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pages 24-27





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Xiidra helped provide symptom relief from eye dryness in some patients at week 2—and a measurable reduction in signs of inferior corneal staining in just 12 weeks. Consider Xiidra to help your Dry Eye patients find the relief they've been waiting for.

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Four randomized, double-masked, 12-week trials evaluated the efficacy and safety of Xiidra versus vehicle as assessed by improvement in the signs (measured by Inferior Corneal Staining Score) and symptoms (measured by Eye Dryness Score) of Dry Eye Disease (N=2133).

XIIDRA

ST CHOICE

When artificial tears aren't enough, consider prescribing Xiidra for symptomatic Dry Eye patients.

Indication

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.

Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

For additional safety information, see accompanying Brief Summary of Safety Information and Full Prescribing Information on Xiidra-ECP.com.



BRIEF SUMMARY:

Consult the Full Prescribing Information for complete product information.

INDICATIONS AND USAGE

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED).

DOSAGE AND ADMINISTRATION

Instill one drop of Xiidra twice daily (approximately 12 hours apart) into each eye using a single use container. Discard the single use container immediately after using in each eye. Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In five clinical studies of dry eye disease conducted with lifitegrast ophthalmic solution, 1401 patients received at least 1 dose of lifitegrast (1287 of which received lifitegrast 5%). The majority of patients (84%) had ≤ 3 months of treatment exposure. 170 patients were exposed to lifitegrast for approximately 12 months. The majority of the treated patients were female (77%). The most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

USE IN SPECIFIC POPULATIONS

Pregnancy

There are no available data on Xiidra use in pregnant women to inform any drug associated risks. Intravenous (IV) administration of lifitegrast to pregnant rats, from pre-mating through gestation day 17, did not produce teratogenicity at clinically relevant systemic exposures. Intravenous administration of lifitegrast to pregnant rabbits during organogenesis produced an increased incidence of omphalocele at the lowest dose tested, 3 mg/kg/day (400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD], based on the area under the curve [AUC] level). Since human systemic exposure to lifitegrast following ocular administration of Xiidra at the RHOD is low, the applicability of animal findings to the risk of Xiidra use in humans during pregnancy is unclear.

Animal Data

Lifitegrast administered daily by intravenous (IV) injection to rats, from pre-mating through gestation day 17, caused an increase in mean preimplantation loss and an increased incidence of several minor skeletal anomalies at 30 mg/kg/day, representing 5,400-fold the human plasma exposure at the RHOD of Xiidra, based on AUC. No teratogenicity was observed in the rat at 10 mg/kg/day (460-fold the human plasma exposure at the RHOD, based on AUC). In the rabbit, an increased incidence of omphalocele was observed at the lowest dose tested, 3 mg/kg/day (400-fold the human plasma exposure at the RHOD, based on AUC), when administered by IV injection daily from gestation days 7 through 19. A fetal No Observed Adverse Effect Level (NOAEL) was not identified in the rabbit.

Lactation

There are no data on the presence of lifitegrast in human milk, the effects on the breastfed infant, or the effects on milk production. However, systemic exposure to lifitegrast from ocular administration is low. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for Xiidra and any potential adverse effects on the breastfed child from Xiidra.

Pediatric Use

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

Geriatric Use

No overall differences in safety or effectiveness have been observed between elderly and younger adult patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Animal studies have not been conducted to determine the carcinogenic potential of lifitegrast.

Mutagenesis: Lifitegrast was not mutagenic in the *in vitro* Ames assay. Lifitegrast was not clastogenic in the *in vivo* mouse micronucleus assay. In an *in vitro* chromosomal aberration assay using mammalian cells (Chinese hamster ovary cells), lifitegrast was positive at the highest concentration tested, without metabolic activation.

Impairment of fertility: Lifitegrast administered at intravenous (IV) doses of up to 30 mg/kg/day (5400-fold the human plasma exposure at the recommended human ophthalmic dose (RHOD) of lifitegrast ophthalmic solution, 5%) had no effect on fertility and reproductive performance in male and female treated rats.



Manufactured for: Shire US Inc., 300 Shire Way, Lexington, MA 02421.

For more information, go to www.Xiidra.com or call 1-800-828-2088.

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US Patents: 8367701; 9353088; 7314938; 7745460; 7790743; 7928122; 9216174; 8168655; 8084047; 8592450; 9085553; 8927574; 9447077; 9353088 and pending patent applications.

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PUBLISHER:
Al Greco

MANAGING EDITOR:
Marjolijn Bijlefeld
mbijlefeld@jobson.com
540-899-1761

PROFESSIONAL CO-EDITORS:
Katie Gilbert-Spear, OD, MPH, and
April Jasper, OD, FFAO

ASSOCIATE EDITOR:
Maggie Biunno

CREATIVE DIRECTOR:
Stephanie Kloos Donoghue

GRAPHIC DESIGNER:
Barbara W. Gallois

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womeninoptometry.com

Epic TALENT

By Marjolijn Bijlefeld, Director of Custom Publications
Practice Advancement Associates

At the second annual Theia Awards for Excellence, the spotlight was, deservedly, on the three winners: **Millicent L. Knight, OD, FFAO, FAARM**, of Jacksonville, Florida, who was honored with the Dr. D. Elva Cooper Award for Leadership; **Christine W. Sindt, OD, FFAO**, from the University of Iowa, who was honored with the Dr. Gertrude Stanton Award for Innovation; and **Etty Bitton, OD, MSc, FFAO**, of the University of Montreal, who received the Dr. Mae Booth-Jones Award for Mentorship.

Their accomplishments are extraordinary. Dr. Knight has been a leader in and advocate for the profession in every role she's taken on,



Winners of the second annual Theia Awards for Excellence (l-r): Dr. Sindt, Dr. Knight and Dr. Bitton

from student to private practitioner to her current role as vice president of professional affairs for Johnson & Johnson Vision, North America. Dr. Sindt created a system to make custom contact lenses for patients who have little hope. She developed an impression compound that is safe for use on the eye and then found a manufacturing partner and ushered through FDA approval a system in which a virtual eye model is made using the impression, from which a customized contact lens is created. As

an educator, Dr. Bitton has inspired her current and former students to reach their highest goals.

These women ODs clearly belong in a *Women In Optometry* hall of fame. They join the 2016 Theia Award winners, several of whom attended this year's event and even presented the awards. Yet they were not the only bright lights in the hall. Indeed, the room was filled with women ODs who have or are on the road to accomplishing a measure of greatness.

More than 100 people submitted nominations for women in leadership, mentorship and innovation—and it was amazing to read the heartfelt tributes that many nominators shared. The WO advisory panel had a serious challenge in bringing this to a short list and ultimately voting for the winners. We recognized many of the names as we've told some of these stories in the pages of WO before. We will have a chance to introduce others to WO readers in the coming year.

One point was made crystal clear: there is no shortage of dedicated, inspiring and good-hearted women in optometry. | WO |



Marjolijn Bijlefeld

Marjolijn Bijlefeld for Johnson & Johnson Vision, North America. Dr. Sindt created a system to make custom contact lenses for patients who have little hope. She developed an impression compound that is safe for use on the eye and then found a manufacturing partner and ushered through FDA approval a system in which a virtual eye model is made using the impression,



Winners receive a Theia plaque.

Marjolijn Bijlefeld

Marjolijn Bijlefeld

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What Your WORD CLOUD Says About You

By April Jasper, OD, FFAO, and Katie Gilbert-Spear, OD, MPH,
W/O Professional Co-editors and Co-founders, Distinctive Strategies
and Leadership



(l-r): Dr. Jasper and Dr. Gilbert-Spear

Here's a simple and fun exercise to see what kind of impressions your practice is making on patients. It'll only take a few minutes, but it will provide you with a great, visual representation. Create a Word document and copy and paste all online patient reviews your practice has received. You can limit it to the past six months or a shorter time period if you're receiving a lot of these. Drop the reviewers' names from this document.

Then go a site that creates word clouds. (Wordle.net is free and easy to use, but there are others.)

Copy all the text from your combined reviews into the text box and push the button to create the word cloud. Words in a word cloud become larger as they're used more often.

Share the resulting graphic with the staff and see what words pop. What's the impression? If "negative" words like *wait*, *slow*, *rude* or *limited* show up large, that's a problem. On the other hand, if positive words like *beautiful*, *friendly*, *professional* or *caring* show up large, you're doing something very well.

We ran this word cloud for

Advanced Eyecare Specialists [Dr. Jasper's practice] recently. The results

“Your Wordle should reflect the patient experience more than the name.”

were not what we hoped. Can you see why? At first blush, there are lots of positive, large words. But what's the biggest of all? JASPER. That means that in the patients' eyes, the practice is all about the doctor. Patients should come in and have a wonderful experience whether they see the primary doctor or another doctor. In other words, your Wordle should reflect the patient experience more than your name.

In this case, the word cloud reinforced the assessment that patients have an excellent impression of the office. As great as it might be for the ego to have your name pop up large, the exercise shows that for a sustainable future of a practice, a doctor will want to shift some of the focus away from herself.

So see what your word cloud says about you. Print a large version to share at an office meeting. What's making big impressions on patients? The word cloud is an amazing way to illustrate this, plus it's fun. You can even consider running a new word cloud a month or so after some customer service initiative to see if patient perceptions and words have shifted in the way you hoped to see. | WO |



Dr. Jasper's word cloud was created from her office reviews.



See a New Perspective on How to Grow Per-patient Volume

Increase Your Capture Rate

Tracking your capture rate and the sale of multiple pairs in your practice are two key metrics that can contribute to your bottom line immediately and effectively — without raising your prices or seeing more patients.

You can determine your capture rate by dividing the number of eyeglasses sold in your practice by the number of eye exams conducted during the same time frame. You can do this weekly or even daily.

Ideally your capture rate should be at least 80%, but high-performing practices can achieve numbers that exceed 90% to 100%.[^] Once you have determined your capture rate there are two primary ways to increase it — fulfill more individual prescriptions and increase sales of multiple pairs.

Here are four things you can do to help grow your per-patient volume.

- 1 Allow time for patients to shop for frames.**
On average patients budget about an hour for an optical visit.[^] Be sure they have enough time to shop for frames by showing them to the dispensary within 40 minutes of their arrival.
- 2 Engage patients with an attractive selection.**
Offer an enticing selection of eyewear of varying price points. Be sure to display your designer frames throughout the dispensary, not just in one exclusive section. This will give patients a better opportunity to explore the complete range of frame options.
- 3 Educate patients about premium technology.**
Engage with patients promptly and educate them on how premium lens technologies can benefit their individual needs. The more you can demonstrate the value and benefits of various products versus simply telling patients about them — the better.
- 4 Introduce promotional financing options.**
Make patients aware of financing options. When patients understand that they may be able to fit their family's optical care into a monthly budget, they may be more likely to move forward

CareCredit Quick Tips

- ▶ Place FREE CareCredit materials such as easel signs and glass/mirror decals around your dispensary to remind patients of promotional financing opportunities as they look for frames.
- ▶ Use the Eyewear Options Worksheet to help discuss various lens recommendations and itemize an out-of-pocket investment.
- ▶ Knowing the right words to say can mean the difference between patients fulfilling their prescription or walking out the door. Educate your staff on easy ways to introduce a financial solution in a variety of situations with various audio script samples.



CareCredit can help you increase your capture rate.

\$531 is the average out-of-pocket sale (after any potential vision plan benefits) for a patient opening a CareCredit credit card inside an optical practice.*



For additional expert insights on how to increase your capture rate, email visioninfo@carecredit.com to request your FREE Smart Money guide. To order FREE display materials and Eyewear Options Worksheet or to listen to script samples, log onto carecredit.com/pro.

Not yet enrolled? Call 866.853.8432 to get started at no cost.

[^]Use Smart Money to Help Increase Your Capture Rate, 2017.

*Average 2015 1st ticket sales in an optometry practice that accepts CareCredit.

The BEST GIFTS



Several of the members of the *Women In Optometry*[®] professional advisory board shared the gifts that have touched their hearts during the holiday season.

● “One Christmas, when my husband and I were driving to visit family in Alabama, I decided to read aloud a book my aunt had given us, *Christmas Jars*, by Jason Wright. It came out in 2005 and has sparked a new Christmas tradition of collecting coins and bills in a jar and giving it to someone in need. It so touched our hearts that every year our family gives at least one Christmas Jar. One year, we had to enlist help from some folks to deliver a jar; they were so touched by it that they added another \$100.”



Dr. Jasper

—April Jasper, OD, FAAO

● “Last holiday season I gave a “good things jar” to the School of Optometry’s leadership team members. The “good things jar” (Google it for ideas) is a decorated mason jar with slips of paper inside and the instructions to write good things that happened throughout the year so that they could be remembered and celebrated at year’s end. Big and small things, taken collectively, are always worth the look-back so that you can really envision the future.”



