's* most recent readers' poll asked about mentors. Those results are in the story to the right. Today's optometrists have been influenced by those who have come before them—and many are still searching for someone to help them through.

There are plenty of women who would like to hear about your experiences—and so would we at *Women In Optometry*. Please continue to respond to our readers' polls or feel free to contact us directly to share your story. **WO**

Marjolijn Bijlefeld

Marjolijn Bijlefeld
Managing Editor

In Search of Mentors

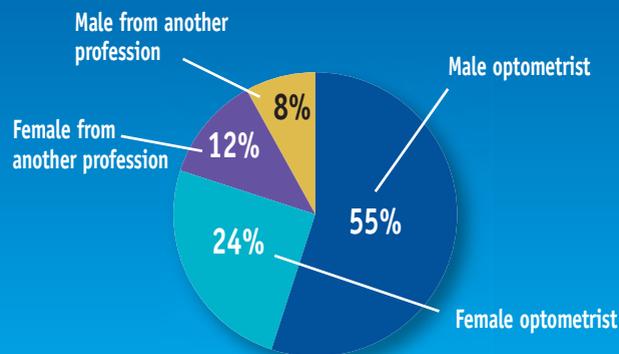
More than twice as many women optometrists who responded to the recent *Women In Optometry* readers' poll said that their primary optometric mentor was a man rather than a woman optometrist.

Yet a larger number—and 17.5 percent of the more than 350 women who responded to the survey—said they wanted a mentor, but they couldn't find one. Forty-one percent of them are women who have been out of school 10 years or less, and another 36 percent graduated between 1990 and 1999. A smaller number, 14 percent of the total women respondents, said they never really wanted a mentor.

Overall, 67 percent of women who responded have credited a mentor with influencing them. These mentors came from inside and outside of the profession.

The survey asked if women would be interested in practice management sessions just for women, and 66 percent of respondents said they would. Several added comments that a women-only session would provide networking and brainstorming opportunities that might not be available in a more general session. **WO**

Who Was Your Mentor?



Percentages do not equal 100 due to rounding

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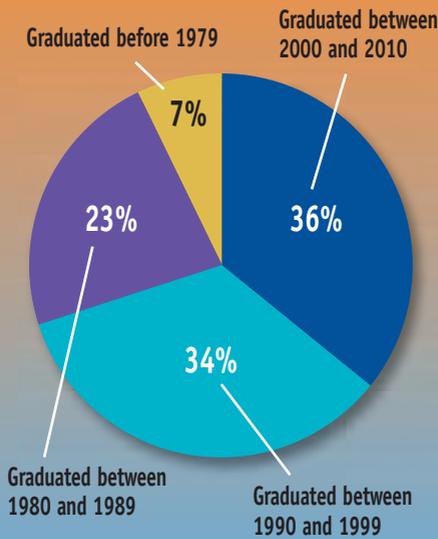
Women ODs Most Confident about Clinical, Patient Education Skills

Nearly 400 optometrists responded to the *Women In Optometry* readers' poll on practice and clinical strengths. There were more similarities than differences in the way women and men responded to the questions, with some interesting variations. Women rated themselves more adept at time management and product recommendations, while the

men rated themselves more confident in disease management, incorporating new technology and instrumentation, along with co-managing with both ophthalmologists and doctors outside of eye care.

The vast majority of respondents were women (92.6 percent), and 70 percent of them graduated after 1990. In contrast, 62 percent of the men who responded graduated before 1989. **WO**

Experience



Women respondents' graduation years

Profile of Women Respondents

Full-time practice owner: 47%
 Full-time employed OD: 32%
 Part-time practice owner: 10%
 Part-time employed OD: 12%
 Not currently working: <1%
adds up to more than 100 percent due to rounding

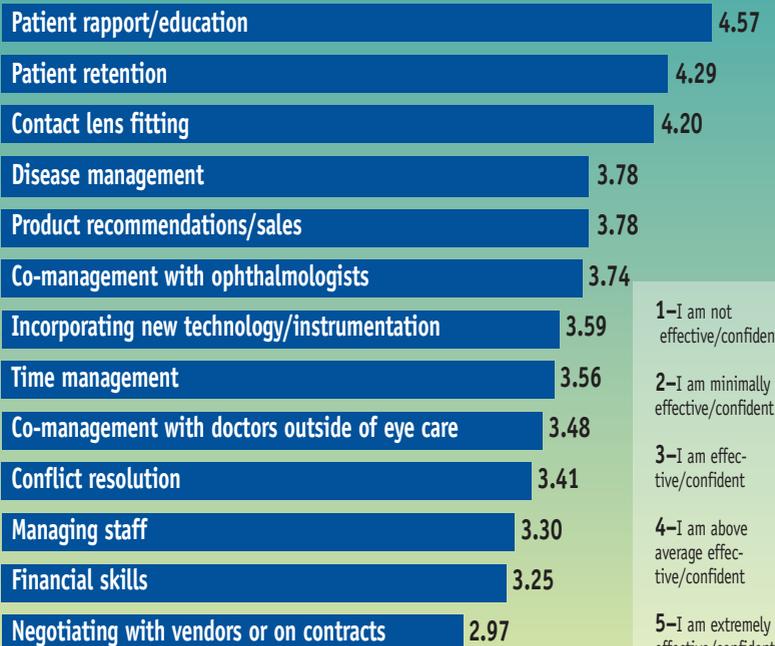
Optometric practice (independent): 62%
 Optometric practice (corporate-affiliated): 13%
 Ophthalmology practice: 9%
 Multidisciplinary practice/clinic/hospital/HMO: 9%
 University/research: 4%
 Industry: <1%
 Military or government: 3%
 Consulting: <1%
adds up to more than 100 percent due to rounding

Women Rate Their Strengths

Women ODs feel most confident and effective in the exam room. But more than 35 percent of women reported that they were minimally or not effective or confident when negotiating with vendors or on contracts, the lowest confidence of any question.

Men and women also had similar ideas about where they are the least confident. The men who responded ranked themselves an average of 3.15 on financial skills (the weakest skill), a 3.19 on negotiating with vendors and a 3.26 on time management. Men and women feel equally challenged in staff management and conflict resolution.

Only a few other questions had double-digit percentages of below-average confidence: financial skills (21 percent) managing staff (18 percent), time management (15 percent) and co-management with doctors outside of eye care (14 percent).



1-I am not effective/confident
 2-I am minimally effective/confident
 3-I am effective/confident
 4-I am above average effective/confident
 5-I am extremely effective/confident

Opening New Avenues for Men



I see the day that men will be affecting the profession of optometry by daddy leave, or short sabbaticals, which today are being ascribed to the working patterns of women optometrists. Then, the efforts of many women in breaking the glass ceiling of their careers will be recognized for the contributions to optometry and humanity, in much the same way their predecessors have contributed to the family."

