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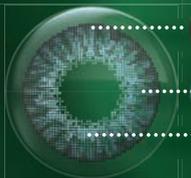
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References: 1. Based on ratio of lens oxygen transmissibilities; Alcon data on file, 2013. 2. Based on in vitro measurement of contact angles of unworn lenses; significance demonstrated at 0.05 level. Alcon data on file, 2009. 3. Eiden SB, Davis R, Bergenske P. Prospective study of lotrafilcon B lenses comparing 2 versus 4 weeks of wear for objective and subjective measures of health, comfort, and vision. *Eye & Contact Lens.* 2013;39(4):290-294.

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The Editorial Page

Creative Navigating

In any number of careers, there is a linear progression in advancement. You come into the profession at an entry-level position, move your way up the ladder or



Marjolijn Bijlefeld

maybe sidestep into a management role. Optometry—especially for women—doesn't seem to follow that model.

Many of the hundreds of women who responded to a *Women In Optometry*[®] poll said that optometry is a wonderful career that allows tremendous flexibility and opportunity to move into different practice or professional positions. Perhaps

most intriguing of the survey findings was that among those women who didn't feel that they were currently in an "ideal" job, 44 percent, the largest group, said that they felt like an ideal situation for them would be some mix of career options. Maybe it's being a part-time owner and a part-time professor. Maybe it's working as an employee in an optometric or medical practice and working for industry. That supports what we hear often from the women ODs we feature in these pages. All are proud of the primary work that they do within the profession. But many are equally proud of their volunteer work, their organizations, their service on boards or teaching or leadership skills. In fact, one of the characteristics they seem to share is the willingness and interest in learning throughout their careers.

That's why the theme of our second live event, to be held in November in Denver, is *Lean, Learn and Lead: Women ODs share how experience, networking and opportunity promote career growth*. The path through an optometric career for most women today doesn't seem to be to run from point A to point Z. It's a more fluid line that weaves in the demands of being a wife, mother, daughter, sister, friend and participant in the world around you. **WO**

Finding Our Own Way

Q: As practice owners, are you at the apex of your career?

Dr. Jasper: Absolutely not. I hope I am always looking for ways to continue to grow personally and professionally and help others do the same.

Dr. Gilbert-Spear: I'm not sure that there is an apex to my career. My interests and goals change every few years, so my career path changes along with this.



(l-r): Professional Co-editors April Jasper, OD, FAAO, and Katie Gilbert-Spear, OD, MPH

Q: What's your advice for ODs who say that they're not currently in their ideal professional position?

Dr. Jasper: Have a five-year goal and continue to have a positive attitude about achieving that goal. It is amazing what can be accomplished with an "I can" attitude.

Dr. Gilbert-Spear: In order to get to your ideal situation you first have to understand what you want and set achievable goals for that plan. While you are working toward your goal, learn from your current position. Every job or position you have has the opportunity to teach you things for your future.

Q: Have there been surprises in your career path?

Dr. Jasper: What I have found exciting about my "career path" are the surprises: the people I meet along the way, the opportunities that present themselves, the encouraging words that arrive just when I need them and, of course, the criticism from people who don't want you to succeed. I firmly believe that a positive attitude and openness to opportunities are a must.

Dr. Gilbert-Spear: I have been very surprised by my career path. While in optometry school, I had no desire to own a practice. But I bought my first practice five months after graduating from optometry school. I had learned quickly that I like to be in control. Learning to manage my practice excited me, and once I got it running well, I wanted to do it again. My husband and I now own four practices, and I love each of its challenges and achievements. I also never saw myself as an educator or speaker. For the past few years, I have gradually increased the amount of time I am lecturing and really enjoy it. I love taking what I have learned in my practices and from other people and teaching it to others. **WO**



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Focus on Outcomes

By JeanMarie Davis, OD, FAAO



Maximize Your Contact Lens Success

Patients will appreciate your recommendation that contact lenses are an option

If there were no obstacles to contact lens wear, would your next patient select it as an option? Chances are that he or she would—at least for occasional use at a minimum. Here's the truth, though. These so-called obstacles in the minds of patients (and some practitioners) don't really exist anymore. The fact is that there is a contact lens option for nearly every person who is interested in lenses. Indeed, the primary obstacle that remains is that many people are not aware that this possibility exists.

To improve the outcomes with contact lenses, here are some steps that you can take today.

- Familiarize yourself with all the options, in terms of materials, designs and replacement schedules. Take some time to introduce your staff to the advances in technologies, such as water gradient lenses and color contact lenses. Make sure that presbyopic staff members have a chance to try multifocal contact lenses so that they can experience binocular vision without eyeglasses.

Once you and the staff have an understanding of all the options for all kinds of patients, the staff can play a more informed role in promoting the options or at least encouraging patients to ask you about contact lenses.

- Encourage every team member to have a touchpoint on contact lenses. The receptionist should be asking every patient who calls for an appointment to update an eyeglasses prescription whether he or she has an interest in contact lenses, as well. A patient, male or female, who calls for a contact lens prescription should also be asked whether he or she has an interest in trying color contact lenses. The receptionist should plant the seed about a contact lens discussion with all viable contact lens candidates.

- Include a question about former or current contact lens experience or an interest in contact lens wear on the intake form. The technician can confirm that the question was answered and can ask some open-ended questions. "I see that you used to wear contact lenses but don't anymore. Why is that?" The patients' response will allow the technician to mention that there have been advances in contact lenses that have overcome that

particular challenge or complaint, whether it's convenience, comfort or vision. Simply say something like, "Let's ask the doctor about that. There are contact lenses available today that weren't previously available that can address that."

Have the technician write on the patients' chart or otherwise inform you of what the patient said. Then you can continue the conversation. "Sue told me you wore contact lenses before you needed bifocals. Let's see if you're a candidate for multifocal contact lenses. There's no downside for you in trying."

There's almost nothing the patient can say that doesn't warrant a second chance to try contact lenses. "I was told I had astigmatism." Well, you have an option for that. "I couldn't wait to take my contact lenses out each day." Again, there are daily disposable lens options that might work much better than what the patient was wearing.