Dr. Nichols

—Kelly Nichols, OD, MPH, PhD, FAAO

● “Every year we give gifts to our kids’ teachers, therapist and support team. Last year, instead of buying gifts, we had the boys make personalized ornaments for each person. We also sent thank-you cards to the leaders at each school and agency to congratulate them on hiring such great people. They were all so appreciative. For kids with special needs, good teachers, therapists and support staff are indispensable. This year, the boys want to come up with something on their own. It fills my heart with joy to see my children putting so much effort into showing appreciation and gratitude to others.”



Dr. Justin

—Lauretta Justin, OD

● “I think the best gifts are the ones we give to others. At our offices, we like to give as a group.

One office always gives to a charity for single mothers, and one year we pooled our money to give to a patient of mine, a single mother, who had been diagnosed with a brain tumor right before Christmas. With all that we are blessed with, I think most people feel the same way.”

—Katie Gilbert-Spear, OD, MPH



Dr. Gilbert-Spear

● “One of the most important parts of our job is to listen. One day a dad came in with his school-age son and daughter. He was surly, tired from working two jobs and dreaded dealing with him. Both children needed glasses, and the daughter wanted contact lenses, too. As we were training her, she told my tech that their mom left them six months earlier and her dad was doing the best he could. A couple of weeks later, we held a drawing for patients to win a Thanksgiving dinner. This family wasn’t chosen, but we bought them a turkey dinner and a gift card anyway. When the dad came in, he said, ‘I didn’t sign up for anything.’ And we said, ‘Yes you did—when your family became our patients.’ He started to cry. We all learned a lesson. Sometimes the grouchiest people are hurting inside. It takes giving and caring to bring out their light.”

—Tonya Reynoldson, OD



Dr. Reynoldson

● “In this season of giving, I am thinking most about a special place that needs help. The San Francisco-based LightHouse for the Blind and Visually Impaired has a camp in Napa, California, called Enchanted Hills. It was badly damaged during the recent wildfires. The cabins for campers were destroyed, and site staff lost most of their possessions. The LightHouse organization has launched a dedicated fund to help rebuild the camp, and donations are needed. It is encouraging organizations to plan their next board retreat at Enchanted Hills, using the undamaged Upper Hills Camp’s cabins, meeting rooms and dining areas. That rental income will help. I’m a board member for the LightHouse, and I am inspired by the resilience of the blind community.”

—Jennifer Ong, OD



Dr. Ong



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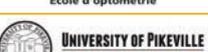
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Women in Class of 2021 is **66%**

The percentage of women entering North American schools and colleges of optometry this fall is down slightly compared to last year's 70 percent. Despite the opening of one new optometry school this year, overall enrollment in the class of 2020 is down slightly compared to the 2019 entering class. | [WO](#) |

School	2017 total	# of women	% of women
 Illinois College of Optometry	147	95	65%
 Indiana University School of Optometry	68	43	63%
 Inter American University of Puerto Rico School of Optometry	61	32	52%
 MCPHS University School of Optometry	63	40	63%
 Michigan College of Optometry, Ferris State University	37	20	54%
 Midwestern University Arizona College of Optometry	56	28	50%
 Midwestern University Chicago College of Optometry	66	44	67%
 New England College of Optometry	127	99	78%
 Northeastern State University Oklahoma College of Optometry	28	14	50%
 Nova Southeastern University College of Optometry	105	63	60%
 The Ohio State University College of Optometry	67	42	63%
 Pacific University College of Optometry	91	44	48%
 Salus University Pennsylvania College of Optometry *not including Scholars Optometry Program	155	114	74%
 Southern California College of Optometry at Marshall B. Ketchum University	104	69	66%
 Southern College of Optometry	136	91	67%
 State University of New York College of Optometry	100	65	65%
 University of Alabama at Birmingham School of Optometry	49	40	82%
 University of California, Berkeley, School of Optometry	67	52	78%
 University of Houston College of Optometry	104	68	65%
 University of the Incarnate Word Rosenberg School of Optometry	69	46	67%
 University of Missouri, St. Louis, College of Optometry	49	28	57%
 University of Montreal School of Optometry	46	43	93%
 University of Pikeville-Kentucky College of Optometry	60	34	57%
 University of Waterloo School of Optometry	90	67	74%
 Western University of Health Sciences' College of Optometry	86	60	70%
TOTAL:	2,031	1,341	66%

*PCO Accelerated Scholars Optometry Program (class of 2020) Total class size: 12. Male: 5, Female: 7
Source: North American schools and colleges of optometry as of September 2018

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One OD's Journey to OPTOMETRY

“I walked into an optometrist’s office one day with an eye infection and walked out with a job.” That’s how **Lauren Fereday, OD, MS**, describes her decision to become an optometrist. “I was a technician and research assistant for an optometry/ophthalmology practice for a few years as an undergrad and worked for that practice full time during graduate school. I loved getting up to go to work every day and thought this would probably be a good fit for me.” Today she’s part of the team at **The Classical Eye in La Jolla, California, and Optique Del Mar in Del Mar.**



Dr. Fereday

After graduating from the Massachusetts College of Pharmacy and Health Sciences University School of Optometry, Dr. Fereday was a summer intern at Essilor of America where she saw how the company’s mission of improving lives by improving sight translates into industry-leading vision solutions. “I loved learning more about products. In school, we don’t spend a lot of

time in the optical, so you don’t really understand the products. Now when I talk to my patients about their vision issues, I know I can recommend something to fix them.”

One product Dr. Fereday is especially enthusiastic about is Essilor’s new Ultimate Lens Package, a combination of Essilor’s most innovative lens technologies, designed to meet each eyeglass wearer’s visual needs with the company’s ultimate in vision, clarity and protection in a single lens. The Ultimate Lens Package includes Varilux®

X Series™, Crizal Sapphire® 360° and Transitions® Signature® VII for progressive lens wearers, and Eyezen+™, Crizal Sapphire 360° UV and Transitions Signature VII for single vision patients.

“I’m really excited about it. If there’s something that I’d recommend to my own family, then I know it’s going to be easy to recommend to patients.”

AN OPPORTUNITY TO HELP STUDENTS

While at Essilor, Dr. Fereday worked on building out the student section of the ECP University website. ECP University provides training for all practice roles and experience levels, and is available to any independent eye care professional. The student site launched in October and will include the following:

- **Get Fit with Essilor:** This lens sampling program allows second-year optometry students to get free samples of either the single vision Ultimate Lens Package or Xperio UV™ polarized prescription sun lenses. “Get Fit is a great opportunity for students to try Essilor products and feel more confident recommending these products to their patients,” Dr. Fereday explains.

- **New England College of Optometry Business Simulator:** This tool lets students see how their business decisions would play out in the real world. It’s administered by the New England College of Optometry and is

available to a number of optometry schools and colleges.

- **Welcome to Practice:** This section contains resources needed for opening a practice including training, equipment, accounting and marketing.

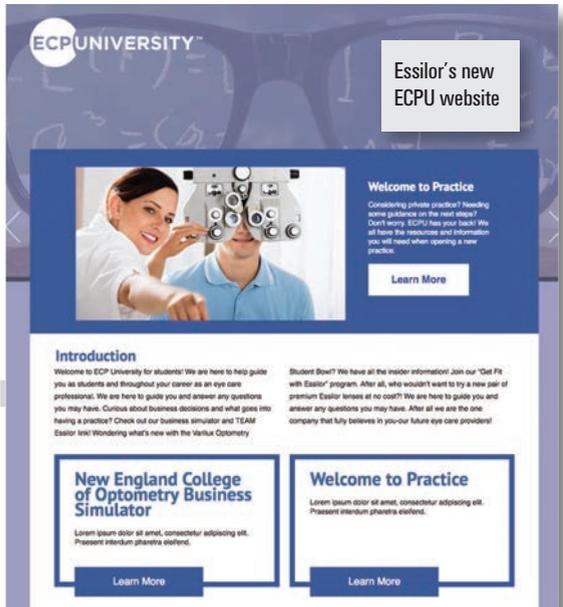
- **Essilor Optometry Student Bowl:** Held annually during Optometry’s Meeting, the Essilor Student Bowl is always a highlight of the event. This site will house all the details about the highly anticipated student competition.

AN INTERNSHIP WITH LONG-LASTING BENEFITS

“My summer internship benefitted me in so many ways,” Dr. Fereday shares. “One huge benefit was the chance to learn about the business side of optometry, since we don’t really learn about that in school. Most students don’t realize that it’s an option to work in the industry. By interning at Essilor, I was able to try something I hadn’t done before, learn about product options to help my patients and learn more about the business. It was also a great networking opportunity.” Dr. Fereday adds that an internship can be especially beneficial for fourth-year students “because you’ll have something to do with your knowledge while waiting for your licensing to come in.” | [WO](#) |

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See more stories about Women in Industry at goo.gl/21D8hn.



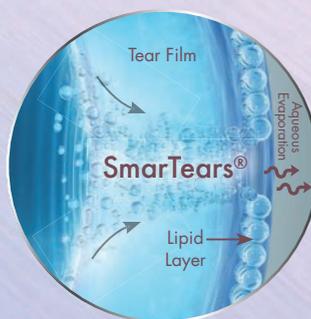
Graduates of Essilor’s Optometry Student Internship program. Back row (l-r): Dr. Lauren Fereday, Sheena Patel, Evan Murray and Luis Rego. Front row (l-r): Dr. Michael Pawlowski, Devon Kennedy and Nicole Akpunku. (not pictured: Dr. Joshua Halm)

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References: 1. Angelini TE, Nixon RM, Dunn AC, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. *Invest Ophthalmol Vis Sci.* 2013;54:E-abstract 500. 2. Pitt WG, Jack DR, Zhao Y, et al. Transport of phospholipid in silicone hydrogel contact lenses. *J Biomater Sci Polym Ed.* 2012;23(1-4):527-541. 3. Greiner JV, Glonek T, Korb DR, et al. Phospholipids in meibomian gland secretion. *Ophthalmic Res.* 1996;28(1):44-49. 4. Shine WE, McCulley JP. Polar lipids in human meibomian gland secretions. *Curr Eyes.* 2003;26(2):89-94. 5. Michaud L, Forcier P. Comparing two different daily disposable lenses for improving discomfort related to contact lens wear. *Cont Lens Anterior Eye.* 2016;39(3):203-209.

Negotiating From a Position of

STRENGTH

Doctor leverages her lessons learned to help corporate ODs

When Naheed Ahmad, OD, completed her optometry degree at the University of Waterloo in Canada, the push to go into an independent private practice was strong. “I joined a great private practice, but it wasn’t the right fit for me. It didn’t click.” It was a challenging time in her life, too. “I thought I’d take a lease for Walmart for a year and figure my life out. As time passed, I realized I really enjoyed practicing this way. I didn’t have to concentrate on the dispensary, which allowed me to concentrate purely on my patients,” she says.

That was 17 years ago, and Dr. Ahmad has operated her independent practices inside Walmart in Roswell and Dunwoody, Georgia, since then. She has taken on the role of not only providing the best patient care possible, but she also has stepped into an advocacy role for corporate-affiliated ODs as president of Energyeyes Association. She has been involved with the group since its founding four years ago.

“We’ve been under-recognized as corporate ODs. We did start out as a group of Walmart-affiliated ODs, but we quickly realized that other doctors who hold a lease or work for a leaseholder have many of the same concerns that we do,” she says. The organization has grown tremendously in its size and scope. It now holds three national meetings a year, one of which

coincides with SECO, which many members attend. “Members receive a free website, CE, courses on billing and coding and networking opportunities,” she says.

CREATING CONNECTIONS

“The growth has been driven by a desire to do our best to help our colleagues get more done,” she says. “Some doctors can feel isolated because they don’t know who to turn to.” The association is there to help any lease-holding OD be more efficient and gain a greater reach by connecting with ODs like her who have been highly successful—and are still learning—in similar settings. “I’m able to set my own schedule. I dilate patients. I can diagnose anything and everything that my colleagues in stand-alone practices can,” she says. She has added a fundus camera and OCT to both of her offices.

Dr. Ahmad has served on professional advisory boards for Walmart for the same reason: she wants to see new independent ODs do well. Now Energyeyes Association is gaining clout. For example, a team of Energyeyes members has been working with vendors of point-of-sale systems for doctors’ offices, as independent ODs with practices in Walmart locations will be purchasing these. “I have spent hours on the phone, and I recently had five phone conference demos and conversations in two days. If I were doing this just for myself, I’d talk to a few friends and try

to make a decision based on that. But there are important considerations, and because we know that these purchases are going to affect thousands of ODs, we’re willing to spend the time on it,” she says.

MENTORS ARE KEY

Energyeyes Association meetings draw students and new graduates who are considering a move into a corporate-affiliated practice. “We want them to know what to expect. For a reduced rate, an attorney can look over a contract. We’ll provide a mentor who works in the same franchise and corporation so that there’s someone who is very familiar with their situation,” she says.