Raymond I. Myers, OD, FAAO,

*Clinical professor, University of Missouri-St. Louis College of Optometry
Co-founder and first president, American Optometric Student Association*

Continuing the Education

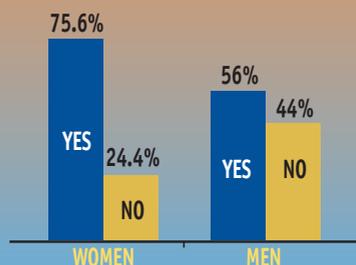
Women ODs reported that they seek several sources to improve their effectiveness or comfort level in certain areas. The most common sources are these:

- Attend CE/practice management sessions on the topic: 81.7%
- Read articles on the topic: 81.4%
- Ask optometric colleagues how they handle the issues: 79.4%
- Ask colleagues in (non-optometric) professional groups: 32%

Men rated asking optometric colleagues as the most common response (82.1%), followed by attending CE or practice management sessions (78.6%) and reading articles on the topic (75%).

In the Exam Room

Do you think that there are substantial differences between the way women and men ODs treat patients in their practices?



The Experience Factor

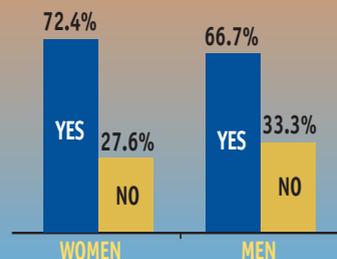
As women gain experience in practice, their comfort and confidence levels rise. In some areas, such as incorporating new technology, the comfort level steadily rises with each decade of experience. And in some, the confidence after the first 10 years of practice becomes significant.

Year of Graduation	2000-2010	1990-1999	1980-1989	1979 and earlier
Co-management with ophthalmologists	3.51	3.88	3.81	3.89
Managing staff	3.00	3.32	3.46	4.07
Financial skills	2.98	3.36	3.34	3.70

1-5 scale, as in chart at left

Different Management Styles

Do you think that there are substantial differences between the way women and men ODs manage their practices?



Learning to Delegate



Time management and learning how to prioritize and delegate were hard because I liked to do everything myself. I soon learned I couldn't. It was difficult for my husband to understand that I bring work home with me and am always trying to think of different ways of making things more efficient. As an employee, when he leaves work, he doesn't really think about it. I feel I am responsible for everything good—and everything that goes wrong—in the office.

Kimberly Haw, OD, Freemont, Calif.

Wanted: Mentors, Not Competitors

I had no one to mentor me. Now I have a thriving business and am looked upon as a threat. Women should be strong in helping each other. Maybe it's easier when mentors are not your own competition."

Andrea Neff, OD, Fort Mill, SC



Maintain Personal Touch in High-Tech Office

By Beverly Korfin, MBA

A recent report from the Management & Business Academy™ (MBA) shows that eye care practitioners spend a median of 20 minutes with patients during a comprehensive exam for eye-glasses or contact lenses with no refitting. For new contact lens patients, the median amount of time spent with the doctor is 25 minutes.

The median amount of time that patients spend in the office ranges

from 45 minutes for a no-refit contact lens exam to 75 minutes for a new contact lens exam.

It is not readily apparent whether that's too much or too little time. There are too many variables involved, from practice to practice and from patient to patient. The important issue is not just about patient flow, but about maximizing the experience for the patient every minute he or she is in your office.

Most practitioners today would say that they are doing more for each patient now than they did in previous years. Automated refraction systems, fast scanning equipment, electronic health records and computer terminals that display the information in exam rooms all contribute to the wealth of data that doctors accumulate during an exam.

Yet in the high-tech office, it's also important not to lose the personal touch. Many practitioners feel that their time with patients is spent in more relevant conversation. They're not spending the time turning dials or flipping through charts, so they can spend the time introducing new contact lens technology and developments in ophthalmic lenses or discussing the ocular effects of systemic diseases.

However, the time the patient spends with the doctor is typically one-third or less of the overall time spent in the office. Is the rest of your staff working to make a personal connection with patients?

Look at the chart above detailing where first-time contact lens patients spend their time. What kind of interaction do these patients have with staff during their 10 minutes in the reception area? Does a technician explain the pretesting process as it progresses? Does the lens fitting and insertion training consist of

First-Time Contact Lens Patient Visits (median elapsed time in minutes)

	Established Practice	New Practice
Reception/waiting/pre-exam paperwork	10	9
Pretesting	10	5
Eye exam	20	23
Lens fitting/insertion training	30	28
Checkout/payment	5	5
Total time in office	75	70
Total time spent with doctor	25	25

Existing patients being refit with contact lenses spent about 45 minutes in the office, as the 30-minute insertion and patient education session is eliminated.

Source: MBA survey, 255 respondents, December 2009

instructions to watch a video loop and "let me know when you've got them in?" How is the patient greeted at checkout? Is a new appointment scheduled? Does the patient know how to reach the office if there's a problem?

According to the MBA data, these practice areas consume about 45 minutes of a patient's time. Does your practice have the processes in place to make sure that patients feel welcomed and confident at each step? If not, consider this as a topic for future staff meetings. Let the entire staff brainstorm on how to improve the patient experience.

The web site mba-ce.com can help. There are presentations available to download that cover a variety of practice management topics to help you grow your business. These range from effective product presentations to tips to increase patient loyalty. There are also a dozen staff meeting agendas developed by MBA faculty member **Dave Ziegler, OD**, each focused on one element of improving service excellence. This collection of agendas is designed to promote teamwork and cohesion that can help your practice deliver excellent service. Dr. Ziegler hands a copy of the agenda to each staff person, who keeps it in a personal folder. This helps the staff to understand how they fit into a common vision of the practice.

Topics include setting quality standards, creating a positive atmosphere for staff and patients alike, habits of highly effective workers and how to establish best practices benchmarks. New agendas are posted monthly, so be sure to check back often.

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



On www.wovonline.org

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



Sophisticated Office Attracts New Patients

Practice sees 30 percent growth annually in efficiently designed space

P

atients of Beverly Newhouse, OD, move through her new League City, Texas, office like clockwork—literally. That's by design. A circular traffic pattern has alleviated the office flow congestion that developed during the practice's rapid growth. "We were so constricted in our old office," she says. The hallway used to access the pretesting area and exam rooms was often full, causing a traffic jam during busy hours.

Her husband, **Mike Newhouse**, the president of a contracting company, suggested she gut and rebuild the office space when she opened eight years ago. A new graduate, she opted for a less costly remodeling. But two years ago, she realized her staff was moving patients around like chess pieces to try to get them where they needed to be. And while she wanted to add an associate OD and more advanced instrumentation, her space limitations only allowed her to conduct 15 exams per day.

Just a few doors down in the same strip mall, Dr. Newhouse found a vacant dry cleaners and a neighboring Chinese food restaurant. She saw the potential there for a spacious and efficient practice. They gutted the equipment and grease traps from the old stores, installed new plumbing and broke down the walls to merge the spaces, giving her 4,400 square feet of space. She could walk over to monitor the construction progress.