Reducing or even reversing the dropout rate of contact lens patients in your practice has multiple benefits. First, it means that new-to-contact lens patients will help the percentage of patients wearing contact lenses grow, not just remain level. Even more importantly, you'll make these patients happy. Those who say they dropped out for a particular reason are expressing that something went wrong with their experience or satisfaction. Fix the issue, and you'll have a satisfied contact lens wearer again.

"The technician can... ask some open-ended questions. 'I see that you used to wear contact lenses but don't anymore. Why is that?'"

- Remember, too, that current and new contact lens wearers might appreciate more than one contact lens prescription. For example, adding a prescription for color contact lenses or daily disposable contact lenses that a monthly replacement lens wearer can use for travel or sports is a great way to introduce the option, too.

- Finally, make sure to address the contact lens option with teens and their parents. Find out what a parent's concerns might be and address those in your recommendation. For example, a parent who isn't sure whether his or her child is ready for full-time contact lens wear may appreciate the convenience and ease of daily disposable contact lenses that can be worn for sports or performances.

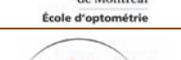
See product instructions for complete wear, care and safety information. 

JeanMarie Davis, OD, FAAO, is Global Performance Development, Vision Care Technical Head at Alcon.

Women Closing in on 70 Percent of First-year Optometry Students

The percentage of women entering North American schools and colleges of optometry is at the highest level seen in the nine years that *Women In Optometry* has been tracking the data. After three years of staying steady at 66 percent, the composition of women entering optometry school as the class of 2018 has jumped to 69 percent this fall. Two California schools—Marshall B. Ketchum University (formerly

Southern California College of Optometry) and University of California, Berkeley, School of Optometry—each reported that 81 percent of their incoming classes were women. This year, 12 schools saw an increased percentage in women in their incoming class, while eight schools saw a decrease in the percentage and two schools remained at the same level as last year. [WO](#)

School	2014 total	# of women	% of women		
 ILLINOIS COLLEGE of OPTOMETRY	Illinois College of Optometry	172	123	72%	
 INDIANA UNIVERSITY	Indiana University School of Optometry	74	52	70%	
	Inter American University of Puerto Rico School of Optometry	60	46	77%	
	Marshall B. Ketchum University	100	81	81%	
 MICHIGAN COLLEGE of OPTOMETRY	Michigan College of Optometry, Ferris State University	38	24	63%	
	Midwestern University Arizona College of Optometry	53	21	40%	
	New England College of Optometry	135	99	73%	
	Northeastern State University College of Optometry	28	17	61%	
	Nova Southeastern University College of Optometry	102	69	68%	
	The Ohio State University College of Optometry	69	47	68%	
	Pacific University College of Optometry	92	59	64%	
	Rosenberg School of Optometry, University of the Incarnate Word	69	44	64%	
	Salus University Pennsylvania College of Optometry* <i>Not including Scholars Program</i>	163	115	71%	
	Southern College of Optometry	136	85	63%	
	State University of New York State College of Optometry	98	71	72%	
	University of Alabama at Birmingham School of Optometry	47	27	57%	
	University of California, Berkeley, School of Optometry	64	52	81%	
	University of Houston College of Optometry	102	66	65%	
	University of Missouri–St. Louis, College of Optometry	45	24	53%	
	University of Montreal School of Optometry	46	36	78%	
	University of Waterloo School of Optometry	90	60	67%	
	Western University of Health Sciences College of Optometry	68	51	75%	
Source: North American schools and colleges of optometry as of September 2014		TOTAL	1851	1269	69%

* The Scholars Program had an entering class of 10, five of whom are women. These students are expected to graduate in 2017. (See story on page 7.)

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Salus University Pennsylvania College of Optometry Demonstrates a New Approach

First group of students have entered the year-round, three-year program

Is four years too long to earn a doctor of optometry degree? For some people it might be, and that's one reason why the Salus University Pennsylvania College of Optometry (PCO) is trying a new program that compresses the same education into a three-year program.

In July, PCO began its Scholars Program, described as a "year-round, campus-based curriculum for highly motivated and qualified students [that] is educationally equivalent to PCO's traditional OD degree program." There are just 10 students in the program now, and school leaders say future classes could have up to 15.

The new program grew out of a growing concern about the time and cost involved in medical education, says **Janice Scharre, OD, MA, FAAO**, the university's provost and vice president of academic affairs. A Carnegie Foundation report in 2010 highlighted the issues of the cost and time commitment involved in earning a medical degree, and PCO started looking at alternative approaches. A number of medical



Dr. Scharre

schools have created three-year programs, as have some schools of dentistry, she says. "The opportunity was there to take a look at what we could do in optometry."

Students in the Scholars Program are not much different or more accomplished than those entering the traditional four-year program, she says. They are selected because they show an ability to handle an accelerated program that would require a high level of independent study. "It's a different education model. There is much more interaction among the students, along with much more self-directed study," she says.

The program was developed over two years of pilot studies, in which a handful of students in the traditional program were given a chance to accelerate their clinical skills and enter clinic five months earlier than their peers. "This is cutting nothing out. The credit value is the same; just the delivery is different," says **Melissa Trego, OD, PhD**, associate dean of the Scholars Program.

Faculty has to deliver the information differently, Dr. Trego says. One key difference is that coursework takes a flipped-learning



Dr. Trego

approach. "We teach students the clinical techniques first so they can get their hands on it, then teach the theory," she says. "For example, after just two-and-a-half months, these students were already seeing patients in clinic under the guidance of **Beth Tonkery, OD, MPH**, director of clinical education of the Scholars Program, and other clinical faculty. The focus of the program is to provide close mentorship and group learning, as well as to investigate better ways to teach students of today and tomorrow."

The new program isn't destined to replace the traditional curriculum, Dr. Scharre says. One reason is that it's more time-intensive, for both students and faculty. In fact, it can be so demanding that students who enter the Scholars Program are allowed an early opportunity to leave. Scholars Program participants start classwork on July 1, and at the end of the summer they can switch to the traditional four-year program if they want to. "They have an opportunity to say, 'This isn't a good fit for me,'" she says. The same is true for students who, because of changed personal circumstances outside of the classroom, find the pace of the program too rigorous.