She’s been in that mentoring role herself. “It’s nice to see someone to whom you’ve given advice succeed,” she says. Her single best tip: talk to patients continuously. “The difference between a good and a great OD is not education; it’s communication. You can provide patient education even while you’re doing your exam. Don’t sit quietly at the slit lamp, but explain what you’re looking for and what you see—or don’t see. I can’t tell you how many patients have told me that they’ve never had as thorough an exam, and I’m certain that their previous OD did the same procedures. But the difference is that now the patient knows what I did.” | [WO](#) |



Dr. Ahmad

“The difference between a good and a great OD is not education; it’s communication.”

“We’ve been under-recognized as corporate ODs.”

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See more stories about Community ODs under Growth Strategies on womeninoptometry.com.

From ZERO to 10,000 in Seven Years

OD methodically works to grow her practice



Dr. Davison

Janelle Davison, OD, planned to open her own practice five years out of school, but she accomplished this goal in four years in 2010. Seven years later, she scheduled her 10,000th patient at Brilliant Eyes in Marietta, Georgia.

“Hang in there if you are starting a practice,” Dr. Davison says. “It’s not a sprint—it’s a slow marathon with ups and downs, but there is a light at the end of the tunnel.” Her driven attitude and determination has led her from the early days when she delivered letters to local primary care doctors and pediatricians to build her referral network. Several times per week, patients are referred from local doctors for a diabetic or pediatric eye exam. Cobb County keeps on renewing her annual contract as a secondary screening site for students who do not pass their school screening.

She hired a public relations and patient coordinator a year ago to continue making connections with local doctor offices, as her schedule of 20 to 22 patients a day is keeping her in the office. She and her coordinator track, maintain and strengthen relationships with referring offices as well as target opportunities for growth.

In 2017, since Dr. Davison joined the Vision Source® network, she has benefitted from the practice management guidance to the geospatial analysis that helps her maximize utilization of social media marketing resources. “Services like this can cost thousands

of dollars, but it’s included in your membership,” she says. The analysis provides data about her market share and detailed patient demographics—such as how much money is spent on eye care in her ZIP code or what music her potential patients like—so her marketing can be specific and successful.

Dr. Davison was strategic with all of her hiring. “I’ve incorporated roles for delegation so there is less pressure on me and we have steady days.” Her coordinator works at the front desk, is cross-trained to fill in anywhere and runs health fairs and preschool and daycare screenings. Her technician is responsible for pretesting and assisting with contact lens fits, as Dr. Davison is proactive with one-day contact lens fits and receives referrals for specialty fits for scleral lenses on keratoconus patients. Her office manager doubles as an optician, and she has one more optician on the team.

Staff training from Vision Source, most recently with Essilor Experts, is a great resource she is now using to keep her team up to speed, and Dr. Davison stays informed at local meetings and The Exchange®. She turns to the network with questions from advice on billing or issues such as

when her office manager gave her two-week notice. “I didn’t know how I would go on, but my Vision Source colleagues showed me that it would be okay,” she says. “Less than a month later, the situation was already better.”

She says that her emphasis on patient education sets the office apart and keeps patients loyal, and she sees patients every day who have been with her since 2010.

Dr. Davison recently installed TVs and tablets from Outcome Health that stream eye health and nutritional information, and she uses a 3D interactive exam room touchscreen to illustrate the eye or other body

structures to explain an ocular disease process.

She is preparing the business for an associate OD so that she can dedicate more time to her family—she has a kindergartner and a third-grader—and the community through the nonprofit that she founded with her sister, who is a dentist. S.C.O.R.E. Inc. provides the tools, skills and confidence needed for rising high school juniors—young women of any background, race or ethnicity—to pursue a college degree in the sciences and health care. | [WO](#) |

“It’s not a sprint—it’s a slow marathon with ups and downs.”



Dr. Davison includes pediatric services in her practice.

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Efficiency, Wow Factor and Increased Revenues Are BENEFITS of TECHNOLOGY



Dr. Allison

When **Monica Allison, OD**, was a captain in the U.S. Army at Fort Jackson, South Carolina, the “summer surge” was intense. Recruits to this large training center poured in from all around the country, and Dr. Allison recalls that her supervisor wanted each one to have a comprehensive eye exam.

“It would have been almost impossible if we didn’t have the full complement of Marco technology there,” she says. “It allowed us to complete each recruit’s refraction in about 30 seconds. In fact, if it took longer than that, we were probably looking at someone with keratoconus,” she says.

It also sped up the entire process. “Prescriptions were automatically sent to the lab that made eyeglasses.

So there were no transcription errors where someone unintentionally mixed up a plus or minus sign.”

Fast forward three years to the time that Dr. Allison purchased her practice in San Antonio, Texas. “The practice I bought didn’t have any Marco equipment,” she says. She bought the TRS-5100 for both of her exam lanes. When she expanded several years later, adding two full exam lanes, she also added two more TRS-5100 units.

In 2016, Stone Oak Vision Source® moved to a new facility after it had outgrown the old one and exhausted opportunities to expand there. She now has six exam lanes, and five of them are equipped with Marco. She

anticipates adding Marco technology to the sixth lane. Two prescreening rooms are each equipped with a Marco autorefractor/keratometer and a Marco lensmeter. A third prescreening room has other diagnostic technology and the visual field analyzer. The setup keeps patients moving, eliminating the bottlenecks in flow that used to occur with only one pretesting room in the older space.

The technology has benefits for the doctors physically, for the patients emotionally and for the practice financially. “I know that many ODs complain about shoulder and neck issues from years of raising their arms to work with manual phoropters,” she says. So she appreciates the ease of working with this technology, but she cites the wow factor for patients as a more direct benefit. “Patients love it.”

The financial benefits accrue in a number of areas, which can make it a little more difficult to calculate the ROI, as some aren’t easy to measure. “We have 22 employees; to expect that every one of them will write every prescription without errors every time is unrealistic. But because the data from all the Marco technology is automatically entered into my ExamWriter system and sent directly to the lab, we don’t have the transcription errors that would result in incorrect eyeglasses,” she says.

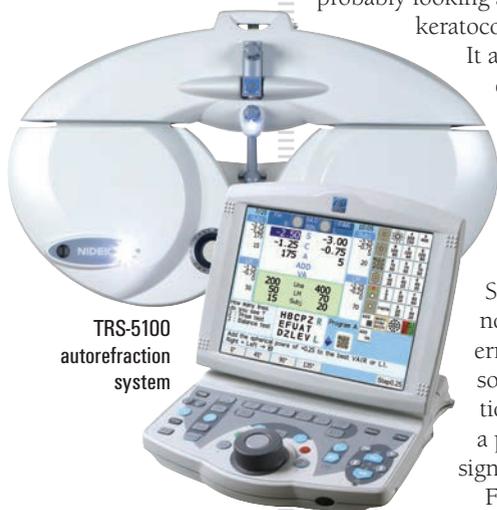
MORE DOCTORS, MORE TIME

When **Dr. Monica Allison** moved to the new building, she did something counterintuitive: she increased the length of time for eye exams. “We had two doctors seeing patients every 20 minutes, and now we have three doctors seeing patients every 30 minutes. We’re seeing the exact same number of patients, but we’re spreading them out more and our per-patient revenue has increased.”

She credits that to the ability to spend more time in conversation with patients about additional services, products and treatments. Plus, the optical staff members aren’t as rushed. “In the past, they knew another patient would be coming out of the exam room in about 15 minutes, so it always felt rushed. They’re selling more multiple pairs and more premium eyewear.” | [WO](#) |

Secondly, because fine-tuning the patient’s refraction is so speedy, it allows her more time to talk to patients about the need for second pairs of eyewear, prescription sunwear, contact lenses, dry eye treatments or any other conditions that arose during her exam. Those conversations result in additional sales in the dispensary, greater awareness about her services and a higher level of patient loyalty.

Finally, the ability to show patients the difference between their current prescription and the one she’s writing has resulted in more patients updating their eyewear. “I can’t tell how much a half-diopter change might affect someone’s perception of their vision. But it’s common that as we’re showing both options, even if there’s a small numerical change, the patient says, ‘Oh, that’s so much clearer.’” | [WO](#) |



TRS-5100
autorefractor
system

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Engaging With Patients Requires CONTINUOUS CONTACT Throughout the Year



Many patients prefer texts or emails over phone calls.



Dr. Alami

In the early days of 2013, when **Larah Alami, OD, FAAO**, and her business partner, **Nathan DeDeo, OD**, opened Hudson River Eye Care together in Tarrytown, New York, they didn't need a recall system; all their patients were new to them that first year. But it quickly became apparent that traditional recall systems were neither efficient nor effective, Dr. Alami says.

Dr. Alami and Dr. DeDeo were optometry school friends who decided to open a business together about eight years after they graduated. In their second year of the practice, they began testing different patient engagement systems. "Calling patients with a reminder the day before the exam wasn't that effective in reducing no-shows. It turns out that most people need reminders beyond a phone call," Dr. Alami says. "We conducted a test with Solutionreach and liked it. Now our patients get a text, email or phone call one week and one day before the visit, as well as a day-of-appointment reminder. So many patients tell us how important the reminder earlier that day is."

That doesn't really surprise Dr. Alami. Patients get busy with a work task or a sudden errand and may forget that they're scheduled for an eye exam shortly. They're not intentionally missing their appointments, she says. "I'd say that a practice can't live without having a service like this in the modern world," because the way practices engage with patients is different today. "Most millennials

don't even have landlines, and they don't answer their phones or want to listen to voicemails. But it's easy to confirm with a keystroke that they'll be at their scheduled appointment," she says. Increasingly, older patients are using the technology in much the same way.

"Using Solutionreach is also important to the way our patients perceive us. They want us to be a modern office. They are more likely to believe that we are offering the best quality lenses and frames if we're up to date with technology," she says. In a time where potential patients can swipe through reviews and Facebook pages in an instant, a practice's tech-smart systems are a factor in the decision to choose a provider, she says.

Solutionreach has also provided the practice with ways to engage patients more frequently. "We filmed our birthday video that pops up on a patient's phone. If it shows up at work or while the patient is with friends, it's unusual enough that the patient shares it." In addition, the practice sends patients a newsletter every month or two. "I'll write about new products or an upcoming trunk show. We send these reminder messages throughout the year to prompt patients to think of us," Dr. Alami says.

The partners opened a second practice location 2017 in White Plains, just four miles away. "We figured out how the start-up works, and we felt like we had the

first location under control," she says. Even though the businesses are very close to each other, the demographics are different. "Our first location is a high-end boutique on a historic main street.

The second is in a strip mall with a lot of foot traffic." To capture more patients in that second location, the doctors have signed on with many of the vision insurance plans. "We consider this part of our mission. Patients covered by these insurance plans might not yield a high reimbursement for us, but they need eye care and they deserve to be treated well," she says. The practice's mission statement reads, "We are committed to excellence by providing compassionate personalized health care through extraordinary service and high-quality products."

Plus, once these patients are in the door, there are opportunities for additional purchases. "You never know when a patient is going to be in the mood to purchase contact lenses or sunglasses or a new pair of frames," she says. That's where patient engagement systems come into play: to remind patients that these products and services are available, even outside of their annual exam. | [WO](#) |

“We filmed our birthday video that pops up on a patient’s phone.”

“Most millennials don’t even have landlines.”

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Industry's Support for **OPTOMETRY** Adapts as the **PROFESSION CHANGES**

The leadership team for JJV Professional Education and Development, North America



Dr. Ball, Director



Dr. Hamada, Associate Director



Dr. Knight, Vice President

In their regular meetings, **Weslie Hamada, OD, FAAO**; **W. Lee Ball, OD, FAAO**; and **Milliecent Knight, OD, FAAO**, of the North America Vision Care professional education and development team at Johnson and Johnson Vision (JJV), sweat the details about how industry can support postgraduate optometric education in a changing world. Practicing ODs need to know about new products coming onto the market and those in the pipeline; industry representatives want to hear how these products could play a role in daily practice. That exchange is part of what has kept the optometric profession growing for more than 100 years. Yet it becomes increasingly complex against a backdrop of regulations and legislation.

JJV continues to support optometric education through the national, regional, state and local associations that deliver it through meetings. “We are moving further into the eye health space to support patient care better. As a practice owner, you want to support community events. It builds loyalty and goodwill,” says Dr. Knight. “JJV wants strong associations, and we want healthy practices,” adds Dr. Ball. “It’s even in the JJV credo: to support the community in which we live and work. For JJV, professional associations are part of our community.”

Dr. Hamada joined JJV four years ago, after starting her career in practice in Hawaii. She spent the first two years in the company’s research and development division. “I had been doing a lot of clinical research in practice, but I never thought I’d have the

opportunity of working in industry and have a hand in the clinical development of products,” she says. Dr. Hamada is the daughter of optometrist, entrepreneur and contact lens investigator **Kenji Hamada, OD**.

Two years after joining JJV, she moved into the professional education and development division, the professional affairs team. “This area was more like coming back into association work,” says the former president of the Hawaii Optometric Association and a current volunteer on an American Optometric Association committee. From those roles, she knows how important industry support is to a successful organization.