Her new office gave her the confidence to start fresh with electronic medical records. During her first year after the move, staff scanned in old files. "I love it now," she says. "I can't believe I wanted to have paper." Another new addition was her in-office lab, which has become an attraction for patients. The lab is divided into two areas: a clean lab where patients can watch technicians prepare their eyeglasses for dispensing and a hidden "garage," used for edging.

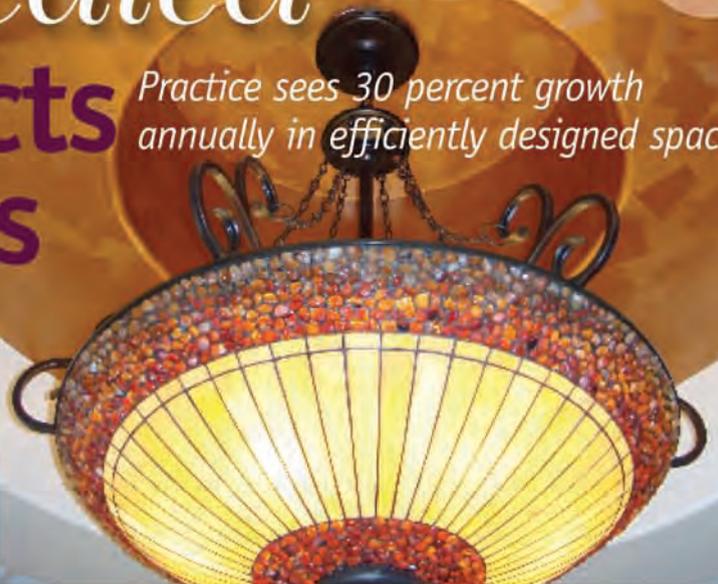
When patients enter Elite Vision Care, they feel like they are visiting a spa. "I wanted it to be very relaxing and comforting, and our patients tell us that it is," Dr. Newhouse says.

Many new patients say the look caught their eye. Calming shades of khaki, tan and brown color the walls. Copper-colored wall art and decorative lights accent each room. Doorways and display areas are topped with arches, more appealing than the typical rectangular shape. Even the tiniest details—not noticeable at first glance—were important. For example, light switches aren't visible, and the tiled walls and golden-framed mirrors in the bathrooms are not what most patients expect in a doctor's office.

The result is a combination of Dr. Newhouse's vision and her husband's design expertise. The "masterpiece" blew her away, she says. But it's not all about looks. With wider hall-



Dr. Newhouse



ways and six exam rooms, she and the associate she was able to hire can each see 25-30 patients a day. This has directly contributed to the 30 percent growth she's seen each year since her move.

Dr. Newhouse knows not all ODs agree with her building philosophy. Some say they wouldn't want their patients to think they had that much money to spend. She disagrees, wondering why that's considered a negative. "I want my patients to know I've reinvested in them," she says. "I put what they gave me back into the practice so they could have an enjoyable experience, and I could provide even better care." **WO**

The Boardroom

Dr. Beverly Newhouse's blueprints for her new office included a special break room for her staff. Equipped with a kitchen and large table that seats 14, she likes to refer to this area as the boardroom. When doctors ask her why she did it, she responds, "I want my staff to feel important and invested in the practice and to know that we are invested in them, too. Their opinions matter, and they need to realize how important they are." **WO**



Melting Pot of Ideas



Positive and negative experiences shaped OD's current practice

Sink or swim. That was the choice for **Deborah Signorino, OD**, in her first optometric job. She had just finished her first year of optometry school and was delighted to find a job working in a clinic. However, her experience was limited, so she was surprised when her supervising doctor threw her in the deep end. "He'd tell me, 'Examine Mrs. X, take her history and visual acuity, and then come give me your diagnosis,'" Dr. Signorino says. "When I told him I really didn't know anything yet, he told me to just do it."



Dr. Signorino

What started out as tough love transformed into a valuable lesson. Dr. Signorino appreciates that this mentor gave her an extra push, and his influence affected the way she runs her Bryn Mawr, Pa., practice nearly 25 years later. He taught her how important it was to listen to patients. She would observe his exam when he came into the room. "We would go over everything

from my history and pair it with the details that he found," she says. The conversations educated her—and also the patient. "He would listen to them talk and pay attention to everything they had to say. That will get you a long way in being successful," Dr. Signorino says. "He was so right, and it's one of the best things any mentor showed me."

Today, Dr. Signorino has incorporated that personal touch into her practice. It started, in part, out of necessity. When she first bought her practice, there was no budget for an optician, so Dr.

Signorino took on the task of frame selection herself. It's still one of her favorite parts of the process. "Spending a few more minutes with the patient doesn't seem like a bad thing," she says. Plus, after her exam room conversations, she feels like she can help identify a good fit for the patient quickly.

While her first job influenced her posi-

tively, less stellar experiences have taught her what not to do. For example, following her 1986 graduation, she purchased a practice from a long-established OD. His patient base was close with him and the staff, almost like family. Normally that's a good thing, but not when it interferes with patients paying their bills. "Patients would talk to the receptionist, who knew them, and say, 'Oh, you know me,'" Dr. Signorino says. But the buy-now, pay-later system only benefited the patient. The practice often spent months trying to track down payments, wasting staff hours and money on postage and bills. "That was never going to fly with me," she says.

Not surprisingly, there was resistance to her requirement that payments be collected at the time of the exam. She was young, she was a woman, and she was upsetting the apple cart. "I got the impression that they thought, 'She can't possibly know anything about billing or even the professional end and be smart enough to do an eye exam,'" she says. It was discouraging because this wasn't a barrier she thought she would need to break. Her optometry school class had been one-third female, and while women were in the minority, there were still a number of them. "I never felt that a man could do our job better because we all went to school and learned the same thing. I was boggled by the thought that I wouldn't be very good because I was a woman."

She changed the policy, and the staff came to see that it was a smart move. "I discovered I'm better off with a zero balance than a negative balance, so I'm not going to spend materials and time on a patient who will never pay me," Dr. Signorino says. She consulted her staff member who was most familiar with these individuals to develop a way of presenting the new policies, which still stand today. "Everything is explained to patients before they even commit to placing an order," she says. Whether it involves the price of a frame-and-lens combo or the details of an insurance plan allowance, Dr. Signorino knows how to answer the question. "Patients say they appreciate the time we spend," she says. "They are totally comfortable when they walk out the door with the best lenses and frames that look good on them." Because in the end, it all comes back to that extra five minutes and a personal touch. 

Get to Know Your Referral Sources

JoAnne Brilliant, OD, of Annapolis, Md., wanted to build upon the occasional referral she receives from several local ophthalmologists. So she decided to get to know them a little better. In order to boost the MDs' awareness of the practice and its location, personable staff, ophthalmic and sunglass offerings and other services that it provides, Brilliant Eyecare hosted a Professionals' Social Night.

Dr. Brilliant and her claims administrator, **Lynn Hopkins**, coordinated the event, inviting both local doctors and their staffs.

Guests enjoyed food and beverages while a representative from the practice's most popular frame lines introduced new and interesting products. "Everyone had such a wonderful time trying on unique frames, even if they weren't that person's style," Hopkins says. The practice sold several frames that evening, too.