The schedule is more demanding. There are shorter breaks during the academic year, and because there are so few students in the

program, the pressure is high to contribute to the group experience. For now the tuition costs are based on three years, so there's a 25 percent savings compared to a four-year program, "but we may not be able to promise it can stay that way," says **Lori Grover, OD**, PCO's dean. Yet even if it didn't shrink the size of the student loan, the other benefit is that these new graduates can begin

working a year sooner. One surprise so far is the background of the students. The expectation was that a three-year course of study would attract older applicants, those who had been working for a number of years, perhaps in a related profession, and wanted to launch a second career. Instead, "the students who are in our group are all in the same age group" as students in the traditional four-year program, Dr. Scharre says. "The alternative approach and the shorter time were big draws for them."

The program has garnered some criticism. "There are people in the profession who think optometry education should be more than four years, so for them this is a very radical approach," Dr. Scharre says. The response from her and other faculty is to emphasize that the amount of study and clinical training isn't reduced; it is just delivered in a different format. "For some students, we think this is the way of the future for optometric education." **WO**

The video series, *Pathways to Practice*, can only be found online.



Dr. Tonkery



Dr. Grover

Find Women In Optometry on the Web

If you've missed an issue of *Women In Optometry* or want to see what's new, you can find archived issues and web-only content on womeninoptometry.com. The site features a *Pathways to Practice* video series with women ODs who talk about their career decisions.

Or you can join the conversations—or start one—on the *Women In Optometry* Facebook page at facebook.com/womagazine. **WO**

Pathways to Practice - Dr. Gina Wesley



The video series, *Pathways to Practice*, can only be found online.

As Life Throws Its Curves, Women Find That Career Path Isn't Necessarily Linear

While their satisfaction with current career position is generally high, women ODs say it can take some time to find the right fit

There are so many factors involved in finding the right career position: salary, benefits, hours, professional satisfaction, willingness to assume risk and balancing work with family responsibilities, among them. Some of these can be controlled by the OD herself; others can't. *Women In Optometry* conducted an online survey this fall to gauge how flexible women feel their optometric careers have been and how often and why they switch professional career opportunities. One thing was very clear from the nearly 400 responses: there is no one-size-fits-all solution.

Nearly two-thirds of the women who responded to the survey said that they felt that their current work situation is ideal for them, and nearly 76 percent of them said they anticipate staying in their current work situation for at least another five years.

On the one hand, those numbers might reflect stability in the workforce; yet it's also true that the vast majority of women who responded said that their current situation is not their first professional optometric setting. Seventy-four percent have worked for at least one other employee or practice setting prior to

the one they're in now. Indeed, one-of-five women responded that they have moved to a different career opportunity at least four times in their career.

The factors that women ODs said contribute

to career changes are varied. Those who have switched career settings at least one time said these factors (see chart below) were very and somewhat important.

Reason for an optometric career change

	Very important	Somewhat important
I wanted/needed a different situation for family needs	49%	13%
Position offered better hours	44%	15%
I was unhappy in my former position	43%	17%
I wanted a different/new challenge	38%	25%
Position offered more money	35%	27%
An opportunity arose to open/purchase/buy into an ownership position	35%	11%
Position offered benefits (e.g., insurance, 401(K), profit sharing)	25%	19%
I preferred an employment situation	20%	17%
My spouse's job meant moving	18%	6%

Hours Can Be Challenging

"I was a single parent for more than a decade. It was very difficult finding positions(s) that did not require me to work evening/weekend hours. Those are the toughest times to find child care."—*Private practice owner*

"There is poor flexibility in an employed situation. I am single and have no personal time. I cannot imagine being able to have a family with the hours that I work. If it was my own practice, it would be much more viable."—*Employed OD*

"I am a mother of three. If I choose to work part time in optometry, I have to give up a weekend day. I either have to consider working a Saturday or a Sunday, but I try to leave the weekend to be with my family."—*OD now in other management role*

Majority of Women Very Happy With Current Role

Experience seems to be a good teacher, as women perhaps either learn to identify what they want or accept the situation they're in. Most recent graduates and those who might be approaching retirement were the only two groups in which a majority of respondents said they were not currently in an ideal working situation.

Is your current position ideal?

Graduated	Yes	No
2010 or more recently	49%	51%
2000-2009	74%	26%
1990-1999	73%	27%
1980-1989	67%	33%
1979 or earlier	40%	60%
All female respondents	66%	34%

What's Your Ideal?

Just more than one-third of the women who responded said their current working situation is not ideal. Many of those are looking for something varied—a mix of income-earning options.

If you don't describe your current work setting as ideal, what is your ideal setting?

Some mix of the answers below	44%
A co-owner in a group practice	27%
Owner of my own practice	15%
Employed in a clinical practice	10%
Industry professional relations	3%
Academia	2%

**Does not equal 100% due to rounding*

Staying the Course

Women ODs who graduated between 1980 and 2009 also said they were most inclined to want to stay where they are for the foreseeable future. In all cases except for ODs who graduated prior to 1979, the majority of women in every category said that they do anticipate staying where they are for at least the next five years.

Do you anticipate staying in your current setting for the next five years?

Graduated	Yes	No
2010 or more recently	57%	43%
2000-2009	80%	20%
1990-1999	86%	14%
1980-1989	80%	20%
1979 or earlier	40%	60%

In Search of Partners?

"Sharing overhead or being part of a group practice allows more flexibility."
—*Private practice owner*

"I am in a solo practice but would love to join with another like-minded female so we could cost share and share office hours."—*Private practice owner*

Moving to a Different Career Position

Whether the move is voluntary or required by some outside factor, fewer than one-fourth of the respondents to the survey said that they are still in their first professional optometric

position. Typically, the longer the period since graduation, the greater the likelihood the OD has moved to a different career opportunity. (Current students' responses were removed from this tally.)

How many times have you moved to a different optometric career position?