These days, presentations to doctors at associations are different from what they had been because doctors’ experiences and presentations to their patients have shifted. “Our presentations transcend product alone. We’re a product and experience company,” says Dr. Ball.

But just as doctors try to engage patients on different levels, JJV continues to engage doctors. “We’re focused on more than a product portfolio. We want to help doctors best care for their patients throughout the patients’ entire lives,” says Dr. Hamada. “That might be through contact lenses, refractive surgery, intraocular lenses or preparing the ocular surface. We’re also moving into other innovative strategies, such as e-commerce, subscription services and training tools for staff members.”

Doctors appreciate hearing about the innovations that will drive clinical differentiation for them, and the company hopes that the doctors will think of Acuvue® brand products first after hearing this. “They tell us that they appreciate hearing from us in these settings,” says Dr. Hamada. It’s not always easy to do the deeper dive into the science during visits with a contact lens representative.

Dr. Knight adds, “In everything we do at JJV, the patient is kept at the center of the innovations. We are ‘eye-inspired.’” One way to do that is to help the doctors understand what the consumer wants. “We have the resources to do that research so that we can bring that

information back to the doctors to help them provide even better services.” That’s critical because patients and doctors both are at the core of the communities that JJV serves, says Dr. Hamada.

Dr. Hamada says it’s the opening of the JJV credo that resonates with her. *We believe our first responsibility is to the doctors, nurses and patients, to mothers and fathers and all others who use our products and services.* “I think about that in anything I do, in my interactions with associations, in meetings here or in our different programs. If that’s top of mind, then we’re doing the right thing.” | [wo](#) |

“We’re focused on more than a product portfolio.”

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Why Stop at **ONE?**

Two ODs find a model for duplicating success in corporate-affiliated practice

Dr. Shekari recently joined OneSight on a mission trip to Tanzania.



Dr. Shekari



Dr. Caruso

When these two ODs hit their stride, they realized that they could take on a larger role, reach a greater number of patients and be more in control of their careers by expanding into a second location. In fact, one sees no reason to stop at two.

FOCUS ON PEDIATRICS

Mahsa Shekari, OD, worked in corporate, private and ophthalmology settings since her graduation from NOVA Southeastern University College of Optometry. About two-and-a-half years ago, Dr. Shekari and her husband moved to New Jersey where Dr. Shekari established Bina Eye Care in the Hackensack Target Optical. “I have my own business, and I run it the way I want. I provide care that ensures my patients’ needs are being met and that they have a great experience,” she says. She offers everything from primary eye care to ocular disease management and emergency eye care services. This setting allows her to focus on her passion: pediatric eye care. Dr. Shekari acquired skills and confidence working with children at a medical center in Canada.

“There’s not a lot of knowledge out there for parents about the need for children’s exams at a young age,” she says. “At Target, I have a great opportunity to connect with parents when they get their exam. I always ask, ‘What about your child?’”

She uses downtime to introduce herself to regular customers throughout the store and build relationships with them. “It’s been the best and most personal marketing, and I’ve acquired a lot of my patients by making connections with families.”

An added bonus and surprise for many patients is that Dr. Shekari is trilingual and speaks English, Farsi and Spanish. “Many patients bring a translator, but it gives me an advantage to make a connection with them by directly communicating with them in their language.”

More recently, Dr. Shekari has added a second location in the Edgewater, New Jersey, Target store. As she did in her first space, Dr. Shekari refreshed and customized the look with her own personal touches and has been building a patient base through her own contact with shoppers in the store.

HER SLICE OF THE PIE

Britney Caruso, OD, FAAO, FMNM, ABAAHP, is on a continuous search for efficiency. It started even before she took on her first Target Optical lease in Lake Worth, Florida. It was one of the slower stores, but Dr. Caruso saw potential. “I knew it would grow. I started doing everything I could: sending handwritten thank-you notes to patients and anyone who referred a patient and introducing myself to people in the community,” she says. Her predictions were correct; the practice did grow, especially when she hired her own technician to help her on Saturdays. “I realized I could see 10 to 15 patients more a day with my own technician,” she says. Right now, that technician works for her just one day a week, but those are extremely productive days. “The extra costs of having a technician are easily recouped,” she says. “I don’t know why corporate-affiliated ODs hesitate with taking that step.”

Earlier this year, Dr. Caruso was offered a second Target Optical lease in Pembroke Pines, Florida. “It started with about eight to 10 hours per week, but we’re already up to offering doctor hours for 32 hours a week now,” she says. An associate covers those hours, but Dr. Caruso keeps watch to make sure her standards for care and the patient experience are upheld. Dr. Caruso, a holistic practitioner who has earned Diplomate and Fellow status from the American Academy of Anti-Aging Medicine, enjoys the time she can spend with patients talking about their overall health and wellness. It’s important to her that her time with patients is efficient, yet still meaningful. “I love what I do,” she says. And she has no plans to stop. “I can see a Caruso Eye Care franchise with Target. The more I learn about business, the more I want to manage multiple practices. But I’ll never leave behind patient care. That’s what drives me.” | [WO](#) |

“The more I learn about business, the more I want to manage multiple practices.”

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YOUR NEXT HIRE Might Be One of the 50 MILLION Millennials Already in the Workforce



Dr. Burns knew the mission for the practice where she is one of the partners. But having a mission statement alone isn't enough to keep millennial employees engaged.

Carole Burns, OD, FCOVD, realized the need to retool the office culture if it was going to be the kind of place to retain millennial employees. “Fifty percent of our hires are millennials,” she says, noting the percentage will climb. There are 80 million of them, and 50 million are already in the workforce. “Most have no experience in the medical or eye care field,” she says.

But Dr. Burns actually considers that an asset. Get the right millennial candidates on board and your practice can thrive in new ways, she says. “This is the most diverse demographic. One-in-three millennials is a minority. As much as you can categorize any group of individuals, millennials have extreme feelings about what the workplace should be. They’re confident, civic-minded and committed to a company that shares their values.”

But the retention strategies that may have worked with staff previously are not likely to have the same impact. Dr. Burns is one of nine partners at Professional VisionCare, a three-location practice in Westerville, Ohio, that focuses on primary care and vision therapy. Two of the partners are millennials, too.

DON'T BE AFRAID TO TRY NEW CONCEPTS

HAZARDS OF LABELING

No one likes to be labeled, and millennials don't like the negative connotations that have come along with the name, mainly the short attention spans that come from growing up as digital natives. But that very upbringing is also what forced Dr. Burns and many other ODs to rethink the best strategies for training, encouraging and retaining millennial employees.

"I believe that the reason that they shift jobs so quickly isn't that they're bored easily but they're not finding what they want in their workplace," she says. In other words, if millennial employees are leaving your practice frequently, well, ahem, they're bored with your practice. "They want to give back. They don't identify themselves by their work but by who they are and what they do after 5 p.m.," she says.

THE TRAINING CONUNDRUM

ODs want well-trained staff. That's essential to the success of the business. But some doctors feel like they're between a rock and a hard place. Why invest in training an employee who is probably not going to stick around long? Drop that mindset, says Dr. Burns. "You need to train to be the fullest potential possible. If you're losing employees, do not blame it on the idea that you've overtrained them."

In fact, Dr. Burns says, a well-organized business is going to have greater appeal than a disorganized one to millennial employees. "They don't want to come into an organization that seems disheveled. An excellent training program gives them confidence in the organization and makes them want to stay."

WHAT COMES AROUND GOES AROUND

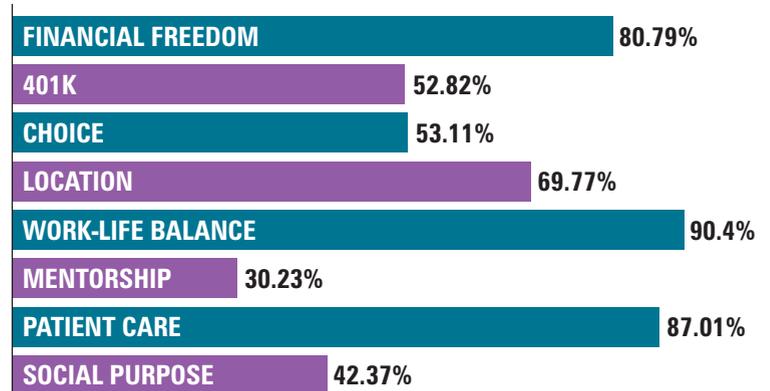
Kristy Woodard began working as a tech for Sara Brigman, OD, in a corporate practice location. "I started with no experience whatsoever, but I had management and business experience, so I applied," says Woodard. "Dr. Brigman recognized my potential and my interest to learn more, so she taught me everything. I began to know what she wanted with each patient; we worked so well together," says Woodard. Into the fourth year of working together, she began to realize that she had reached the peak of what she could do at that practice location, and, reluctantly, she told Dr. Brigman she was going to work at an ophthalmology office where she could advance her skills more.

"I cried," says Dr. Brigman. "My patients cried. Surly old men were giving her hugs." She was that special, she says. "You get used to turnover among staff, but sometimes you get people who are so easy to teach because they want to learn. I knew she would soak up whatever I asked of her. She'd keep lists as we walked around together. She could draft my assessments and plans."

Professional VisionCare is about to open its fourth location. This one will be a beta test for new concepts, geared in part to the rising population of millennials as patients and employees. "There will be no phones in patient areas; there will be only one in the lab," says Dr. Carol Burns. "Patients will schedule online or call into an offsite call center so scheduling is done from there. There will be no front office staff and no check-in desk; think of it more like an Apple Store. A doctor, opticians and optometric assistants will work in this more free-flowing, interactive office. When the patient enters, an optician will greet the patient and introduce our menu of services, which covers eye care specifically but also DNA testing and cooking classes for better health."

They'll disrupt the traditional exam flow, too. "Patients will be brought in for the vision part of the exam first. Then the optician will escort the patient to pick out new eyeglasses or contact lenses, and then the patient returns for the medical part of the exam. There will be no confusion about what refractive services are and what medical services are," she says. | [WO](#) |

What Matters to You in Your Career? (Check all that apply.)



% = Percentage of voters

A poll conducted by Luxottica among optometry school students in June showed that millennials consider multiple factors in making their career decisions.

This story has a happy ending. Dr. Brigman was also planning a career change. She couldn't say anything to Woodard, however. Several months later, Dr. Brigman joined Paul Vision Institute in Wilmington, North Carolina, bringing her contact lens specialty to the practice. She needed a technician, and she knew just whom to call. Woodard accepted, and the two picked up where they left off—but with more opportunities for each of them.

JUST REWARDS

Woodard joined Dr. Brigman because the doctor inspires her. It's difficult to identify and incentivize inspiration, however, and that's where Dr. Burns says that practitioners need to become a little more creative. "There are business owners whose idea of a reward is a great dinner—with them. Well, a lot of employees don't want to spend more time with their boss. Twenty years ago, having dinner with me was a great event for my employees. Today, it's a hostage event. They have other

Continued on page 27



(l-r): Kristy Woodard and Dr. Brigman were reunited in the workplace when Dr. Brigman switched to a different setting.

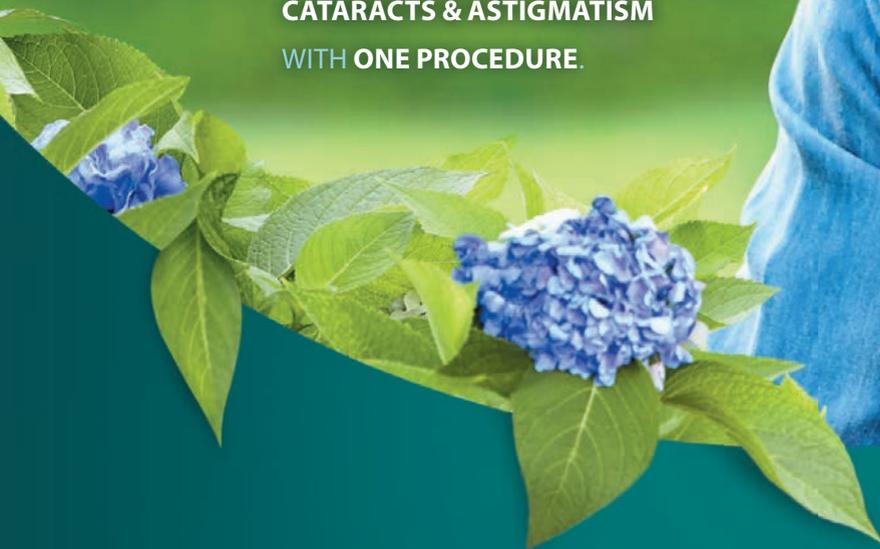


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Continued from page 25

things they want to get home to. They want to be a part of something bigger than their job.”