Everyone went home from the event with a gift including a travel mug with the practice name and phone number on it, as a daily reminder of the practice. The event was a success—Brilliant Eyecare has received even more referrals, and Dr. Brilliant is confident that it was a great way to get and keep Brilliant Eyecare on the minds of its professional colleagues. She plans to hold a similar event in the future. 



Tasteful décor added to the appeal at the Professionals' Social Night.

2010 Top Graduates

Congratulations to the women who graduated at the top of their optometry school class

The Alumni Association at the Pennsylvania College of Optometry (PCO) at Salus University gave awards to two top graduates with the highest academic average during their four years of study. **Amy Marie Bartal, OD**, of Tulleytown, Pa., started a pediatric and



Dr. Bartal



Dr. Miller

vision therapy residency in July. **Elaine N. Miller, OD**, of Pittsburgh, Pa., will join her parents (both PCO grads) at their practice.



◆ **Amanda Kay Dexter, OD**, of Fort Bragg, Calif., was co-valedictorian at the Southern California College of Optometry. She plans to complete a residency program in ocular disease/primary care at the VA San Diego next year.



◆ **Jennifer Marie Groehler, OD**, of Fairfax, Minn., was valedictorian at Pacific University College of Optometry. She will complete a residency at Davis Duehr Dean Medical Center in Madison, Wis., where she will concentrate on ocular disease, refractive surgery and specialty contact lens fitting and become involved in research.



◆ **Hartley Grubbs, OD**, graduated at the top of her class at the University of Alabama at Birmingham School of Optometry. She will complete a residency in ocular disease at VisionAmerica in her hometown of Birmingham, Ala.



◆ **Brianne Nicole Hobbs, OD**, of West Plains, Mo., was the top graduate at the University of Missouri-St. Louis, College of Optometry. She is completing a residency at the Kansas City VA.



◆ **Heather Jones, OD**, was the honored Beta Sigma Kappa Medalist in her graduating class at the University of California, Berkeley, School of Optometry. Dr. Jones, from Palo Cedro, Calif., will do a residency at the San Francisco VA.



◆ **Karine Loyer, OD**, of Ste-Marcelline, Quebec, graduated at the top of her class at the University of Montreal School of Optometry. She was also the recipient of the school's prestigious award, the Excellence Award in Optometry. Dr. Loyer plans to work in a private optometry office, and she hopes to open her own clinic someday.



◆ **Ashley Maurine Schurer, OD**, of Port Huron, Mich., graduated as valedictorian of the Illinois College of Optometry (ICO). She will work as a resident in primary care and ocular disease at ICO next year.



◆ **Yos Priestley, OD**, of Dover, Mass., graduated as valedictorian from the New England College of Optometry. Dr. Priestley will complete a pediatrics residency at the school next year.



◆ **Sarah Marie Wade, OD**, of Achille, Okla., was selected as North-eastern State University College of Optometry's valedictorian from three 4.0 graduates. She received this honor as a result of her stellar board scores. Dr. Wade will complete a one-

year primary eye care residency at the Fayetteville, Ark., VA Medical Center.



◆ **Kara Marie Williams, OD**, of Dixon, Ill., graduated at the top of her class at The Ohio State University College of Optometry. She will work in a corporate-affiliated optometric practice in Springfield, Ill.



◆ **Sara Lynae Weidmayer, OD**, of Coldwater, Mich., was valedictorian of her class at Ferris State University Michigan College of Optometry. Dr. Weidmayer is completing a year-long ocular disease residency at the Battle Creek VA Medical Center, and after that she hopes to find a VA or a disease-based practice. **WO**

More Kudos

Congratulations, too, to the men who graduated at the top of their classes.

Evan Brinton, OD, from Nova Southeastern University College of Optometry
Brent Hopfauf, OD, from University of Waterloo School of Optometry
Marc Kenneth Lay, OD, from State University of New York State College of Optometry
Brian Moore, OD, from Indiana University School of Optometry
Patrick Jason Scott, OD, from Southern California College of Optometry
Khalidoun Ramahi, OD, from the Inter American University of Puerto Rico School of Optometry
Zachary Unruh, OD, from University of Houston College of Optometry
Brandon L. Weyand, OD, from Southern College of Optometry

Global Mission,

OD's passion for children's vision helps her set practice and career goals

"O"n my list of career options, pediatrics was not one of them," says **Sarah Marossy, OD**, of Post Falls, Idaho. "I was all about ocular disease, medical eye care and glaucoma." So how did this medically minded practitioner, who has worked in an ophthalmology practice, consulted for Alcon and CooperVision and lectured, end up surrounded by children? "About five years ago, I had a couple of conversations within a short period of time with parents in which I had to tell them

that their child wasn't going to be able to see out of one of his or her eyes. After you see a parent crying, and knowing that this didn't have to happen if we had seen the child earlier, I began to realize that children's vision is vitally important."

In 2007, around the same time that she began construction on the practice she had been dreaming about, she also wrote and won a grant from the National Eye Institute to found the Idaho Children's

Vision Coalition. "It was the seed money to develop educational materials for parents and child care providers within HeadStart to understand the importance of eye exams for children," she says. Those materials led to a web site, kidsvisioncoalition.org. Dr. Marossy's leadership in this

campaign is one reason she was honored as Young Optometrist of the Year by the American Optometric Association (AOA) in June.

Dr. Marossy's first exposure to children's eye care came when she joined a six-ophthalmologist medical practice immediately after her 2000 graduation from the Indiana University School of Optometry. "They referred many of their 0-5-year-old amblyopia cases," she says, laughing. "All of my rotations were in ocular disease, and I missed some of the standard optometric/pediatric classes because of that." She found some practitioners who specialized in pediatrics and began shadowing them just to become proficient. What she didn't realize was that it would become her passion.

She signed on as an InfantSEE® provider when the public education campaign was launched by the AOA. In that program, infants are seen for a no-cost, comprehensive eye exam during their first year of life. The Idaho Children's Vision Coalition builds on that by educating parents, teachers and health care providers about the resources for youngsters in the 3-5-year-old age range. "We're a very rural state. Some schools don't have nurses, and in some communities, it's 100 miles to an eye doctor." The coalition web site includes information on how to do a simple vision screening and where to find resources.

The web site includes a training video now, so Dr. Marossy doesn't have to travel as much anymore. She says she took ideas from the web sites of other statewide children's vision coalitions, such as those in Kansas, Missouri, Minnesota and Massachusetts, and then worked to adapt the information to her rural state so even more could be done online. "There was no sense in reinventing the wheel. There are some excellent vision screening guidelines available," she says.

In establishing the program, Dr. Marossy traveled around the state, working with pediatricians and school nurses, showing them how to use the materials available on the web site. She has also donated supplies so they can create a children's vision screening center in their offices. That has led to an excellent referral relationship with pediatricians in her local community. Today, her practice is about 60 percent children, and almost all of her referrals are youngsters. "Between pediatric referrals, InfantSEE assessments and word-of-mouth, the phone just keeps ringing," she says.