Graduated	None (first position)	Moved 1 time	Moved 2 times	Moved 3 times	Moved 4+ times
2010 or more recently	54%	31%	8%	4%	3%
2000-2009	26%	29%	22%	10%	13%
1990-1999	11%	28%	13%	16%	32%
1980-1989	13%	16%	17%	23%	31%
1979 or earlier	20%	10%	—	10%	60%

State Reciprocity Would Help

"We move to a different state every three years, often with six months to a year of training in between stations. Getting three state licenses every five years is not feasible."—*Recent graduate, married to a spouse in the military*

"The inflexibility of an optometric license that requires having to retake all or part of the licensing examinations is overly burdensome and can result in loss of great practitioners offering clinical care to patients in a new state."—*Employed OD*

"Optometry in the U.S. is not a mobile profession. I have had to relicense in four states over the past 25 years, most recently, five years ago. It is time-consuming and expensive. In Massachusetts, it took two years to process [the new license], and California took one year to process it."—*Employed OD*

"I have had to be mobile due to the career of my spouse. However, I do not feel the profession lends itself to mobility due to state licensure and the need to build patient relationships and a following."—*Employed OD*

"I've not changed my optometry state licensure, but the closer I get to retirement or part-time employment, the more I wish that we had easy portability between states so I could consider being a 'float fill in' for doctors or easily move and still work."
—*Private practice owner*

Owner or employee?

Graduated	Owner/co-owner	Employee
2010 or more recently	12%	88%
2000-2009	42%	58%
1990-1999	59%	41%
1980-1989	67%	33%
1979 or earlier	60%	40%

Where Women Work

Overall, among the women ODs who responded to the survey, 45 percent said that they were either the practice owner or a co-owner of a practice, and 55 percent said that they were employed. Ownership rates seem to increase with experience.

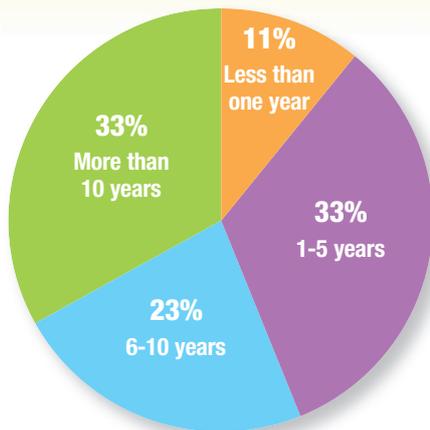
Continued on page 10

COVER STORY

Biology Recapitulates Inequality?

“I’m employed by an independent practice owner who has two associates: myself and a male colleague. I’m pregnant, and the practice owner has made negative comments about me taking maternity leave.”
—*Employed OD*

How long have you been in your current professional work setting?



Hours Can Be Wonderful

“I believe that being an optometrist gives me great flexibility for my family and allows me to be a great mom to my children.”—*Employed OD*

“I love having the flexibility to work 3.5 days per week and be a mom the rest of the week. There are plenty of other part-time opportunities that I could pick up to make a full-time schedule, but I love my current setup right now when I have a toddler.”—*Employed recent graduate*

Career Shifts

Just as there is a shift toward a greater percentage of ownership as ODs are in the workforce longer, there is also a shift to independent practice settings. Among the survey respondents, the newest graduates have the highest rates of working in corporate-affiliated practices, ophthalmology or medical practices and government-based positions.

What’s your current primary work setting?

Graduated	Independent OD practice	Corporate-affiliated practice	Ophthalmology or multidisciplinary	Gov’t	Academia	Industry	Other
2010 or more recently	47%	19%	19%	10%	1%-	—	4%
2000-2009	51%	14%	18%	5%	2%	2%	8%
1990-1999	59%	21%	8%	3%	4%	4%	1%
1980-1989	69%	8%	3%	3%	5%	3%	9%
1979 or earlier	70%	—	—	—	—	—	30%
All female respondents	56%	15%	13%	5%	3%	3%	5%

Understanding Employer Simplifies Challenges

Sabrina Gaan, OD, works with three other women ODs at Medfield Eye Associates. Her employer and practice founder, **Elise D’Amiano, OD**, took over the practice in Medfield, Mass., in 2004 and added a second location, Hopkinton Eye Associates, in Hopkinton, Mass., in 2010. Dr. Gaan, who joined the practice shortly after her 2009 graduation from Illinois College of Optometry, says that having an understanding



Dr. Gaan says she appreciates her employer’s flexibility that allows her to continue to work and spend time with her daughter.

boss made work and family balance much easier. “After my baby was born, Dr. D’Amiano adjusted my schedule to fit daycare hours and offered me different options as far as days and hours. Changing to an earlier schedule allowed me to be home to take care of my daughter before she went to bed. That makes a big difference in the quality of my life and the quality of my work. In fact, it drives me to work harder because she was so accommodating.”

Dr. Gaan works five days a week, splitting her time between

the two locations. As a result of the flexibility and the ability to focus on her particular interest of corneal refractive therapy, Dr. Gaan says that she would describe her current professional situation as ideal. “I have an amazing work environment doing what I have always dreamed of, and I have great flexibility for having a family.” **WO**

Patchwork of Experiences

“Optometry has been good to me. As a new grad, I could not find a suitable position in private practice, so I started by practicing piecemeal in various settings, and that has turned out to be invaluable experience that prepared me for opening my own place.”—*Private practice owner*

“Mobility is easier in corporate practice; it’s very difficult when you have opened a practice or bought in to a practice. I’ve done all three, and financially it’s difficult to start over and over.”—*Employed OD*

Corporate Setting Lets Doctor Focus on What's Important to Her

Lynda Enemuoh, OD, was inspired to pursue a career in optometry at an early age, following ocular surgery to correct a lazy eye. At the age of 7, Dr. Enemuoh says, "I was an inquisitive child, and my doctor explained all of the equipment and treatment to me. From that point, I never lost that dream to become an optometrist."



Dr. Enemuoh

It was important to find a setting where she could focus on personalized care and also enjoy flexibility to spend

time with her family. An opening in the Beaver Dam, Wis., Walmart store was a perfect match. "The previous doctor had built up a patient base but then was gone for six months before I arrived," Dr. Enemuoh explains.

Many patients came back when they saw a sign introducing Dr. Enemuoh, and she earned their trust and loyalty with her dedication to individualized patient care. She uses educational materials such as brochures and posters to illustrate her message, and she customizes each exam room conversation, addressing concerns, careers and hobbies as well as progress of any ocular diseases. Dr. Enemuoh emphasizes the importance of UV protection with every patient.