Her practice holds “just because” events. “We take recommendations from employees, and we simply do it. We don’t negotiate a date that’s good for everyone. We say, ‘We’re going bowling Friday,’ or ‘It’s karaoke night,’ or ‘We reserved an escape room this weekend.’” This kind of informal event requires a sea change adjustment in the perception of the return on investment. “Don’t think you have a failed event because six of your 50 employees showed up. The six who came are delighted you listened to a recommendation, and the 44 who didn’t are happy that you didn’t make them go. These events should be ‘just because’ someone wanted to do it.”

The practice sets aside funds for these just because events. “We know not everyone is going to come, but we’ll never consider an event unsuccessful because of the numbers. Two people went? Hurrah.

“We’ll never consider an event unsuccessful because of the numbers. Two people went? Hurrah.”

It made them happy.”

The practice also holds community events, and these are more formalized, but the impetus still starts with the employees. The practice looks at ways to help community organizations and then sets out to figure out how to do it. “We told the city that we

wanted to plant trees. We offered to buy a tree for every patient who got an eye exam in August, and the city sent out postcards, too. We post these events on social media and even in traditional advertising,” she says.

A CULTURE SHIFT

The first step in encouraging a culture shift that incorporates all employees is to listen to your employees. Dr. Burns’ office has a bulletin board with \$50 in crisp \$1 bills, each one folded and held in place with a pushpin. The board is titled “A dolla for your holla.” When an employee has an idea about a community event that the practice can be involved with, he or she can leave the idea on the board and take a dollar. If an employee has several ideas, he or she can take several dollars. “They’re getting heard and they see that we’re implementing the things that they or their colleague suggested. It starts to say to the staff that we’re listening to you.”

Before a practice owner starts to worry that this is going to add big bucks to the expense sheet, relax, says Dr. Burns. “Some of these events cost nothing. One person suggested that we write letters to veterans. So one Friday afternoon this past summer—when we normally close early—40 people showed up. Some employees brought their



Dr. Burns says work needs to bring people joy and fulfillment.

kids. We had a table full of paper and markers and other supplies, and they wrote letters,” she says.

YOUR MISSION STATEMENT IS NOT THEIR MISSION

Dr. Burns is proud of the practice’s mission statement—we change lives through innovative vision care—and the employees know it and understand its value. But the practice mission statement is not their life’s mission. “They need an inner purpose for coming to work. They want to know how they are bettering their fellow man and how does their work fit into a bigger picture.”

Two of her millennial employees told *Women In Optometry* what made them choose and stay with the practice. **Raquel Miller**, practice director, says that the visible, measurable impact that the practice has on the community was the attraction. “We went over that commitment during the interview, and, in the seven years that I’ve been here, I’ve become even more invested in the practice because of that.”

Davon Harris, optometric assistant, agrees. “The doctors practice what they preach. They told me in the interviews that this was a team effort, and it’s true. I’ve worked in places before where you’re on your own, but here, if you ask someone for help, you’ll get it.”

They also believe that they’re delivering value to the practice. “I bring my enthusiasm,” says Harris. “It’s my joy to work in a place where everyone’s character meshes together.” Miller adds that millennials want to be unique and feel important. “We’ve changed some of our company culture to reflect how we make an impact. It’s not just the doctors’ roles that are important. So we’re pumped and excited to do what we’re called to do.”

Millennials will push practices to be better, says Dr. Burns. “They’ve mandated that we become more giving. Looking at the success of the company is not the only end for them. They want to see it as a means to helping others. As long as they see that happening, they’re going to want to help and promote your business.” | WO |

COMPANIES THAT APPEAL TO MILLENNIALS

Practices can take some tips from companies that millennials find extremely attractive, either as a workplace or for purchases.

Love Your Melon is an apparel brand with a mission to provide a hat to every children battling cancer in America. The mission statement, as well as the impact, are posted conspicuously on the website. Public displays of philanthropy have worked for other companies, too, like Toms, with its one-for-one shoe donation policy that has now expanded into supporting water systems, helping train birth attendants and providing funding for ocular surgeries.

High-tech companies, such as Google, Amazon, Apple and more are attractive to millennials because of their reputation for innovation. | WO |



Davon Harris and Raquel Miller say the practice recognizes that millennials bring enthusiasm and new ideas. They stay because they see the shared commitment to making a difference.

First Steps in Dry Eye Treatment Are HEALTHY LIDS and CLEAN LASHES



Dr. Shen Lee

As is true for most primary care optometrists, **Bridgitte Shen Lee, OD**, of Houston, Texas, is seeing many more patients who complain of dry eye. “Dry eye and blepharitis are big growth areas,” she says. “There is not a ‘one thing or one treatment’ that takes care of the dry eye. You have to look at the whole picture.”

She follows the therapy outlined by dry eye expert **Paul Karpecki, OD**. “Go from the outside in. Start on the outside with the lids and lashes to remove the blockage [Meibomian gland dysfunction or MGD], reduce the biofilm [blepharitis], control the inflammation [ocular surface] and build the tear film. By doing so, you re-establish a healthy ocular surface and allow the patient’s natural oil to protect the tear film,” she says. If that doesn’t happen, all the over-the-counter supplemental tears that the patient uses won’t solve the problem.

Dr. Shen Lee, who serves on advisory boards for OCuSOFT, says she is a firm believer in the company’s ocular health and aesthetic products. “We use a lot of OCuSOFT products. For blepharitis treatment, my office’s first-line therapy is to combine OCuSOFT Lid Scrub Plus Platinum with a hypochlorous acid. For patients whose insurance does not cover prescription hypochlorous acid, OCuSOFT’s HypoChlor™ spray or gel is a great nonprescription alternative that patients can buy from optometrist’s offices,” she says. OCuSOFT Lid Scrub Plus Platinum’s phytosphingosine (PSG-2) has natural antimicrobial

and anti-inflammatory properties that help patients to maintain healthy lid margins.

In addition, optometrists need to look

for demodex when examining lids and lashes during the slit lamp exam. “In Houston, a lot of women wear eyelash extensions and heavy eye makeup,” says Dr. Shen Lee. “If proper cleaning is not done, it can result in blepharitis and demodex. OCuSOFT Oust Demodex Cleanser Foam and scrub pads have tea tree oil as a main ingredient, which works well for these patients,” she says.

For patients with evaporative dry eye (EDE) symptoms, OCuSOFT’s Retaine MGD tear supplement works well. “Patients with MGD and EDE do well with the tear supplement because Retaine MGD has a positive charge, and the patient’s dry eye surface is negatively charged. When neutralized, it forms an effective barrier against tear evaporation,” she explains. “We encourage all of our contact lens patients, especially the ones who show signs of MGD, to use Retaine MGD.” Dr. Shen Lee’s practice, Vision Optique, performs meibography on all patients over age 18 and many younger contact lens patients who have dry eye symptoms. By taking the time to educate patients on what they can

BUSINESS OF BEAUTY

Dr. Bridgitte Shen Lee is excited about the launch of the Zoria® Under Eye Repair Serum and Zoria® Under Eye Collagen Regenerating Cream. “This new two-step treatment includes breakthrough SCS™ [Stem Cell Stimulating] and lipopeptide technologies to reduce signs of aging around the eyes.

“Finally we have a dermatological-grade skin care product that we can use to help our patients who ask us about reducing eye bags and preventing wrinkles,” she says. The combo product works for men as well, who are just as bothered by the bags under their eyes, she adds. “Now we have more anti-aging eye care answers for our patients than ever before,” she says. [WO](#)

do to prevent symptoms or complications and protect their eyes for a lifetime, she and her practice partner have built high patient loyalty.

Dr. Shen Lee educates her patients on why they should use specific OCuSOFT products in the exam rooms. “I tell patients that we’ve done the research, and at the drugstore, they might not be buying the exact product that I want them to use. I want them to take home exactly what I’ve prescribed and follow our instructions,” she says. Her front desk team lets patients know that the office’s price matches that of the drugstore and popular online retailers, they are getting the prescribed product and they’re supporting a local business. “We want to make sure our patients can begin the treatment with the prescribed product and experience relief of symptoms,” she says. [WO](#)

“At the drugstore, [patients] might not be buying the exact product that I want them to use.”

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Dr. Procaccini, center, with staff and others at her ribbon cutting

Never Burn Your BRIDGES

You never know when former acquaintances might introduce new opportunities



In just a matter of months, Dr. Procaccini moved her home and bought a practice. Now she's settling in.

Tiffany Procaccini, OD, MS, began working part-time for Larry Hookway, OD, at Vision Source® Willard in Willard, Ohio, about five years ago. It was a great job, but she needed to work full time, and he couldn't offer it. So she found a position at another private practice, but as the years went by, she began to feel like she was ready to have more control over her career.

"I had kept in touch with Dr. Hookway, so I contacted him to say that if he was thinking about retiring, I'd be interested in taking over his practice," she says. Her timing was actually perfect, as Dr. Hookway was thinking about exactly that. Her employer wanted a two-month notice, so she added one day a week at Dr. Hookway's practice to get a jumpstart on seeing how things run.

On March 1, 2017, she began working at the practice full time, and about five weeks later, on April 10, the two closed on the transfer of ownership. Since then, Dr. Hookway's been working for her one day a week as part of the transition.

"It was important to Dr. Hookway that this practice remained a Vision Source member practice. I didn't know what it was," she says. But a trip to The Exchange® in Nashville helped clarify for her what the network is and can do for her practice. In addition, she was able to see keynote speaker **Barbara Corcoran**, investor and *Shark Tank* star. "I got there early so that I could get a front-row seat," she says. Even before that meeting, which she says can be a little overwhelming as a first-time visitor, she had begun to realize the value of membership. "In optometry school, we were told that being a private practice owner is amazing, but we weren't really told what to do once we got here. In the past six months, I've been learning so much about running a business. I didn't realize all that it entailed," she says. "The doctors in the Vision Source network have been so great. It's not like in a smaller community where doctors are worried about sharing information with competitors."

The experience that she is gaining now will help her toward her 2018 goal of approaching her business with more confidence. "I'm very lucky because this was a turnkey practice. The staff is

steady and reliable; the equipment is up to date. I've been bringing in a few more frame lines, and I'd like to add more diagnostic technology, but I don't need to do that yet," she says.

She's still recovering a little from purchasing the practice, selling a house, buying another and moving her family with two young children to a new community. It's just close enough that her

husband stayed within commuting distance of his job, so that's one bit of stability in what has otherwise been a year of big changes.

"My goal for the short term is to prioritize and be less stressed," she says.

With two children at home, ages 3 and 4, it's a busy life. "I'm a Post-It Notes kind of person. I have them all over," she says, laughing. She wants to make the practice run efficiently so that it's an organized place and a great working environment for her and the staff. | **WO** |

“I'm very lucky because this was a turnkey practice.”

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DAILIES TOTAL1® MULTIFOCAL CONTACT LENSES

DESIGNED FOR SUCCESS

Jessica Crooker, OD

Owner
Scituate Harbor Vision Source
Scituate, MA

Dr. Crooker was compensated by Alcon for her participation in this testimonial

EVERY DAY, I SEE PATIENTS OF ALL AGES, so for my practice to be successful, I need to be able to address a wide range of vision care needs, and just as importantly, help patients adapt as their needs evolve. For many of my patients entering their late 30s and early 40s, one of the biggest changes they experience is the onset of presbyopia. Being able to provide vision correction that meets their lifestyle demands is key to keeping my presbyopic patients satisfied and helping my practice thrive.

One of our keys to success with presbyopic patients is our focus on actively engaging to educate them about presbyopia and the vision correction options available to them. Our entire team, from the ODs to the front desk, technical, and optical department staff, is involved in helping our presbyopic patients understand what they are experiencing and how we can successfully correct it. By taking the time to talk through what they can expect from multifocal contact lenses, bifocal spectacles, and progressive spectacles, most of my patients — not surprisingly — are excited about the chance to wear (or *keep wearing*) contact lenses.

The other key to satisfying my presbyopic patients' needs is being able to offer them a multifocal contact lens that can meet, and even exceed, their expectations. Presbyopes want and need a lens that provides clear vision and comfort during all of their daily activities. The good news is that DAILIES TOTAL1® Multifocal contact lenses combine the convenience benefits of a daily

replacement schedule with truly exceptional comfort¹⁻³ and seamless vision at all distances.^{4,5} My patients appreciate learning how the Precision Profile® Design of DAILIES TOTAL1® Multifocal lenses (and all Alcon multifocal lenses) works with their natural pupillary function. They are also intrigued when I explain how DAILIES TOTAL1® Multifocal lenses bring together Alcon's Water Gradient and SmartTears® technologies for a remarkably comfortable lens-wearing experience.^{1-3,6} Patients get it, and the more they know about the lenses, the more interested they are in trying them. Once my patients, whether new to or experienced with contact lenses, try DAILIES TOTAL1® Multifocal contact lenses, they are amazed by how comfortable they feel.