When she was designing her practice, she kept the kids in mind and created a planetarium/playroom for them where they could crawl and climb. Their area is off to one side, so their exuberance doesn't disturb other patients. In fact, the whole practice is designed to be soothing. "My one rule with the architect was that there would be no square angles. Everything had to be

We're a very rural state. Some schools don't have nurses, and in some communities, it's 100 miles to an eye doctor.

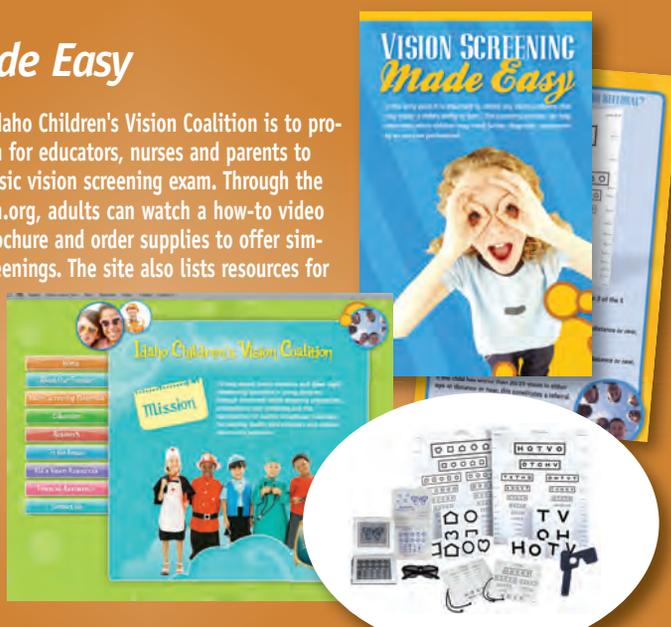


Dr. Marossy

Screening Made Easy

One of the goals of the Idaho Children's Vision Coalition is to provide enough information for educators, nurses and parents to understand and conduct a basic vision screening exam. Through the web site, kidsvisioncoalition.org, adults can watch a how-to video on screening, download a brochure and order supplies to offer simple, but effective, vision screenings. The site also lists resources for more information, as well as sources for financial assistance.

Dr. Sarah Marossy has secured more than \$45,000 in grant and private donations to launch and expand the mission and reach of the coalition. ^{WO}



Local Action



POST FALLS
OPTOMETRIC PHYSICIANS

curved. Angles seem harsh," she says. Even the roofline and windows are curved.

Walking into the practice, a visitor sees a floating, granite-topped front desk and optical bar. The optical boutique features large windows, and the flow of the practice appears seamless. Instead of having one large reception area, there are clusters of seating.

As much as Dr. Marossy enjoys being in the practice, she thrives on the variety of work she does. She recently was appointed by the Governor of Idaho to serve on the Commission for the Blind, and she recently spent a weekend with blind teens and young adults. "We played Frisbee golf and went tubing on a lake, and I was the photographer," she says.

She spoke about the depth and breadth of optometry when she accepted the Young Optometrist of the Year award. "When you graduate, you have the credentials that say you're a doctor, but then you have to find your passion within the profession. A lot of us only know that we want to help people, but we don't exactly know what our niche is. Optometry is like a buffet of options: there's low vision, pediatrics, ocular disease, philanthropy in Third World countries. It takes time in practice to figure that out," she says.

That makes her one of the lucky ones, she says. Not only does her practice pay the bills, it's a launching pad to her greater passion of helping children see. **WO**

Between pediatric referrals, InfantSEE assessments and word of mouth, the phone just keeps ringing.

No angles allowed: Dr. Marossy insisted that every surface in the office be curved. "Angles seem harsh."

A Shot of Energy

In building her own independent practice, Dr. Sarah Marossy catapulted her growth by acquiring a practice from a retiring doctor, Elwin Schutt, OD. "We worked for a year in his location while construction was underway. Then he planned on turning over the keys and walking away."

But those plans changed as he saw the kind of practice she was building and enjoyed the camaraderie of having another optometrist with whom he could consult. Instead, he decided to stay with the practice and works two days a week. "He's been rejuvenated," she says, and she appreciates his expertise and his reputation.

The practice continues to grow, and Dr. Marossy is looking for a full-time associate to help manage the patient load. **WO**

Dr. Marossy's commitment to children's vision was a factor in receiving the American Optometric Association's Young Optometrist of the Year award.



Photography by Todd Sochman

Learning How to Work Smarter

“Lone wolf” OD believes that efficiency and an easier schedule are around the corner

When **Angela Jackson, OD**, of Rossford, Ohio, has a question, she often wishes she had a practice partner or close associate to talk with when she’s searching for the answers. But the fact is, in a small town, the few colleagues nearby are essentially competitors—and most of them are men, with a different perspective. “It’s not the same because I am a mom first, then a wife and business owner,” she says. She does have a part-time associate, **Tracy Needham, OD**, who joined her in May,

but with the small space, the doctors try to schedule around each other.

She envies some aspects of the life of ODs who work in a partnership or group practice. They can share oversight of key issues, such as taxes, payroll and staff management. On her own, Dr. Jackson feels the tug of competing interests: family time and attending to the business. For example, even the task of



Dr. Jackson

and schedule as a high school teacher, which allows him to watch their children during the summer, she still feels overwhelmed. “It’s the pressure I put on myself to be the superwoman,” she says.

But that pressure also results in the satisfaction of managing her office her way. While she says she’s felt a little like a lone wolf in her career, she can measure her progress—and know that it’s

Questions and Answers

Dr. Angela Jackson has the rare opportunity to ask lots of questions at optometric meetings. Her questions are not usually directed to the speakers, but to the women optometrists she meets there. How do you juggle kids? What does your husband think? How do you go to all these meetings? It’s nice to share these ideas, but Dr. Jackson often feels like a minority at practice management groups. “It’s mainly men, women who take turns with their OD husbands or someone in a group practice,” she says.

She’s found some peace by consulting with friends from optometry school and her mentors, although comparing her practice to theirs can be frustrating. “I feel six months behind,” she says. There is a positive to that. “I learn from their mistakes when they tell me what they tried and didn’t work.” ^{WO}

tracking shipping costs is delegated to evenings or the rare free moment. “Another office with three opticians can take the time to do that easily, but with my optician and me being swamped all the time, when do we have time to figure that out?” she asks.

And while she’s thankful for her husband’s support

hers. She bought an independent practice nine years ago, and she plans to move to her new office around the block this fall. The new space will have triple the square footage and double the number of exam rooms (four). Each piece of her pretesting equipment will be in a dedicated room, and she’s adding a break room and office. Plus, parking will be improved drastically, as now some patients have to double-park or end up on the grass.

The move represents new possibilities in terms of workflow and efficiency, too. In fact, her goal is to maintain her current income and reduce her hours to three days per week. She hopes to accomplish this within five years because that’s when her children will be in high school, and Dr. Jackson would like the time to dedicate to their extracurricular activities. “By being more efficient and seeing more patients in less time, I think I can achieve my goal,” she says.