Dr. Enemuoh spends four days a week in the Beaver Dam store, one day a week at the Janesville Walmart store, 75 miles away, and also frequently leases space at a private practice in Madison as an independent contractor. Even with all of these ventures, she still has time for family. "I can cut a day short to attend my son's orchestra concert or my daughter's track meet," she says. "I have the freedom to practice the way I want to so I can grow and improve." **WO**

Money Worries

"Flexibility in hours is greatly limited by my monthly student loan repayment. I thought I could work part time as a mother, but can't due to loans."—Employed OD

"Medicare meaningful use requirements have taken the joy out of my practice. I take home two-to-four hours of electronic health records charting a night to finish the patients I have seen that day, and even with that, I see 30 percent fewer patients a day, so my revenue has plummeted."—Private practice owner

The Reward of Responsibility Is Maximum Flexibility

For Jennifer L. Branning, OD, the best setting for balancing career and family is private practice. A corporate environment is typically more structured in work scheduling, while a private practice tends to allow more leeway in finding the time to do both, she says. That means being able to attend school events or take your kids to appointments or lessons—the kinds of things that working parents often struggle to do. "It's all about the flexibility," she says, "and having the ability to make your schedule in a way that suits you."



Dr. Branning

In 1991 she opened her own practice, West Shore Eye Care, in Ludlington, Mich. Ownership meant she really could arrange her daily workload the way she wanted to. She and her husband, **Mark**, have two children, now both in their 20s. When they were in school, she took every Monday off to organize the family's week and deal with household tasks. On Thursdays she would go to work a few hours later and stay open longer, giving herself time at home and giving her patients the option of evening appointments. "It gave me a couple of hours to regroup and go through the school paperwork that came home in backpacks, and then we'd make it through the end of the week and start all over again."

She had another advantage because her husband was a school teacher and had summers off, which made life easier for family tasks. But as a career choice, optometry has advantages no matter the work setting. Optometry "is much more appointment-oriented," she says, so it was rare for her to have to respond to patient emergencies or other unexpected demands.

She also thinks that her experience in keeping up with work and home tasks "allowed me to be more of a compassionate doctor." Realizing that parents and others are trying to juggle multiple tasks, she gladly helps

them do so, by dropping off newly repaired eyeglasses at patients' homes on her way home, for example, or giving patients the option of rescheduling procedures like a dilation.

Dr. Branning says that in the years that she's owned a practice, she has had a few opportunities to sell it or to go work for another practice, but she decided not to. "I wanted to keep the decisions mine," she says. There's a trade-off, because the demands of running a practice are high. "Not everybody wants that. But by taking the responsibility and making the effort, it gives you more flexibility in your home life," she says. **WO**

Struck Gold Early

"I have stayed in my 'first' job because it became flexible when I needed it to be. A large multioffice group medical practice allows me to either increase or decrease my hours to meet my needs."—Employed OD with 15+ years of experience

"From my experience, my career has been very flexible with an understanding boss. I just had a baby, and in my contract renewal, it allows me to increase my work days as I see fit. Right now, I am working one day a week, and my baby is 7 weeks old."—OD employed in private practice

"Working as an employee for an MD has been very flexible with hours since I have no ownership status. Therefore, there are few obligations beyond seeing patients, so it's very helpful with being a mom of two kids."—Employed OD

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Reyna Hernandez, OD

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Be on the Lookout for the Next New Thing

Reyna Hernandez, OD, of Garland, Texas, says that her patients are as excited as she is about what's new in eye care. "People just love new things. Think about a brand new car. The look, the smell, everything about it is wonderful." Why not bring that same kind of enthusiasm to the practice?

She looks for and embraces the new technologies, processes, and products that will work in her practice. "Every time we see a new product, I want to play with it," she says. In doing so, she can determine if it's going to be a good match for her practice. "I make that decision based on two considerations: whether it will help patients and if it will be financially feasible," she says. With an equipment purchase, the second part of the equation takes on considerable weight. An OCT, Optos technology, or even a new line of frames requires an investment with a decent return. However, some of that calculation is based on soft numbers. "For us, it's all about customer service. When patients return to our office every year, they are not coming just to have an eye exam. They want to know what the latest technology is – and we always have it," she says. But some additions have no significant acquisition cost, which means that the decision weighs more heavily on how much patients will benefit from it. "There are some products that you don't have to invest in financially, but they can increase your compensation. AIR OPTIX[®] COLORS contact lenses are an example. Antireflective lenses and Transitions[®] lenses are others. You don't have to invest, you just have to know the strategy."

The strategy, she says, starts with her own enthusiasm. "I can bring that enthusiasm to the staff. Then the staff brings it to the patient." She recommends relying on vendor representatives to help staff learn how to present new products to maximize the interest. The Vision Source[®] connection is a huge help, she says. "Vision Source[®] often gets priority when it comes to new product launches.

This idea extends beyond products to ideas for practice efficiency and management. She relies on her Vision Source[®] network of colleagues heavily for new ideas. "With Vision Source[®], I feel that as doctors – we're completely spoiled. We get priority with so many new product launches because manufacturers want to bring their new products to us first," she says.

Not only do Vision Source[®] doctors become early adapters, they also share their knowledge about these new products. "If I know a colleague who has a product in his or her office, I'll call that person before I invest time and money in the product. Or I'll call to learn something new. For example, Dr. Mario Gutierrez in San Antonio has a heavily Hispanic patient demographic, like mine. But he was doing wonderfully with daily disposable contact lenses and I wasn't. So I called him to get some ideas. There's a real comfort in knowing that I can call people like him, Dr. Moes Nasser and Dr. Wiley Curtis, and they're going to pick up the phone and talk to me."

The monthly meetings of her regional Vision Source[®] group of doctors, as well as The Exchange[®], are other sources for great ideas. "I write everything down, but I can't implement them all when I get back. So I look for the most important three-to-five things that I can start right away. Then I make other projects for the rest of the year." She frequently refers back to her notes from these meetings for inspiration for something new to try. "I love going to The Exchange[®] and just sitting at different tables, hearing what doctors from around the country are doing. Even during happy hour, you can get tips on practice management," she says.

When Vision Source[®] meetings are close by, such as a Practices of Distinction session or when The Exchange[®] was held in Texas, Dr. Hernandez brings her entire staff. Even when they're half-way across the country, she'll take her office manager and one other key staff member. "They come back with their own lists of new ideas to try," she says.