With Alcon's simple 2-step initial fitting process, it is easy to fit DAILIES TOTAL1® Multifocal contact lenses to meet the individual needs of my patients, most often with two or fewer lenses. All lenses in Alcon's multifocal portfolio employ the Precision Profile® Design and follow the same simple fitting process,^{4,7} meaning that I can get a great fit for a daily disposable or monthly-replacement multifocal lens with minimal chair time,⁸ which my patients appreciate almost as much as I do!

I encourage all presbyopes to have spectacles, but multifocal contact lenses provide an opportunity to give them the convenience and lifestyle benefits that they want. By focusing on educating patients about their options and recommending DAILIES TOTAL1® Multifocal contact lenses, my practice has been able to better serve an important and growing part of our patient population and achieve practice success as a result. Start taking advantage of the opportunity to do the same for your patients and practice today with DAILIES TOTAL1® Multifocal and the entire Alcon Multifocal contact lens portfolio.

By recommending
DAILIES TOTAL1® Multifocal
contact lenses, my practice has
been able to better serve an
important and growing part of
our patient population.



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OD Finds Ideal Balance Between PATIENT CARE and LEADERSHIP



Dr. Burkholder with the mentoring class from May 2017

There is a world of difference between working in clinic while you're a student and being alone as the optometrist in charge once you've taken on a professional position, says **Kristen Burkholder, OD, of Columbus, Ohio.**



Dr. Burkholder

“Our training sets all ODs up for success in our setting.”

Dr. Burkholder, who graduated from Indiana University School of Optometry in 2011, joined the National Vision, Inc. Doctor of Optometry network the following February as a fill-in OD, picking up days in several offices in the Columbus area. Then she became full time, working to provide coverage throughout the region. Now, she's at one office working for Buckeye State Optometry Associates, a practice affiliated with America's Best Contacts & Eyeglasses. Along with the primary responsibility of patient care, she also took on her predecessor's leadership role as Area Doctor.

In that role, she helps onboard ODs new to the network, checking in with them regularly as they begin. She wishes the program had been available to her when she joined and is glad to see the increased focus on optometrists' needs by corporate leaders. “For new doctors, the main challenge is worrying that you'll be left on an island. Unless you know other doctors in the area, the ability to get quick answers isn't always there. This program alleviates those concerns,” she says. She enjoys bringing newer optometrists together so that they can ask her and each other their questions. “I'm there as a point of contact. I'll help them find the answer,” she says.

Corporate optometry is a mode of practice that Dr. Burkholder didn't even consider at first. “I hadn't envisioned that I would stay affiliated with National Vision long term. Coming out of school, I didn't realize what options would be available, and I didn't know that there were options beyond direct care. But being part of this network, I've been able to do what I love—care for patients—as well as the added bonus of growing as a leader and helping others grow, too,” she says.

The steps that National Vision has put into place since she started have helped optometrists transition into their roles more successfully. “As an Area OD, I'll take a new doctor to the office and show him or her where everything is, in both the exam lane and the optical. That's important. Optometrists know how to perform exams; it's the charting and simple things, like where the contact lenses are, that can throw you off stride. Our training sets all ODs up for success in our setting.”

Dr. Burkholder's goal is to help ODs find their groove so that they can help fulfill the organization's mission of making eye care affordable and accessible to all. “We have three offices in Columbus, and we routinely have patients who come in who don't have the means to pay for their

eyeglasses elsewhere. We want to provide services for them and their children so that they all have the ability to see, allowing them to perform their best,” she says.

Even though finding symptoms of disease is fairly common, it's still surprising, she says. “It is amazing to me how many patients don't have a primary care physician. So often, we're the first ones who suspect disease. If they have insurance, we can refer them to medical practices of our choice. Columbus is a large enough city that we also know the avenues of care where we can send patients who don't have insurance.”

That's the part of her career that brings her joy. “Patient care is my passion. I have a great support system with the general manager who makes sure that the day runs smoothly in the optical and that my exam flow is going well. That support allows me to focus purely on my patients and make sure each one leaves that day feeling a little better.” | [WO](#) |

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Even in a Busy Schedule, There's Time to Improve the PROFESSION

Just a few weeks after the birth of her third child, **Jennie Zolman, OD, FCOVD**; her husband **Mike Zolman, OD**; and their family made the trip from Charleston, South Carolina, to Davie, Florida. Dr. Jennie Zolman received Nova Southeastern College of Optometry's (NSCO) 2017 Distinguished Alumni Award, and the accolades are well-deserved after a year full of great achievement and excitement. Dr. Zolman recently completed her term as president of the South Carolina Optometric Physicians Association (SCOPA), purchased the remainder of her practice where she had been a partner since 2008 and added a little boy to the family.



Dr. Zolman

Dr. Zolman joined Neil Draisin, OD, in his Charleston practice after graduating from NSCO in 2006 and became an owner and partner in 2008. "This practice was a great match for me because it allows me to focus on my passions in optometry: children's vision care and ocular disease," she says. About a third of the patient base comes to the practice for vision therapy (VT), and Dr. Zolman also runs the dry eye and glaucoma clinic. This past July, Dr. Zolman became sole owner of the business. Dr. Draisin continues to work there, as does an associate doctor. Dr. Zolman is an adjunct professor at five optometry schools, and the office is now a residency site for VT and hosts rotating doctors who are completing their residencies. One of her first goals in full ownership is completing a mini-makeover in the space later this year or in early 2018, including putting in new flooring, adding new furniture and opening up some walls in the front half of the office. In her five-year plan, Dr. Zolman says that she would love to open a separate office dedicated specifically to VT.

CAREER INSURANCE

The legislative arena of the profession has been important to Dr. Zolman since she was a

student. As soon as she graduated, she joined her local societies as well as SCOPA. "I tell the students whom I work with that this is your career insurance, just as you have health or home insurance," Dr. Zolman says. "This is a legislative profession, and just as quickly as we get permissions, they can be taken away."

One of Dr. Zolman's most time-consuming responsibilities throughout her presidency was preparing to go to trial against Opternative, the online eye exam startup. Opternative had sued the state late in 2016 after it was banned from providing prescriptions there. The trial is underway, and Dr. Zolman says that she hopes that her state's experience can serve as protection for optometry as a national profession, as well. "The outcome could affect the whole way we look at online technologies," she says.

THREATS AND OPPORTUNITIES

Two other initiatives of her presidency were focused on the future of the profession. Dr. Zolman held a weekend retreat focused on SCOPA Vision 2020, where SCOPA members developed a strategic plan through the year

2020. She also created a leadership institute with newer ODs. Eight young optometrists were selected as part of this program, and they met three times over the course of Dr. Zolman's presidency. "The engagement and enthusiasm from those doctors is pretty exciting," she says, and the program will continue either on a yearly or biennial basis.

Nothing less than the sun itself powered the state's biggest marketing campaign. The August 2017 eclipse tracked a path straight across South Carolina, and the public relations department of SCOPA made connections with many local news channels to spread awareness.

Dr. Mike Zolman will become president of SCOPA next year, and Dr. Jennie Zolman looks forward to her continual involvement with her state, even after her board term ends. "One of the reasons our board was so successful was because everyone was so engaged," she says. She cites a Ronald Reagan quote that has guided her: "There is no limit to what a man can do or where he can go if he does not mind who gets the credit." Dr. Jennie Zolman says, "I was not worried about the fame, glory or my legacy. With a cohesive board, you can really get a lot done." | [WO](#) |

“With a cohesive board, you can really get a lot done.”

For Ortho-K to Work, Practitioners Need to Be CONFIDENT



Patients need to be able to pay; financing with CareCredit can help

Caroline Guerrero Cauchi, OD, FIAO, of La Mesa, California, says that the field of myopia control has gained enough momentum that it won't slow down for a long time. "The momentum comes because the epidemic of myopia is increasing. Children are getting nearsighted at an earlier age, and myopia is galloping away. To me, it's not ethical to keep selling these patients new eyeglasses or contact lenses in 1.00D increments every year. It's a disease; we can stop its progression," she says.



Dr. Guerrero Cauchi

Dr. Guerrero Cauchi is a private practitioner and serves on the board of directors for the International Academy of Orthokeratology and Myopia Control, as well as the American Academy of Orthokeratology. She's also the chair of fellowship testing for both of the academies.

Both organizations are focused on myopia control employing traditional and soft orthokeratology, pharmaceutical treatment, binocular training and behavioral interventions. "In many ways, orthokeratology is like orthodontia. It can make a huge difference to a child's life," she says.

HELP PATIENTS ACCESS THE CARE

Also like orthodontia, it can be expensive. Soft orthokeratology lenses cost about \$500-\$600 a year; orthokeratology with rigid lenses costs more for the fitting, but the contact lenses might last longer. That's where CareCredit plays a role in her practice. "Our office accepts CareCredit credit card payments, so parents can spread these payments out over time."

Of course, there are elements of myopia control that cost no money at all. "We talk about changing behavior, such as encouraging children to spend time outside and spend less time on their electronic device. In our office, we live and breathe ortho-K; we have a beautiful booklet that explains ortho-K and myopia in detail, talking about not only the pathology but also the social and learning issues that can result," she says. A PowerPoint video loops on the screen in the reception area every 15 minutes. A big portion of that is focused on ortho-K and the

treatment options for myopia control.

For patients who are serious about taking the steps to control a child's—or their own—myopia, paying with a CareCredit credit card can be a significant help. "We always present this when discussing payment options. If they use their CareCredit card, we tell them about 6- and 12-month special financing options, which makes it more affordable," she says.

PRACTICE BENEFITS

Offering ortho-K to patients is financially rewarding for the practice. Plus it's nice to see these kids return to the office every six months with little to no change in their myopia. For fun, Dr. Guerrero Cauchi and her practice partner, **Jamie Starr Peters, OD**, created a video YouTube rap that plays on the practice website (YouTube: OrthoK Rap). The two doctors, decked out in their favorite team jerseys and baseball caps, jam on such memorable lines as "Hate playing sports while wearing glasses? Do you get Ds in all your classes?"

For practitioners who want to become more familiar with ortho-K as an offering in their practice, the academies offer two meetings a year. In April 2018, the American Academy of Orthokeratology and Myopia Control will hold Vision by Design 2018 in Orlando, Florida; and the International Academy held its meeting in conjunction with the European OrthoK Academy in Venice in November. Dr. Guerrero Cauchi says that it's important for ODs interested in ortho-K and myopia control to learn how to do it right. "You can't learn it in two hours, so we hold a 'Boot Camp for Newcomers.' We want doctors to feel confident, so we spend a day and a half going over the theory of how it works, how the lens is shaped, candidates, topography, safety and fitting techniques," she says.

Learn more about ortho-K, Boot Camp and the April 2018 meeting at orthokacademy.com. | [WO](#) |

Patients can use the CareCredit credit card for services, in addition to eyewear.

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Read more stories on Patient Financing under Growth Strategies on womeninoptometry.com.

SEXUAL HARASSMENT

Is Prevalent in Optometry Today

More than half of *Women In Optometry*[®] Pop-up Poll respondents say they've been the subject of sexual harassment by a patient, and more than one-in-four say they've been the subject of sexual harassment by a colleague in the profession. Even larger percentages feel that they've been the subject of gender bias by a colleague or a patient.

More than 250 people responded to a *Women In Optometry* Pop-up Poll on the topic. Seventy-seven percent of the respondents said they were women ODs, 4 percent said they were female

optometry students and 8 percent said they were not ODs but women working in the eye care profession. One percent of respondents identified themselves as X, and the remaining 10 percent were men, with the vast majority of those being male ODs.

Most people said they did not formally report these

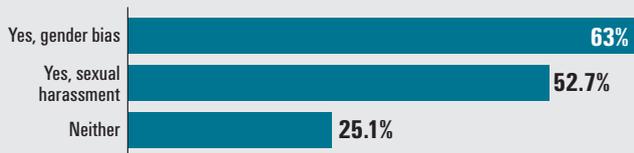
incidents. However, 15 percent of respondents said they did speak out and named the person who subjected them to sexual harassment or gender bias. Another 4 percent said they reported it to the police or a board that had some authority to punish the person. Some others noted that they reported it to their employer's HR department. But 13 percent of respondents said they told no one about the incident. The majority of respondents, 56 percent, said that they did tell a close friend or family member, and 42 percent said they told staff or associates about it.

Numbers add up to more than 100 percent because respondents could choose more than one answer—and several people noted that they responded more assertively to incidents of sexual harassment than to incidents of gender bias.

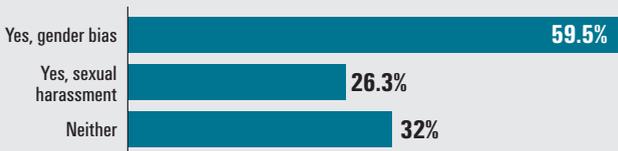
A plurality of respondents said that they feel

that gender bias is less prevalent today than it was in prior decades, but a slightly higher percentage, 45 percent, said that sexual harassment is not less prevalent today.