Dr. Jackson thanks her staff for hanging in with her through the changes.

“They’re phenomenal,” she says. “I like to think I’m easygoing and a good boss with an open-door policy.” She plans to add two more full-time staff members to the four she has now, after the new office opens. ^{WO}



Dr. Jackson posted photos of the progress of her new office construction on her web site.

A Challenging Start

After her graduation, **Dr. Angela Jackson** worked in a newly opened practice in a small town. She realized the demographics couldn’t support her student loans and the growth she expected. So she returned to her hometown. There were two ODs in town: one who had mentored her and encouraged her to pursue optometry while she was working in his office as a licensed optician, and one who was quite hostile to women entering the profession. The mentor couldn’t justify an associate, and the other OD wouldn’t sell to her. However, he eventually sold his practice to Dr. Jackson’s mentor, who then hired her. She purchased this merged practice nine years ago.

She hasn’t reached all her goals, but the pace is much easier than it was in those early days, where she would work one day a week at five different locations. “I’d wake up and say, What day is it? Where do I go today?” ^{WO}

Optometrist Finds a Home in the “**Brotherhood**” of the VA

A teaching program she created has expanded access and quality

Dorothy L. Hitchmoth, OD, FAAO, is familiar and comfortable with the language and culture of the military. She grew up in a military family, and she married a career military man, since retired from the service. So when she completed a residency in a rural VA facility in White River Junction, Vt., it felt like home. “There’s a camaraderie that exists no place else like it does in the U.S. military,” she says. Even better, she felt needed. “I was the first full-time optometrist in that VA. And there was no teaching program, something that I

offered to start during my interview to stay here after residency.” That was in 1997, a year after her graduation from New England College of Optometry.

She has done what she promised, creating a teaching program that was functional six months after she was hired. She has served as the chief of optometry service since then. “Patients had



Dr. Hitchmoth

a long wait for services. One of the best ways to expand access and increase quality is to bring on a teaching program,” she says. She recruited her former clinical mentor, who was retiring from the New Hampshire VA, to help her establish the program. It was a perfect fit, as his new home was only a 20-minute drive from the Vermont VA campus. He brought two students with him—and the program was underway.

“Since that time, we’ve grown into a program with 16 students a year, three full-time residents, four full-time staff doctors and a small satellite office almost two hours away,” she says. This VA facility serves all of Vermont and the northern counties of neighboring New Hampshire.

Key to the program’s success is that it offers students housing and meals. “It’s our single, most effective recruitment tool for attracting young doctors to a rural practice setting. These are students who are coming for 12-week rotations from Boston, Cincinnati, Philadelphia and Chicago. By offering meals and housing, it makes it a relatively easy situation,” Dr. Hitchmoth says. Students are housed in one of the hospital buildings, a former nursing home.

The program’s success builds on itself. “Our student pool serves as our residency recruitment pool. Fifty percent of our residents came through the program as students, and I don’t think they would have otherwise considered coming here.” And that creates a pool for potential staff; 50 percent of the staff has been recruited from the residency practice. “It’s tough to recruit to a rural practice, but through our teaching program, additional doctors have come to open independent practices in the area. It has enriched the quality and quantity of doctors we’ve been able to attract to the area,” she says.

That’s important to her. “The VA and rural practice are a labor of love for me. I cannot think of practicing in any other type of community,” she says. “Young doctors



Dr. Hitchmoth did not look for all-women optometric trainees and support staff, but the shift in optometry school enrollment has lead to far more women applicants for her VA slots.

should realize there are many opportunities in small, rural communities across the country, and patients need the services optometrists provide.”

The word has spread to the patients as well. “It’s been a case of ‘if you build it, they will come.’ We started with 500 patient visits my first year, and last year, we had 12,000 patient visits.” The program has received an award for teaching excellence, and the work that Dr. Hitchmoth has done was a factor in her selection as a 2003 American Optometric Association Young Optometrist of the Year. **WO**

Mother-Mentor

As chief of optometry service and the on-campus mentor to students and residents in a rural VA facility, Dr. Dorothy Hitchmoth finds herself playing the role of mother-mentor to students. “I really get to know these students during the 12 weeks they’re here. I’m kind of a surrogate parent,” she says. She doesn’t select students based on gender, but she has seen an increase in the number of women applying for the slots. “It’s a demonstration of how dramatic the shift in schools has been.”

In fact, this quarter, every one of the trainees in the program is a woman—four students and three residents. “That’s the first time in our history that it’s happened.” She says she does take the time to talk to young women about the opportunities and challenges she has faced in her career. And one of her journal clubs each quarter is devoted to the women’s perspective. This has been a tradition long before all the trainees were women, and the men are encouraged to participate. “It’s helpful to have male students and staffers because it helps each gender understand the perspectives of the other,” she says.

The journal club meets regularly to review medical research and interesting cases. But once a quarter, they stray from that text and talk about issues such as balancing child care and work or how to interact with the older male patients who come to the VA. **WO**

Women in the NEWS



Dr. Hudson

Sarah J. Hudson, OD, of Portsmouth, was elected president of the New Hampshire Optometric Association.

Dr. Jabaley

Jennifer Jabaley, OD, of Cartersville won the title of Georgia Author of the Year in the Young Adult category for her book, *Lipstick Apology*.



Dr. Fisher

The Michigan Optometric Association presented the Keyperson award to **Jana Fisher, OD**, of DeWitt.

Dr. Raharja & Dr. Foster

Kim Raharja, OD, of Atlanta, was awarded Young Optometrist of the Year from the Georgia Optometric Association (GOA), and Paige Bush Foster, OD, of Conyers, was honored Optometrist of the Year by the GOA.



Dr. Raharja



Dr. Foster

Innovator In Care Awards



Dr. Grosu



Dr. Kaplan



Dr. Morris



Dr. Pham

Four corporate-affiliated women ODs received the annual Innovator in Care award from *Corporate Optometry Reports*: **Simona Grosu, OD**, of New York, N.Y., for LensCrafters; **Dawn Kaplan, OD**, of Oak Brook and Lake Zurich, Ill., for Costco; **Marcianne Morris, OD**, of San Francisco, Calif., for Sterling VisionCare; and **Teresa Pham, OD**, of Brea and Santa Ana, Calif., for U.S. Vision.

What Glass Ceiling?

Profession can better reflect nation's demographics

Her grandmother taught **Jennifer Smythe, OD, MS, FFAO**, never to believe in the obstacle of a glass ceiling. Dr. Smythe proved her grandmother right two years ago when she became dean of Pacific University's College of Optometry and participated on the board of directors for the Association for Schools and Colleges of Optometry (ASCO). This past July, she was named the first woman to serve on ASCO's executive committee.

Dr. Smythe will collaborate with her team to set priorities for ASCO. One goal for her one-year term is to increase the applicant pool for optometry schools and colleges. "I think we've come a long way with diversity in respect to gender representation in the profession since so many graduates are women, but we have a long way to go," Dr. Smythe says. She hopes that as the applicant pool increases, the diversity of the profession will better match the demographics of the country's population.