LISTING HER PRIORITIES

Dr. Reyna Hernandez had a to-do list to implement right after her return from The Exchange[®].

- AIR OPTIX[®] COLORS contact lenses: Dr. Hernandez and her staff determined that the practice could be very successful with these lenses if all staff members and the doctors promoted them.
- Fresh Day[™] daily disposable lenses: "This was an easy lens to present to our population. We knew we had to make the commitment to promote this Vision Source[®] brand."
- New marketing strategies: Dr. Hernandez and the practice staff learned more about using their electronic medical records system for marketing, as well as using the office Facebook page to promote products. They created a marketing calendar, designating open house-type events for the whole year, and gave themselves plenty of time for advertising.

A TIME FOR KIDS

Dr. Reyna Hernandez recently brought on an associate, Ruby Rodriguez, OD, a pediatric specialist. To encourage families with children – yet keep some order in the reception area – the practice has designed Tuesdays and Thursdays as designated pediatric clinic days. Most parents are happy to have their children come in on days when the practice is particularly kid-focused.

"We have done a lot of promoting among the MDs. Once a month, Dr. Rodriguez will bring an awareness basket to the doctors' offices, and two weeks later, I'll do a followup visit. For new MD offices, we'll provide lunch for their staff," Dr. Hernandez says. The strategy works. "They know us, they have our cell phone numbers, and they're confident about sending their young patients to us."



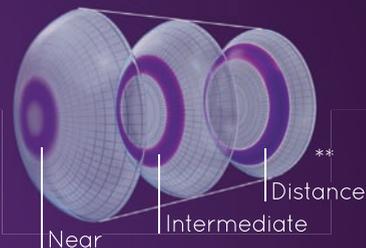
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References: 1. Based on third-party industry report, 12 months ending March 2014, Alcon data on file. 2. Eiden SB, Davis R, Bergenske P. Prospective study of lotrafilcon B lenses comparing 2 versus 4 weeks of wear for objective and subjective measures of health, comfort and vision. *Eye & Contact Lens*. 2013;39(4):290-294.

See product instructions for complete wear, care, and safety information.

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Women in the NEWS

◆ **Valerie Foytik, OD**, of Virginia Beach, was honored with the Vanguard of the Year award by the Virginia Optometric Association.



Dr. Foytik



Dr. Jasper

◆ **April Jasper, OD, FAAO**, of West Palm Beach, became vice president of the Florida Optometric Association.

◆ The new second vice president for the Massachusetts Society of Optometrists is **Gail Marchetto, OD**, of Boston.



Dr. Marchetto



Dr. Theobald

◆ At its annual fall meeting, the Minnesota Optometric Association presented **Teresa Theobald, OD**, of Duluth, with its Optometrist of the Year award.

◆ Several women recently received awards and stepped into new leadership positions

These ODs have recently been awarded, acknowledged or recognized in their communities or by organizations

with the Colorado Optometric Association (COA). **Tara DeRose, OD**, of Littleton, became



Dr. DeRose



Dr. Chaney

president of the COA, and **Michelle Chaney, OD**, of Fort Collins, became president-elect and was



Dr. Loomis

Dr. Ellinger

also the recipient of the Optometrist of the Year award. **Zoey Loomis,**

OD, of Fort Morgan, was recognized as the Keyperson of the Year. **Donna Ellinger, OD**, of Wheat Ridge, received the Distinguished Service award.



Dr. Brenne Heinke

◆ **Marilyn Brenne Heinke, OD**, of Seymour, was named the 2014 Optometrist of the Year by the Wisconsin Optometric Association. **Tessa Sokol, OD**, of Madison, received the Young Optometrist of the Year award.



Dr. Sokol

◆ **Karen Heaston-Helms, OD**, of Richland,



Dr. Heaston-Helms

was awarded Young OD of the Year award by the Optometric Physicians of Washington. **WO**

Patients Want Doctor's Recommendation on Beauty Products

Bridgitte Shen Lee, OD, of Houston, sympathizes with women with thin eyelashes. "I have typical Asian eyelashes—short and sparse. In fact, I barely have any bottom eyelashes," she says. She had tried every product available—and while some worked better than others, they had various side effects from allergic pink eyelids to unattractive stringy eyelash discharges. Then she tried



Dr. Shen Lee

Zoria® Boost™ Lash Intensifying Serum from OCuSOFT. "I've been so excited. On my right eye, I actually have lashes on the bottom that I can put mascara on, and my left bottom eyelashes are coming in. The top lashes are longer and thicker, too," she says.

Dr. Shen Lee says that between the point-of-purchase materials that the practice has on display—including a Zoria® poster on the inside of the exam room doors—and the enthusiasm that her female staff has for the lash-enhancing serum, the combination packs of the serum and Zoria® Boost™ Mascara are selling quickly—usually at least one or more per day. She spiffs the staff on sales of combo packs, too. The products are available without a prescription and can be purchased through an eye care professional's office and various online sources.

It's a message that Dr. Shen Lee likes to take to other ODs. She runs a



Zoria® Boost™ serum

program that offers CE in China each summer (itravelce.com). "This summer, we were in an oxygen lounge in Tibet, 15,000 feet above sea level, having CE," she says. "And I was answering questions from the group of male ODs—there was one other woman—about Zoria. They wanted to know how we promote it and how they could incorporate it."

Men can certainly do a brisk business with this product, too, she says, but being a female OD is an advantage. "I have a male business partner—and when patients ask him questions, he tends to pull me in or I talk to the patient in the hallway." Often, that conversation includes Dr. Shen Lee pointing excitedly to her own eyelashes. It's a quick conversation, she says. She can hand patients a brochure, and most just want to know if it's safe. Hearing that she and the staff members use it is enough of a testimonial to encourage them to try it.

While she is called in to confer with her partner's patients only a few times per month, she says that she gets questions from patients about various eye beauty products daily. "I get beauty-related questions every day. That's one reason why I book 45 minutes per exam," she says. She wants to have time to address all issues that patients are asking about. "As our practice has become more established, our patients are aging, too. We find ourselves talking more about vision changes that come with aging and their solutions." **WO**

As New Practice Owner, Doctor Wants to Remove Obstacles to Purchases

Leena Adhikari, OD, purchased Crystal Vision Optometry in Rancho Cucamonga, Calif., about 18 months ago. The 1,000-square-foot, seven-year-old practice needed a little sprucing up, so she painted and updated the furnishings and added a little children's area. She also hung chandeliers in the front reception area—bringing the crystal right into Crystal Vision—and making the dispensary seem more boutique-like.

