



Balancing WORK & LIFE

ODs share
strategies
for managing
their hectic
schedules



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Precarious **BALANCE**

Finding balance is not a one-and-done proposition. It's a continuous search and recalibration. What may resemble balance for an OD parent of young children does not look the same, necessarily, for someone whose kids are in college or whose parents or spouse need extra attention.

At the *Women In Optometry (WO)* Leadership Summit in St. Louis, Missouri, in June 2019, panelist **Mary Anne Murphy, OD**, explained how she realized that balance is an act of compensation. An angler who often fishes with her dog in her canoe, she learned to read the water and her dog to stay stable. When the dog moves, she compensates by leaning in the opposite direction. It's a great analogy for all the things that people must do to find balance.

The optometrists in our cover story talk about the compensating activities that they do to keep themselves physically and mentally steady. There are compromises, certainly; they may be waking hours before the rest of the household to find some me time or limiting the amount and duration of travel while children are young. But the joys of feeling fulfillment with their personal and professional lives is clear in these stories. The definition of success is in the eyes of the beholder.

Many ODs in this issue share their successes with readers—from opening stunning practices to individual honors. Doctors find that new equipment, products and services are helping them to provide better outcomes to more patients.

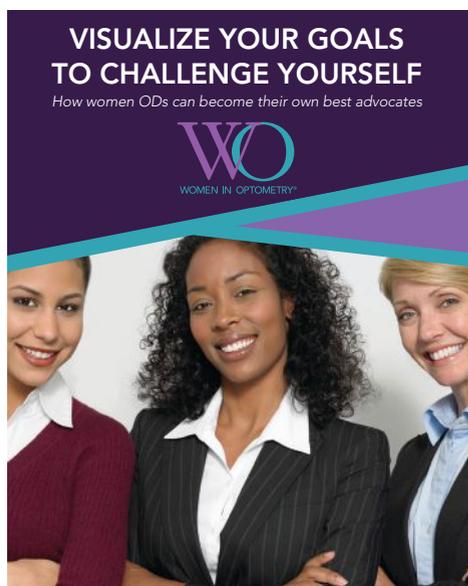
WO is similarly looking for ways to engage our readers and the community of ODs more effectively. We're relaunching womeninoptometry.com to make it easier, more informative and more fun to read. Our Facebook, Twitter, Instagram and LinkedIn communities are growing. We've had more than 15,000 *WO Voices* podcast downloads since the series started, and we'd love to hear from you about topics we should be covering.

Especially exciting to us is the second annual *WO Leadership Summit, Visualize Your Goals to Challenge Yourself: How women ODs can become their own best advocates*. We'll look at leadership, negotiation, balance and finances during an afternoon meeting on Tuesday, June 23, in Washington, D.C. We'd be honored to have you join us. | WO |

THE Editorial Pages



Marjolijn Bijlefeld, Managing Editor



Women In Optometry Leadership Summit will be held June 23, 2020.

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By using the most advanced Phoropter, **Phoropter® VRx**, and the pixel-perfect **ClearChart® 4** Digital Acuity System, multitasker **Lisa Genovese, OD**, has brought balance to her practice and personal life. While managing **Insight Eye Care's** multiple locations she efficiently juggles being a full-time optometrist, a full-time entrepreneur, and a full-time parent with the help of Reichert's complete line of digital refraction devices.

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Jenny Coyle, OD, MS, FFAO
Fullerton, California



Nikki Iravani, OD
Santa Clara, California



Alison Jensen
Berkeley, California



Lillian Kalaczinski, OD
Grand Rapids, Michigan



Viola Kanevsky, OD
New York, New York



Sidra Qadri, OD
Los Angeles, California



Jessilin Quint, OD,
MS, MBA, FFAO
Augusta, Maine



Sherrol Reynolds, OD,
FAAO
Davie, Florida



Mona Sood, OD
Chicago, Illinois



Annabelle Storch, OD
New York, New York



Shauna Thornhill, OD
Amarillo, Texas

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Editorial
Pages



Dr. Chan

● **Mamie Chan, OD**, of Albuquerque, New Mexico, was born into a family of optometrists and took over the reins of her father's practice in 2000. She's been involved with organized optometry on many levels: she has served as president of the New Mexico Optometric Association, and Dr. Chan is currently in the Research and Information Resource Group for the American Optometric Association (AOA). She is on the board for the Great Western Council of Optometry as the New Mexico Director and this year received the OD of the Year award from that organization. She was also the 2018 OD of the Year for New Mexico. Her solo practice focuses on primary care and has a large pediatric population. She recently moved into a new location in the same building—which her father had constructed in the 1970s.



Dr. Iravani

● **Nikki Iravani, OD**, of Santa Clara, California, is founder and CEO of EyeXam Optometry and the EyeXam™ app, a self-guided vision screening using a mobile device and the second most downloaded free app in the medical category on iTunes. In opening the flagship location of EyeXam in Silicon Valley, Dr. Iravani combined her decades of experience in clinical practice and clinical research with the latest eye care technology, personalized care and a blend of eyewear fashion and fun to create this new experience. Prior to founding EyeXam, Dr. Iravani was the vice president of clinical and professional affairs at CooperVision.



Dr. Jensen

● **Alison Jensen**, of Seattle, Washington, will graduate with the class of 2020 from University of California Berkeley School of Optometry. During her studies, she served as vice president of the American Optometric Student Association. Next year, she will join her father in the practice that her grandfather opened. Dr. Jensen says that she's been inspired by many women she's worked with as both peers and faculty, and she appreciates their perspectives on entering the medical workforce, including the significance of a healthy work-life balance.