ASCO isn't alone in its mission to enhance the future of optometry. "The constituents and leaders in the profession all share this common goal," Dr. Smythe says. That's why ASCO works closely with the American Association, the

American Academy of Optometry, the National Optometric Association, the American Optometric Student Association and Veteran's Affairs. ASCO, like all of these organizations, has a responsibility to represent optometrists as primary care providers in the new national health care plan, Dr. Smythe says. "We need to train, educate and graduate the best of the best and brightest of the brightest."

While men ODs are still in top spots within the profession, women are stepping up to level the playing field. Women OD students are getting involved as well, at their schools and with other groups such as Women of Vision. Dr. Smythe hopes that other ODs will adopt her positive attitude, thanks to concrete mentorship from women. "As more women assume leadership positions, young practitioners and OD

*"As more women assume leadership positions, young practitioners and OD students are inspired to set goals and not to let gender create an obstacle."
—Dr. Smythe*

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Dr. Smythe

students are inspired to set goals and not to let gender create an obstacle," she says. "We've paved the way for younger women to see that it's possible to have a practice, be a business owner and be successful." 

Get Set, Go

Dr. Jennifer Smythe encourages women to push doubts aside and take on the challenge to do something enjoyable and fulfilling. "Ask yourself what you need to do to see the goal come to fruition. I live in a Nike world," Dr. Smythe says, and by that she means she follows the company's motto, "Just do it." 

The Four-Year Shift in Faculty Composition

In the past four years, optometry school faculty has begun to look more like the student body. In the 2005-2006 academic year, women accounted for less than 42 percent of the full-time and part-time faculty. In the 2009-2010 year, women comprised more than 45 percent of the faculty positions that *Women In Optometry* tracked from data in the *Annual Faculty Data Report* from the Association of Schools and Colleges of Optometry. Overall, faculty staffing increased by just more than 5 percent, while the number of women in faculty positions grew by 15 percent during that time frame. The number of men in faculty stayed level, dropping just 0.1 percent.

Now 18 percent more women are employed in full-time didactic positions; the growth in these positions for men faculty was 5 percent. There was a drop in part-time didactic faculty for both men and women. Among full-time clinical faculty, there are now nearly 19 percent more men and nearly 16 percent more

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Dr. Hawthorne

At the 2010 Optometry's Meeting, the American Optometric Association elected **Hilary Hawthorne, OD**, of Los Angeles, Calif., as a Trustee.



Dr. Marsden

Harue J. Marsden, OD, became president of the California Optometric Association's 2010 Board of Trustees.



Dr. Burr

Tina N. Burr, OD, of McLean, Va., received the Keyperson of the Year award from the Virginia Optometric Association.



Dr. Davis



Dr. Chan

Dr. Davis & Dr. Chan

Two women were honored at the New Mexico Optometric Association's (NMOA) annual meeting. **Lynn Davis, OD**, of Rio Rancho, became NMOA president for a one-year term covering 2010-2011, and **Mamie Chan, OD**, of Albuquerque, received the President's Award for her hard work and dedication to the NMOA.

Women Nominated by Readers

Among the women nominated by readers, the following ODs were selected by *Vision Monday* to be recognized in its eighth annual Most



Influential Women in Optical Special Report. President of Arnold Eyecare Center **(A) Diane G. Wilson, OD**, of Arnold, Mo., received the honor in the Executive Suite category, and **(B) Ann M. Hoscheit, OD, FAAO, FAARM**, owner of Summit Eye Associates in Gastonia, N.C., was selected as an Innovator. Among the winning Mentors were Director, Professional Affairs for Vistakon **(C) Carol Alexander, OD**, of Fullerton, Calif.; **(D)**

Neera Kapoor, OD, MS, FAAO, FCOVD-A, associate clinical professor, chief of Vision Rehabilitation Services, State University of New York State College of Optometry in New York, N.Y.; and **(E) Harue Jean Marsden, OD**, of Fullerton, Calif., the chief of the Stein Family Cornea and Contact Lens Service at Southern California College of Optometry.

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Dr. Brisco

Elise Brisco, OD, of Los Angeles, Calif., was recently featured on a local TV news show, giving her expertise on Computer Vision Syndrome, how 3D movies can detect eye conditions and the dangerous craze of "vodka eyeballing."

Dr. Wharton

Karen Wharton, OD, of Boulder, has been named OD of the Year by the Colorado Optometric Association.



Dr. Kneisley

Yvonne Kneisley, OD, of Newark, is president of the Delaware Optometric Association.

Dr. Sutaria

Meera Sutaria, OD, of Brambleton, Va., was featured in a *Washington Post* story in June focusing on how her paperless practice was part of a national trend toward electronic medical records.



9 Women Grads Honored

Representing the future of optometry, several optometry school graduates were selected by their school to be a part of the Class of 2010 section of *Vision Monday's* special report, sponsored by a grant from the Luxottica Group. These women include (A) **Jennifer Chen, OD**, of New England College of Optometry; (B) **Michelle DePeau, OD**, of Indiana University School of Optometry; (C) **Lauren Goldsmith, OD**, of Southern College of Optometry; (D) **Lauren Grillot, OD**, of Ohio State University College of Optometry; (E) **Nicole Henriksen, OD**, of Illinois College of Optometry; (F) **Brianne Hobbs, OD**, of University of Missouri–St. Louis College of Optometry; (G) **Kyla Hunter, OD**, of Pacific University College of Optometry; (H) **Amanda Nanasy, OD**, of Nova Southeastern University College of Optometry and (I) **Diane Russo, OD**, of SUNY College of Optometry. For the full report, go to the Cover Stories Tab on visionmonday.com and click on the July 19 edition.



Four-Year Shift

Continued from page 15

women. Among part-time clinical faculty, there was nearly a 10-percent drop in men filling these positions, while the number of women jumped 27 percent.

This shift seems likely to continue as more male professors reach retirement age. The median age for male professors is 58.9, slightly older than the median age for female professors at 55.7. However, the highest age among men is 78, while it's 66 for women. Among clinical professors, the median age for men is 59.5, while it's 53.6 for women. **WO**

Research Faculty

Men significantly outnumber women among research-only faculty. Eight full-time and one part-time faculty members are men; only three full-time positions are held by women.