Dr. Adhikari says that she feels lucky because the practice already had a great reputation, so she has been working to enhance it, especially with school nurses and parents. She is building the pediatric component of the practice. "I have a 9-year-old, so I've visited his elementary school, and there are three elementary schools on my street here. I've introduced myself to those nurses, and my name is on the district list of practitioners to whom the schools refer," she says.

A number of these young patients are excellent candidates for orthokeratology, she says. But the treatment option is not within financial reach for all of her patients. That's when she or her



Dr. Adhikari

staff will suggest the option of paying with the Care Credit credit card, a service that the former owner brought into the practice. Dr. Adhikari has taken it to a higher level, actively promoting it.

"As a new practice owner, maximizing patient revenue is important to the business. But it's also important that patients are able to get what they want and need."

Her young orthokeratology patients are an example of that. "Parents want to be able to do this for their children. There are many advantages, especially for active kids. But the \$1,000+ fee can be daunting," she says. "I'm a doctor who likes to

give patient a lot of options. I explain what they can do with orthokeratology, contact lenses, eyeglasses or second pairs. And often, when I tell them that the staff can help them fill out an application that may provide an interest-free financing option, their eyes light up."

It's more convenient for the patients, she says, if they can make their purchases at one time, too. "Everyone is so busy these days. I tell patients, 'You're here now. Sure, we can write down what frame you want, but I can't



Dr. Adhikari updated the dispensary and added crystal chandeliers for a boutique look.

guarantee that we'll still have it in stock in a few months. If you qualify, special financing options are available. Would you like more information about that?"

That's often when **Barbara Figueroa**, office manager, takes over. "If the doctor hasn't already brought it up in the exam room, we do it. In fact, we often ask patients when they come in if they'd like to fill out the application while they're waiting so that it can help them cover any balance due today," says Figueroa.

As a result, the practice staff processes a Care Credit card transaction every day. "We tell patients that they can use this card with the local veterinarian or dentist, too. Figueroa recalls how grateful a young woman was recently. "She works part time at a restaurant and didn't know if she could afford eyeglasses and contact lenses. But she was approved and was thrilled. She bought an annual supply of contact lenses, eyeglasses and sunglasses." Because she earned some in-office discounts, she got an even bigger bang for her buck. **WO**

Exploring the Gender Pay Gap Issue rises in the news recently

There have been several articles recently on the pay gap for women, in optometry and other professions. According to Jobson Optical Research's 2014 ECP Compensation Study, male optometrists reported higher compensations than their female counterparts. Male optometrists who are employees reported an average compensation of \$114,078 compared to \$100,536 for females. The 2013 compensation report also revealed a pay gap by gender for ODs who are owners or partners: \$147,374 for males and \$137,171 for females. In an article in *Review of Optometric Business*, editors **Mark Wright, OD, FCOVD**, and **Carole Burns, OD, FCOVD**, analyzed what a difference that could make over the course of a 40-year career as a practice owner.

"For the males, the employer OD will make \$1.3 million more than the employee. That's

simply taking the difference times 40 years (\$33,269 x 40 = \$1,331,840). The female OD employer makes \$1,465,400 more than the female employee (\$36,635 x 40) over 40 years.

"The difference in payment between the employer and the employee does not take into account what could be done with the money. Investing the difference in a modest investment using the principle of the time value of money turns a great investment strategy into an amazing difference," they wrote.

Also, an Oct. 8, 2014, article in the *The New York Times*, "Men Dominate List of Doctors Receiving Largest Payments From Drug Companies," looked at a federal government analysis of money paid out by drug and medi-



Dr. Wright and Dr. Burns

cal device companies last year. "More than 90 percent of the 300 doctors who collected the most money for speaking and consulting are men, based on information from the new government database, called Open Payments," the article said.

Pay equity continues to be an important and hot topic. According to Gallup poll results released in October, nearly four-in-10 Americans say that equal pay is the top issue facing working women in the U.S. today, a sentiment shared by roughly the same proportions of men, women and working women. Forty-two percent of working women, 41 percent of all women and 37 percent of men called equal pay/fair pay the top issue. Equal opportunity for promotion/gender discrimination was cited as the top issue by 20 percent of all Americans polled. **WO**

OD Makes Children's Vision and Education Top Priorities

Parents "almost always caught off-guard" by children's vision development issues, she says

One reason the InfantSEE program is special, says **Mary Gregory, OD**, is that it answers questions about healthy infant development that many new parents don't

know they should ask. "They have no idea what we can determine in an eye exam," she says.

Dr. Gregory is a leader in the InfantSEE program, which provides no-cost eye exams for infants in their first year. The program was launched in 2005 by the Optometry Cares—The American Optometric Association (AOA) Foundation with the goals of providing early detection of eye and vision problems and encouraging parents to include regular eye exams in their child's health care.

Her passion for InfantSEE efforts has helped make Minnesota among the top states involved in the program. At her practice, Uptown Eye Care, in Monticello, Minn., she conducted 82 of the 641 InfantSEE exams done statewide in 2013, and this year, by the end of the summer, she had done about 100 exams. Dr. Gregory also has designed InfantSEE recruitment programs for the Minnesota Optometric Association and created a kit for ODs to use in their offices to promote early childhood care.

She was honored in June at Optometry's Meeting® in Philadelphia, where she received the Dr. W. David Sullins, Jr. InfantSEE Award for outstanding public service with the InfantSEE program. "I feel so fortunate to have the practice that I have and to make such a difference in children's lives," she says.

Comprehensive eye exams in infants and children are essential because some vision problems won't show up in well-baby checkups. According to InfantSEE, one-in-20,000 babies has retinoblastoma, one in 25 will develop strabismus, and one in 30 will develop amblyopia. "I find a possible concern or potential problem in about one-in-10 babies," she says. Parents are almost always caught off-guard. "They have no idea about vision development," she says.