Have you been the subject of gender bias or sexual harassment by a patient? (Check all that apply.)



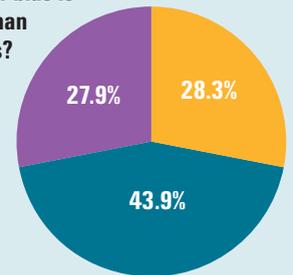
Have you been the subject of gender bias or sexual harassment by a colleague in the profession? (Check all that apply.)



Fifty-one percent of women ODs say they've been sexually harassed by a patient.

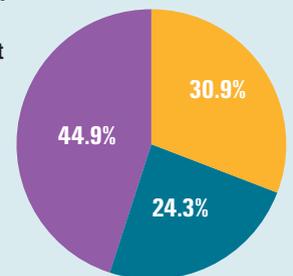
Do you feel that gender bias is less prevalent today than it was in prior decades?

Yes
No
Maybe



Do you feel that sexual harassment is less prevalent today than it was in prior decades?

Yes
No
Maybe



Among women OD respondents, 29 percent said that they've been sexually harassed by a professional colleague, and 62 percent said they've experienced gender bias. Twenty-nine percent said they've experienced neither.

The experiences are more prevalent in exchanges with patients: 51 percent of women ODs have experienced sexual harassment from a patient, and 64 percent have experienced gender bias from a patient.

Among the smaller sample of male ODs who responded, 26 percent said they have been sexually harassed by patients, and 10 percent said they have been the subject of sexual harassment by professional colleagues. | [WO](#) |

Why Let Your Patients Leave **CONFUSED** and **SYMPTOMATIC?**

OD finds that patients are eager to try natural eye care and are impressed by the results

Susan Mozayani, OD, says that she's hearing more complaints of symptoms of dry eye at Marin Eye Care, her practice in Novato, California. "It seems to be getting worse in our area." It's been a focus of hers since the cold start of the practice 14 years ago. "I decided to expand in the area of dry eye therapy so that I could address issues and educate patients," she says.

Dr. Mozayani, who started her professional career in clinical science researching leukemia, made the switch to optometry 24 years ago because she loved that she could make these connections with patients one-on-one, provide excellent care and impact their lives. When she started focusing on dry eye, she began noticing trends about how patients controlled their symptoms in the past. "A lot of their former doctors had told patients to get eye drops, but the patients were confused about what to get or they got something that didn't work. They were left on their own while still suffering," she says.

MAKE IT CONVENIENT

That was one major draw that Dr. Mozayani saw in working with Natural Ophthalmics—she can carry the products right in her office, and the company provides her with exam room samples and brochures that help her educate patients. "I prescribe the kind of eye drops that they should have," she says, adding that she doesn't want them to get bargain products at the drug store. "I tell them to get the best because they don't have to use as much, and it's more



Dr. Mozayani says that it's so rewarding to help patients find effective relief from their dry eye symptoms.

productive in the long term. Then I tell them we have them in stock." It's a convenience that patients appreciate. "Patients don't want to have to walk around the pharmacy. They are more compliant and happier when you take the time to hand the product to them. They respect you."

Her most popular seller is the Women's Tear Stimulation Eye Drops, and she even offers them for sale on her website as well as in the office. "These women's drops are the best," Dr. Mozayani says, adding that husbands of her patients often come in and say, "What drops did you give my wife? That's what I want!" So I dispense Tear Stimulation Forte Eye Drops."

Dr. Mozayani also likes the Allergy Desensitization Eye Drops for relief from itching, burning, watering, edema and general ocular sensitivity. She has used the Floater Pellets for floaters resulting from post-surgery or injury cases. The pellets, taken orally, use a formula containing seven homeopathic active ingredients to trigger the body's natural ability to dissolve floaters.



GOOD NEWS TRAVELS

When patients have a positive experience at Marin Eye Care and find relief from dry eye symptoms, it's not unusual for Dr. Susan Mozayani to see their family, friends and coworkers in her exam chair. That's been the case specifically with the Women's Tear Stimulation Eye Drops from Natural Ophthalmics, which are regularly requested by referred patients. "These drops fly off the shelves," she says. "People come in and say their neighbor uses them, and they want them, too." She recently had a new patient who had driven to see her from two hours away. "Some of my current patients were vacationing in her area and talking at the restaurant where she worked about their dry eye and how it was addressed." This waitress was so impressed that she drove to see Dr. Mozayani herself. | [WO](#) |

PATIENTS LIKE NATURAL OPTIONS

Dr. Mozayani discovered Natural Ophthalmics at a convention a few years ago. She attends events looking for new products and brought back samples to try on her most challenging cases. The results were impressive. "These patients came back with positive responses, and they liked the drops. I decided to bring the Natural Ophthalmics products in because they are all natural—unlike anything else on the market—and mild, with no preservatives." Dr. Mozayani says that she finds it most impressive when patients are willing to pay out of pocket for the services because they've heard from their friends that Dr. Mozayani can find them a solution. | [WO](#) |

“What drops did you give my wife? That's what I want!”

WOnline

See more stories on Natural Eye Care under Growth Strategies on womeninoptometry.com.

OFFICE Design

Transformative Practices



A former funeral home is now the beautiful new office of Heartland Eye Care.



What makes a great practice location? Accessibility is a factor, of course. Good drive-by or foot traffic is great. It needs enough space for the staff, doctors, services, technology and dispensary; most owners want parking. And then there's that certain *je ne sais quoi*. Maybe it's charm or a knockout view; it's something that appeals to the owner, staff and customers alike.

Sometimes, the perfect place to land is in a nest someone else has made. These ODs each took one of their town's well-known buildings, originally built for a completely different purpose and transformed it.



A local farm machinery company made this sign, in the shape of North Dakota, that hangs behind the desk. The star indicates where Park River is, and Dr. Helgeson made the wooden frame behind it.

NEW LIFE FOR A FUNERAL PARLOR

Dori Carlson, OD, FAAO, and her husband, Mark Helgeson, OD, decided that they could be part of a small resurgence in Park River, North Dakota. They purchased an old funeral home, but the spectacular office with the high atrium entryway looks nothing like its former self. Local photographers' work featuring old barns and the Northern Lights is featured; an ironworks company specializing in farm machinery created a beautiful sign that Dr. Helgeson mounted on wood that resembles an old barn door. It hangs in the reception area. An antler chandelier lends the space a quintessentially local flair. **WO**



Dr. Carlson

WHAT'S IN STORE?

Kristin O'Brien, OD, bought the practice in Sidney, Montana, where she had been an associate and started making some changes. As one of several small offices carved out in the back of a former department store constructed in the 1950s, the practice lacked visibility. Dr. O'Brien purchased the building and expanded once the other offices were vacant. The office stayed open during the renovation with signs alerting patients to the changes that were underway. "Our contractors were amazing and conscious of our business hours, so they waited until Friday afternoon or the weekend to blow out any walls," she says. They tripled their space but also created additional office spaces for rental opportunities. An architect worked on initial designs, but Dr. O'Brien and her husband did most of the interior design. She describes the space as a warm, industrial design, with unique lighting and a fireplace for patients to sit near while they are waiting. | [WO](#) |



Dr. O'Brien



A former department store now houses Sidney Eye Care Center.



Dr. Langle

SWEET SPOT

Lunettes Family Eye-care and Optical Boutique in Chicago, Illinois, was once an ice cream shop. It had also been a hair salon, but when **Karina Langle, OD, FAAO**, and her husband, **Edward**, purchased it in October 2012, it was a foreclosed and abandoned building. The couple held onto the space for a few years before starting the reconstruction; their second baby arrived shortly after the purchase went through. The 1,625-square-foot building was a shell of cement blocks, bricks and boarded-up windows, and it needed a new roof. It now has a large front area and optical, pretesting room, visual field room, three exam lanes—one of which is equipped—and space for her office, a break room and storage. "I designed it to evoke an old-time vintage feel, with tin ceilings, but a modern feel. I wanted to keep everything fairly neutral," she says. Even the name and the Lunettes logo are vintage-inspired designs. | [WO](#) |



The style of Lunettes is vintage inspired and a complete change from the abandoned shell.



Dr. Jones brings a different look to a former police department.



Dr. Jones

A DIFFERENT KIND OF PD

When **Megan Jones, OD**, was looking for a larger space than the cramped office she shared with a dentist, moving into an existing building seemed like a better fit for her budget. A patient alerted her that the former Pendleton, Indiana, police department, just one block away, was available. It offered her double the space she had currently, with room for three exam lanes. She hired a construction team to remodel and open the space to provide great lighting for patients as they enter and browse the frame selection, she says. The main floor is all of the clinical and public space, while an area upstairs gives her plenty of room for storage and additional office space. | [WO](#) |

WOnline

Read more about each doctor's practice using the links below.

Dr. Carlson: goo.gl/JmGLU5

Dr. Langle: goo.gl/UEqJdc

Dr. Jones: goo.gl/RRRHkK

Dr. O'Brien: goo.gl/4nRvZ2

A RIVER Ran Through It

OD rebuilds after Amite River flood left four feet of water in her office



Cynthia Baker, OD, has practiced on the same street in Denham Springs, Louisiana, for the past 34 years. She started in the office as an associate, and a few years later, she bought the practice and has been in the same office building since she had it constructed in 1995. Last year, “it was 21 years old and needed a color change,” she says. “It didn’t need a wrecking ball—but I got one.”



Dr. Baker

She’s referring to the terrible flood that hit town on Aug. 12, 2016, when a rainstorm flooded the Amite River. “There was between four and five feet of water, and it stayed for several days,” Dr. Baker says. “I saved my diplomas and about half of my charts, but we lost pretty much everything else.”

While Dr. Baker was letting the devastation sink in, she didn’t even know that the revival of her office had already begun. By the time she got to her office, staff, family and friends had started the clean-up

process. Dr. Baker’s nephew had brought along family friend, **Danny Marks**, of the Marks Group, LLC, construction company. “I’m so grateful to Danny and his team, who just showed up and started working,” Dr. Baker says. “I never had to hire anyone. He is truly an angel—his halo and wings don’t fit in my building. He got me from cement and studs to seeing patients in seven weeks.” Her office was the first business to reopen on the street.

Dr. Baker found inspiration for her new office design from the Bartlesville, Oklahoma, practice of **Emily Bussey, OD**, whose story ran in *Women In Optometry*. “I looked at many different offices to pull ideas, and Dr. Bussey was extremely kind when I contacted her. She sent me all names of her paint colors and her wallpaper,” Dr. Baker says, adding that she was able to secure every last roll of the wallpaper that the manufacturer had at a discounted price. Dr. Baker had to move quickly on making decisions on all of the details from flooring, paint, light fixtures, doors and knobs because the team rebuilding her office was so efficient it had her back to seeing patients on Oct. 3, 2016, just seven weeks after the flood. All of the details fell into place, creating a space that patients regularly describe as soothing and calming.



The practice is light and airy.

The office doubled its number of exam rooms from two to four, relocated its lab and added a pretest room and a private office. They started from scratch on instrumentation. Her staff ordered the computers and phone systems, and a month after the flood, Dr. Baker and her daughter, **Celeste Baker DiCarlo, OD**, attended Vision Expo West for some equipment deals. They brought home a 3D OCT Maestro, an OCT and retinal camera all in one from Topcon Medical



Dr. Baker had plans for remodeling her office; a major flood sped up the timeframe.

Systems, and they were lucky enough to win a ClearChart digital acuity system from Reichert Technologies.

The devastating storm didn’t receive the press coverage that Hurricane Katrina did, but Dr. Baker says that many of her patients are still affected by loss a year later. She encourages her colleagues to be proactive in defending themselves from flood, fire or tornado. “It’s hard to protect yourself from these tragedies,” she says. Invest in flood insurance—she’s glad she did—and frequently back up computer systems, she recommends.

Dr. Baker says that she’s surprised with the volume of patients who have been coming through her doors since she reopened. “I thought we wouldn’t be busy because people would be concentrating on getting their lives back together or wouldn’t have the financial means to come in,” Dr. Baker says. “But we are so busy, and it’s such a blessing. It’s the opposite of what I expected.” | [WO](#) |

WOnline

See Dr. Baker’s story at goo.gl/dJvNAo or visit The Physical Space under Models of Practice on womeninoptometry.com.

WOMEN IN THE News



Dr. Lott



Dr. Wonderling



Dr. Dentz



Dr. Sokol



Dr. Renner



Dr. O'Dell



Dr. McNeely



Dr. Sclafani



Dr. Slaby



Dr. Finch

▲ **Megan Sumrall Lott, OD**, of Hattiesburg, was given the Optometric Community Service Award by the Mississippi Optometric Association.

▲ **Louise Sclafani, OD**, of Chicago, Illinois, was honored with the Impresa Award from the Joint Civic Committee of Italian Americans.