	MEN '05-'06	MEN '09-'10	WOMEN '05-'06	WOMEN '09-'10
DIDACTIC				
FT Professor	118	118	29	35
PT Professor	17	14	3	1
FT Associate Prof	103	95	55	66
PT Associate Prof	22	17	11	7
FT Assistant Prof	47	67	75	81
PT Assistant Prof	38	29	28	22
FT Instructor	6	9	15	24
PT Lecturer	10	9	14	17
All FT Didactic	274	289	174	206
All PT Didactic	87	69	56	47
CLINICAL				
FT Professor	9	11	1	5
PT Professor	24	19	1	2
FT Associate Prof	23	26	13	22
PT Associate Prof	21	21	12	11
FT Assistant Prof	22	22	50	41
PT Assistant Prof	64	61	64	71
FT Lecturer		1		1
PT Lecturer	13		12	3
FT Instructor		1		5
PT Instructor		11		26
All FT Clinical	54	61	64	74
All PT Clinical	122	112	89	113
	TOTAL MEN: 537	TOTAL MEN: 531	TOTAL WOMEN: 383	TOTAL WOMEN: 440

Sources: Association of Schools and Colleges of Optometry, Women In Optometry



Two Moms, Two Choices

Two 2004 graduates take different routes to spend time with their newborns

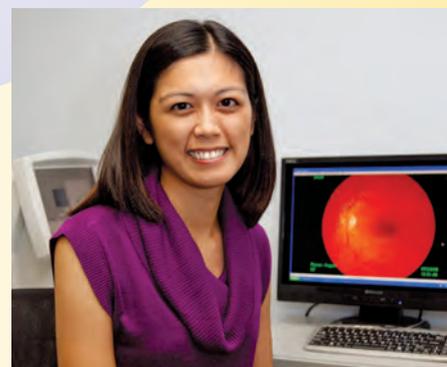


1 A Break before Getting Started

Maria Nunez-Imholtz, OD, of Huntingtown, Md., graduated from optometry school when she was six months pregnant. But instead of trying to squeeze in some work before the birth, Dr. Nunez-Imholtz took off from June until November, when her daughter was two months old. A doctor at a corporate-affiliated location had contacted her during her pregnancy and had agreed to offer her an associate position when she was ready to work.

While the job offered some flexibility, it was still too challenging to spend the time she wanted with her husband and child. Talking with another OD who filled in at the location, she found he was interested in starting his own practice. In 2006, the dream came true. Her partner, **Michael Feeser, OD**, has 60 percent ownership, and his wife is the office manager, so that team handles most of the administrative duties. Dr. Nunez-Imholtz and another part-time OD, also a new mom, work on a satisfactory part-time schedule.

Just a few weeks before their cold start, Dr. Nunez-Imholtz found out she was pregnant with her son. Her six-week maternity leave was covered by Dr. Feeser. Dr. Nunez-Imholtz is able to extend similar courtesies by covering some weekends and evenings to help Dr. Feeser, who works full-time for the Navy. Dr. Nunez-Imholtz and her husband, an anatomy and physiology professor, take turns with childcare responsibilities. "It's worked so far," she says, and she hopes it will still provide a balance after the birth of her third child this month. This time, she will enjoy a three-month maternity leave.



Dr. Nunez-Imholtz enjoys her flexible schedule.

2 Bring Your Child to Work, Every Day

When her daughter **Reese** was just two weeks old, **Rebecca Poage, OD**, returned to work at her practice in Mustang, Okla. "I never thought I would want to be a stay-at-home mom until I had her, and then I wanted her with me all the time," Dr. Poage says. As the practice's only OD, she couldn't leave the practice unattended for too long, but she didn't want to be separated from her daughter just yet.

So she made a special arrangement. Dr. Poage's sister watches Reese in an adjoining suite that Dr. Poage added to her office space. It's reserved for the practice's business office area, and her sister also files insurance and orders glasses. It's furnished with a TV, futon and toys to act as an in-office daycare for Reese.

Growing up, Dr. Poage saw several women ODs who were able to have a successful career and be a mom, and she saw one doctor who brought her child into the office. The setup has worked well for the family, and it adds a little spark to the day, too. Patients enjoy seeing Reese when she comes to the front to visit. "They call her the little office manager," Dr. Poage says. "The staff and patients love her and like to see her growing up. Some long-term patients ask if she is in today," because now Reese spends a day with her dad and a few days a week in a playgroup. And when her second child arrives early next year, Dr. Poage is certain that she will do this all again. 



Dr. Poage, holding her daughter Reese, gets help from all the staff, especially her sister Janelle, far right.

Pink Ink

Diversity in Optometry in an Imperfect World

By Cynthia Heard, OD, FAAO
NOA Past President

National Optometric Association (NOA) co-founders, **John Howlette, OD**, and **C. Clayton Powell, OD**, envisioned a professional organization that would serve as a national base for information, resources and activity for minority optometrists. In 1969, when the NOA was first chartered, the only significant minorities in this country were African Americans, as were the founders. But as time progresses, minority no longer refers solely to African Americans. The landscape of minorities includes all people of color. The NOA has welcomed other minorities and any others who are interested in recruiting traditionally underrepresented minority* (URM) individuals to the profession of optometry.

Minority optometrists were not welcome to join majority optometric associations to benefit from power in numbers in 1969. NOA filled some of that void with a small professional organization that allows its members to network with each other, mentor minority students and provide health care services and information to minority communities.

Today, many minority optometrists are members of professional organizations of their choosing. They also choose to continue to support the NOA because the percentage of African American optometrists has not changed much within the last 40 years, hovering around 3 percent of the profession. Hispanic/Latino numbers have grown to represent about 5 percent of practicing optometrists.



Dr. Heard

Native American representation has grown to 0.5 percent of U.S. optometrists.

The NOA continues to be needed because diversity within optometry isn't happening very quickly. Recruitment and retention of students is a major priority that must continue. Majority optometrists are not inclined to seek out and help recruit individuals of color. This fact must be recognized. It is not good or bad. It just is.

One other major problem with minority recruitment is existence of a viable pipeline of candidates. All optometric institutions face this difficult challenge. The minority applicant pool is small and has been, historically. Viable candidates for optometry are also good candidates for medicine, dentistry, pharmacy and more. Some medical schools are able to offer substantial scholarship money to these potential students. And medicine and dentistry, specifically, have done a much better job of convincing industry sponsors to release some of their profits to grow the numbers of minorities within their professions for the sake of altruism.

Potential minority candidates are not as familiar with navigating the application process for professional admissions.

Preparation for such a process can be daunting to someone who feels like an "outsider." One positive process that has been developed recently is the provision of Diversity Mini Grants to optometric institutions through the Association of Schools and Colleges of Optometry. This program has encouraged institutions to think more critically about how to use sponsor resources in concert with their own to create and maintain programs that demystify the preparation and admission process for minorities, who may not otherwise pursue the process if not encouraged to come forth. This program has had a very positive impact on the numbers of minority applicants coming forward to pursue an optometric career in its short five years of operation.

In a perfect world, it would be everyone's motivation to make certain that minorities are exposed and encouraged to pursue an optometric career. That world doesn't exist. The NOA continues to promote this mission in earnest and strives to keep it on the radar of other groups that feel minority recruitment is the right thing to do, but do not prioritize it on their agendas. This is the priority of NOA and will remain so until that perfect world comes along. That may not ever happen, but that is alright. Majority optometric organizations cannot be all things to all optometrists and should not arrogantly think that they can be. The NOA sees this work as its obligation and labor of love, seeking to diversify the profession over time. It also must be the support organization for those who don't find it elsewhere within the optometric profession. 

*URMs—African Americans, Hispanic/Latinos, and Native Americans and Alaskans

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