She talks frequently to parents' groups and other organizations in her area about the need for infant exams. She's also developed a connection with one of the main pediatricians

in Monticello, who encourages his patients to get the infant eye exams when they come in for their six-month well-baby visit. "I've spent years volunteering to talk to anybody who will listen

"Parents think, 'He's a boy, and he's just like that.' They get mislabeled so easily as Attention Deficit Disorder or dyslexia, and often it's a visual issue. It doesn't have to be a lifelong problem."



Dr. Gregory received an award for public service at Optometry's Meeting®. She has helped promote the InfantSEE program in her own practice and by developing information kits for the Minnesota Optometric Association.

about how important this is, and it's really paid off," she says.

Even if a child has no vision issues, the exams "are a great opportunity to educate parents about the next developmental steps and what to watch for," she says. Parents of children who undergo the exams often become her best advertising. "It's the parents who are really passionate about spreading the word about this," she says. "It's not uncommon for me to have a parent who sends in about 10 more parents in the next six months."

As children enter school, vision problems are sometimes the cause of other problems, such as reading comprehension or behavioral issues. "They just don't think that vision could be an issue with a behavior in the classroom or with a learning disability—especially with boys," she says.



Dr. Gregory is a Minnesota native and a graduate of the University of Missouri—St. Louis, College of Optometry. She's been at Uptown Eye Care since 2002 and is now co-owner of the Vision Source® member practice. She also has a second location, the Omni Vision & Learning Center, also in Monticello. The focus there is on both pediatric care and providing rehabilitative therapy for children and adults who have had a serious brain injury.

There's a certain overlap between children with vision problems and adults with brain injuries, she says. "A brain injury can revert your visual skills back to like a child of 4 or 5 years old," she says. Patients at the Omni Vision location receive rehabilitative therapy and also tutoring that includes visual learning, "which is something you don't always get in the classroom," she says.

Dr. Gregory encourages other ODs to get involved in the InfantSEE program. "Talk to day-care providers and preschool teachers, telling them this is a free public service you're offering," she says. ODs unfamiliar with infant exams can benefit from shadowing a more experienced OD. "The more exams you do, the more comfortable you'll be with talking about it and educating people. Word will spread quickly." **WO**

Optometry Among Best-paying Jobs for Women

Leaving aside the question of pay equity (see story on page 16), the American Optometric Association (AOA) reports that a study by the organization PayScale ranked optometry in the 10th spot on a list of 20 best-paying jobs for women.

The AOA article said, "PayScale only analyzed positions where females make up at

least 40 percent of the workforce. The median pay was calculated using the total cash compensation for female workers with 5-to-8 years of experience. According to data used for this report, the optometric workforce is split evenly among men and women, and female ODs earn [a] median pay of \$95,900." OB/GYNs top the list at a median annual pay of \$195,600. **WO**

Voices

Voices

Voices

Voices

Voices

Learning From My Mistakes

By **Lauretta Justin, OD, Orlando, Fla.**

Anyone who aspires to open a private practice should know that it's an exciting and a challenging adventure but also rewarding. I've just celebrated my eighth year in the practice that I started from scratch. I could write a book about how unprepared I was. To begin with, I had my third baby shortly after I opened, and I was not only facing the challenges of starting a practice but also of being a mother to three boys.

While I was confident about my clinical skills, I didn't know much about owning a business. Because I did not have a cohesive marketing strategy, I only had one patient on the schedule day one. I also didn't know how to manage employees, and the lessons about hiring and firing correctly were the toughest to learn.

I opened about a year before the recession struck Florida, and my



Dr. Justin

business suffered. However, the day I realized that the only person holding me back was me, everything changed. I went to work...I defined a clear mission, vision and purpose for my life and business. I decided on a specific target market and the method in which to best reach it. I enrolled the support of coaches, mentors and counselors who all helped me along the way.

The practice has grown since then, but most importantly, I have grown. Along the way, I learned how to take control of my life and my business. I'm working a schedule that's just right for me: three half days and two full days. That's an ideal schedule that lets me spend time with my family and still be available to my patients five days a week in my Vision Source® practice.

If you are thinking about embarking on this adventure, don't hesitate. It will change your life but you will also change many lives. I am here to help! **WO**

With Spouse's Reassignment, Career Search Starts Again

By **Michelle Durham, OD, Waianae, Hawaii**

In 2001, when I started my first year of optometry school, my husband was completing his first year in the U.S. Air Force. For four years during school, we were sometimes able to live together, depending on where he was stationed. Once I graduated, many new doors were opened. We relocate every three years, so my outgoing personality combined with the flexibility optometry offers makes it easier to maintain my career. When my husband was assigned to RAF England, I followed and volunteered as a Red Cross optometrist and worked where I could. My husband travels a lot and frequently deploys. Optometry has allowed me the flexibility I need as a military spouse with children.

Since returning to the U.S., we have lived in two different states and are now in Hawaii. I apply for a state license every time we move to a new state. Each state is different in its requirements for obtaining a license. In Hawaii, in addition to applications, a 100-hour preceptorship following an ophthalmologist is required. When we get to a new assignment, I find job openings by delivering my C.V. in person to every optometry practice I can find. Contacting the state associations has



Dr. Durham

also been helpful. When looking for a job opportunity, I am upfront in explaining that I am part of a military family and the demands of that life.

I practiced in several different office settings from commercial to private practice, single to multiple doctors during my career. I enjoy smaller, multidocor practices where we can bounce ideas off of each other. I found that type of setting where we live on Oahu at a practice with three other doctors in Waianae. Professionally and personally, I have changed and grown as a result of each of the places we have lived and worked. With Hawaii's isolated population, I have been fortunate enough to diagnose and treat certain disease states that I may never see again in my career. Each of these learning experiences makes me even more confident in diagnosing my next patient.

Next spring, we will receive our next location assignment, pack up our family and move to a new place where we can experience a new culture. I will get my new license. It's challenging and not always easy, but I have always managed to find a way to make it work. Optometry allows me the flexibility I need to maintain an even keel on my career path in our lives in the U.S. Air Force. **WO**

Let Your Voice Be Heard

Are you interested in sharing your views or experience in this space? *Women In Optometry* invites submissions to Voices for each issue. Contact Editor Marjolijn Bijlefeld at mbijlefeld@jobson.com for more information.



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