▲ **Lisa Slaby, OD**, of Oneida, was honored as Optometrist of the Year, and **Ashley Finch, OD**, of Whitehall, was awarded the Young OD of the Year from the Wisconsin Optometric Association. **Ann Wonderling, OD, FCOVD**, of La Crosse, becomes the association's president-elect in January; **Amber Dentz, OD**, of Hartland, becomes vice president; **Tessa Sokol, OD**, of Madison, becomes secretary; and **Christine Renner, OD**, of Maustin, becomes treasurer.

▲ **Justine O'Dell, OD**, of Spartanburg, was honored with the Optometric Horizon Award this year by the South Carolina Optometric Physicians Association (SCOPA) for her involvement and initiatives within SCOPA and the community in the past five years. **Johndra McNeely, OD**, of Greenville, was the recipient of the Tim Burrell Legislative Award from SCOPA for showing exemplary volunteer service in the area of grassroots politics involving the SCOPA and South Carolina government.

▲ These women ODs were named as CooperVision's 2017 Best Practices honorees and were chosen for their leadership and success in optometry: **Shauna Thornhill, OD**, of Amarillo, Texas; **Britney Caruso, OD**, of Lake Worth, Florida; **Gina Wesley, OD, MS, FAAO**, of Medina, Minnesota;

▲ A number of women optometrists were recognized in the *Vision Monday* Influential Women in Optical annual report. **Carol Alexander, OD, FAAO**, of Jacksonville, Florida; **Heidi Q.T. Pham-Murphy, OD**, of Sacramento, California; and **Andrea P. Thau, OD, FAAO, FCOVD, DPNAP**, of New York, New York, were honored in the Executive Suite. **Kristin S. O'Brien, OD**, of Denver, Colorado; **Shauna Thornhill, OD**, of Amarillo, Texas; and **H. Lindsay Wright, OD**, of Louisville, Colorado, were named

Rising Stars. **Laurie Sorrenson, OD, FAAO**, of Austin, Texas, was recognized as a Mentor. **Diana Canto-Sims, OD**, of Chicago, Illinois, and **Bridgitte Shen Lee, OD**, of Houston, Texas, were named Innovators.



Dr. Sorrenson



Dr. Canto-Sims



Dr. Lee



Dr. Alexander



Dr. Pham-Murphy



Dr. Thau



Dr. O'Brien



Dr. Thornhill



Dr. Wright

▲ At the American Academy of Optometry meeting in Chicago in October, 256 new Fellows were confirmed. At least 60 percent of them were women. Seven of the 10 Diplomates awarded were women. Here are the U.S. recipients: Diplomates in Binocular Vision, Perception and Pediatric Optometry **Cara Frasco, OD, FAAO**, Dublin, Ohio, and **Erin Jenewein, OD, MS, FAAO**, of Hattboro, Pennsylvania; Diplomate in Cornea, Contact Lenses and Refractive Technologies **Marsha Malooley, OD, FAAO**, of Chicago, Illinois; Diplomate in Public Health and Environmental Vision **Barbara Cohn, OD, FAAO**, of Billings, Montana; and Diplomate in Vision Science **Hua Bi, OD, PhD, FAAO**, of Davie, Florida.



Dr. Frasco



Dr. Jenewein



Dr. Malooley



Dr. Cohn



Dr. Bi

Katherine Schuetz, OD, of Carmel, Indiana; **Kristi Kading, OD, FAAO**, of Kirkland, Washington; and **Stephanie Woo, OD, FAAO**, of Lake Havasu, Arizona. | WO |



Dr. Thornhill



Dr. Caruso



Dr. Wesley



Dr. Schuetz



Dr. Kading



Dr. Woo

The VISION to WIN

OD starts sports vision business as an adjunct to primary care practice



Dr. Stewart

In the 10 years since **Jennifer Stewart, OD**, graduated from optometry school, she's felt like there was more she could be doing for some patients, notably athletes. Dr. Stewart trained with sports vision guru **Don Teig, OD**, and wanted to provide athletes with a sports-focused, performance vision training center that was convenient around training, practices, games and tournaments.

"Two years ago, I sat down with my husband and I said, 'There's never going to be a good time to start a sports vision business. So let's do this.'" Her husband, **Gus Ellison**, is COO and handles the marketing and strategic planning for Performance 20/20; she's the chief optometric officer. She was on maternity leave at the time, and she'd pack her 3-week-old and 2-year-old sons into the car and drive around looking at locations. She had some specific requirements: it needed to be a community where competitive sports were a big deal, and

Stamford, Connecticut, fit the bill. She ended up finding a location alongside a world-renowned strength and conditioning facility, a multilocation physical therapy group and a chiropractic group known for its work with professional athletes. Together, they share a 10,000-square-foot space, formerly a NY Sports Club, on the second floor of one of the area's largest hockey complexes.

New clients are encouraged to have a comprehensive eye exam, and Dr. Stewart conducts a visual screening as part of a sports vision evaluation. "It's amazing how many kids we found who have never had an eye exam. They have 20/40 or 20/50 vision and are trying to play at this high level of competition." Athletes are welcome at Norwalk Eye Care, the practice Dr. Stewart joined in 2008 and now co-owns along with **Mark Feder, OD**, if they don't have an optometrist of their own.

Recently, Performance 20/20 has expanded to include mobile training, where the trainer goes to the team. This may be an increasingly attractive feature for college teams, she says. They've also worked with some of the other sports and performance groups. "This summer, we held three goalie camps with the rinks. The athletes would rotate between skating, weight training, off-ice training and an hour with us."

Neither vision nor medical insurance covers sports vision. "We're in an affluent area, and parents are willing to spend to give their athlete a competitive edge," Dr. Stewart says. Performance 20/20 uses some standard vision therapy equipment, but it has also invested in state-of-the-art technology, such as the Senaptex Sensory Station, originally developed by Nike, which provides 10 assessments, including contrast, eye-hand coordination and depth perception. "The system comes up with an athlete profile that shows the athlete where he or she is compared to other athletes in the same sport, position and age. We are driven by data," she says. This system provides a quantitative measure every time athletes are tested, which spurs them to work hard and assures parents, who are paying the bill, of results. The trainers and Dr. Stewart gather information from a variety of evaluation tools to develop an athlete's VisionIQ, a unique profile used to develop a training plan.

"Our trainers are so creative. They try to push these athletes to cognitive overload, asking them questions or playing loud music to create a setting of distractions," she says.

For the next phase of growth, the couple is now looking at ways to deliver in-home practice sessions remotely for distant teams or local athletes away at boarding school. "A year ago, I would never have expected that we'd move outside of the facility for any training." | **WO** |



A rebounder helps a hockey player work on his tracking.



Athletes can come in for one-on-one or small group sessions.



CREATE A WINNING STRATEGY: ADMINISTRATION



Dr. Justin

By Laurretta Justin, OD, Orlando, Florida, Founder of CEO of You

Management thinker Peter Drucker is often quoted as saying that “you can’t manage what you can’t measure.” In other words, it’s difficult to know whether you are successful unless success is defined and tracked. The primary focus of administration is to measure, manage and monitor each system of five key areas of your practice as listed below. The most crucial to the financial success of your practice are metrics, key performance indicators (KPIs) and benchmarking, so I’ll start there and briefly review the other four.

KNOW YOUR TERMS

As this is the building block for how a practice’s performance is both assessed and achieved, it’s paramount to have a fundamental understanding of these terms.

A *metric* is a quantifiable measure that is used to track and assess the status of a system or process.

A *KPI* is a measurable value that demonstrates how effectively a company is achieving key business objectives.

Benchmarking is the process of comparing a practice’s performance criteria and business processes to other practices within the industry.

Identify a few KPIs for your own practice, and assign a benchmark for each one, according to industry norms. Finally, establish a few metrics to track the factors that affect each KPI. You should know your KPIs like you know the back of your hand. Ideally, you should track them daily, but at least track them monthly.

OTHER MEASURES

Business protection: Do everything within your means to limit risk and to keep your business running smoothly. Hire competent advisors, and meet with them at least once per year to keep your business protected.

Human resources (HR) and payroll: Avoid spending time on activities that generate no revenue, such as HR. Consider outsourcing that and payroll—and if that’s not in the budget now, plan to do so in the future. Remember, your time is best spent on revenue-generating activities.

Communication systems: Business communication is an integral part of running and managing a successful practice. Owners, administrators and employees must be able to communicate effectively with each other, patients, vendor partners and the community. Measure the effectiveness of your verbal, written and electronic methods of communication.

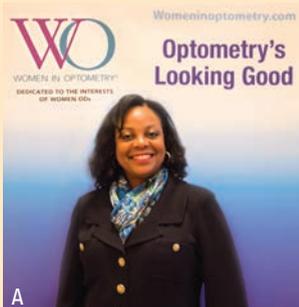
Information technology: All technology (hardware or software) in your practice should be classified into one of two categories: revenue-generating or operation support. Doing so will help you make sound decisions when investing in new technology for your practice.

Remember: What you can’t measure, you can’t manage. What you can’t manage, you can’t control. What you can’t control, you can’t administer. | [WO](#) |

You can email Dr. Justin at drlaurretta@drlaurrettajustin.com.

THEIA Awards

Three women ODs were honored at the 2017 Theia Awards during the American Academy of Optometry meeting in Chicago. The awards recognize women ODs in the categories of leadership, mentorship and education, and innovation. This is the second year of the Theia Awards; nominations will open for the 2018 awards in the summer of 2018. | [WO](#) |



A: Dr. Millicent Knight poses for the *WO* cover. B: Dr. Shauna Thornhill and Dr. Chris Cordero. C: The Theia Awards event offers time for networking and relaxing. D: Dr. Ashley Tuan and Dr. Christine Sindt. E: Dr. Stacy Ayn Lyons, second from right, was a 2016 Theia Award winner.



PRACTICING AND PARENTING: THE STRUGGLE IS REAL

Progressive and understanding bosses can relieve some of the stress

By Rebecca Harris, OD, associate at Klosterman Eye Associates in Harrodsburg, Kentucky

My father, **Harvey Schleter, OD**, was my mentor as I grew up. I saw that he was able to enjoy his career as an optometrist while also having time to be an active part of his family. When I was 20, I had my first optometry-related job at a Lexington referral center. My dream was to work in that type of setting one day, where I could work with patients with ocular disease and pathology. After graduating from University of Alabama at Birmingham School of Optometry, I completed a residency in ocular disease at VisionAmerica of Birmingham. I gained tremendous experience in providing eye care and co-managing care.

But changes happen in life, and, as they do, so do the plans. My husband, **West Harris, DMD**, and I wanted to find a place where we could both be happy practicing optometry and dentistry, respectively, and we ended up here in Harrodsburg.

Juggling career and families is tough for male and female ODs. Three of my four children are younger than 3, so I'm working three days a week now, and my mom helps me on the night when we have later hours. In emergencies, I feel confident in knowing that I can pick up my child and do an eye exam with a two-year-old in the corner. I'm thankful that I work in a practice where my boss and the patients understand.

I have been fortunate throughout my career to practice with many progressive doctors with an emphasis on quality care. This rural location brings a range of patients and pathologies. Kentucky's law mandating children's eye exams draws in many pre-K patients. Being a good parent and eye care practitioner at the same time isn't easy. But from my father and others, I've learned it is possible. | [WO](#) |



Dr. Harris

MAKING CONNECTIONS BETWEEN CLINICAL TRIALS AND THE EXAM ROOM

By Angela M. Chen, OD, MS, FAAO, associate professor at Southern California College of Optometry (SCCO) at Marshall B. Ketchum University and vice chair of the Pediatric Eye Disease Investigator Group (PEDIG) network



Dr. Chen

I first learned about PEDIG as a resident at SCCO and became an associate investigator during my residency. This opportunity opened the door for me to see how clinical trials are developed and conducted. I am honored to be a part of this network, consisting of many pediatric optometrists and pediatric ophthalmologists who put their time and effort into making the clinical trials possible. The results of the PEDIG studies have influenced what I teach to students at SCCO and optometrists at CE, and, most importantly, they have changed clinical practice.

MENTOR'S GUIDANCE

I must give credit to **Sue Cotter, OD, MS**, who has been a big influence on my career. Dr. Cotter has been involved in the PEDIG network since its inception and held the role of vice chair for the PEDIG network at the time when I became a PEDIG investigator; she was instrumental to many young ODs, including me. She did an excellent job

representing optometrists in the network, making sure that optometry was included whenever opportunities arose.

WORKING TOWARD GOALS

I gain so much from being a part of the PEDIG network, especially from my colleagues who are so generous offering their opinions, comments and suggestions. There is a unique harmony in the network between the optometrists and ophthalmologists. Here in the network, we have a common goal, which is to perform clinical trials to answer many questions we have about patient care, with the hope to provide better care for our pediatric population. We can share why we make certain actions, as supported by clinical trial, or we can change our practices when they are not supported by the evidence. In my role as the PEDIG vice chair and the SCCO faculty, I hope to emulate the impact that Dr. Cotter has on the profession, as a mentor, leader and advocate for optometry. | [WO](#) |

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