Dr. Kanevsky

● **Viola Kanevsky, OD**, of New York, New York, has been a pediatric optometrist for 25 years specializing in custom contact lenses. She says that she tries to give back to the community that fostered her personal happiness and professional success as vice president of the New York State Optometric Association; director of the Optometric Society of the City of New York; treasurer of the state chapter of Volunteer Optometric Services to Humanity; holding editorial roles for optometric publications; and as a trustee for Ilya and Emilia Kabakov Foundation, which produces benefit concerts for an international project whose goal is to promote tolerance among children of differing cultures.



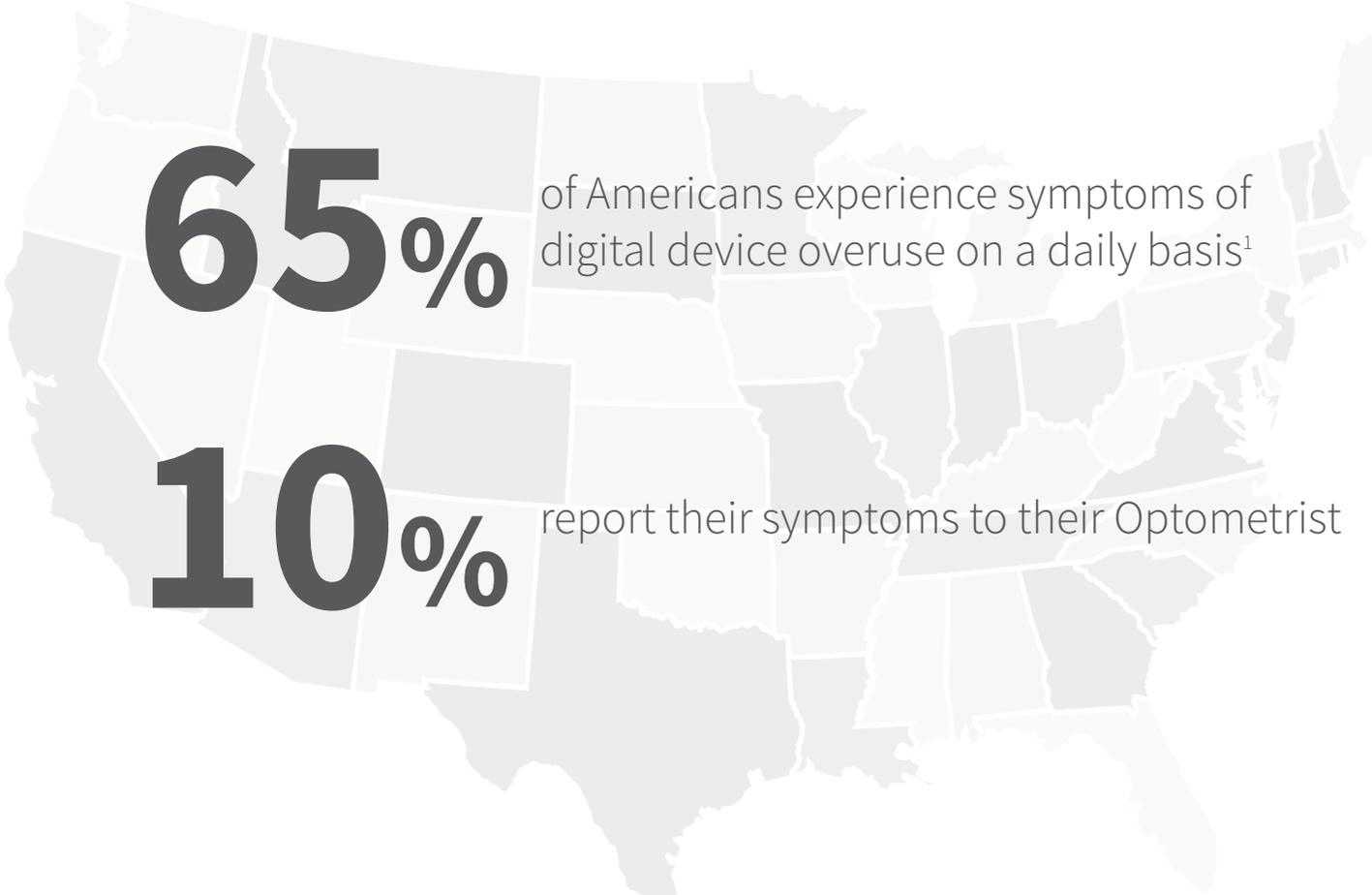
Dr. Qadri

● **Sidra Qadri, OD**, of Los Angeles, California, is an associate OD at Dougherty Laser Vision. She co-manages patients internally for refractive surgery such as LASIK, PRK and implantable contact lenses, as well as cataract surgery patients and keratoconus patients with treatments such as crosslinking and Intacs. She is a graduate of the Rosenberg School of Optometry in San Antonio, Texas, and completed externships in ocular disease at Community Eye Care Clinic in Fort Worth, Texas; primary care optometry and ocular disease management at the Veterans Affairs Hospital in Peoria, Illinois; and refractive surgery co-management in San Antonio.



Dr. Quint

● **Jessilin Quint, OD, MS, MBA, FFAO**, is a Texas native who owns a practice with three locations, 50 employees and seven full-time ODs in Maine. She is a board certified diplomate of the American Board of Optometry, she received her optometry degree from Indiana University School of Optometry in 2014, and she completed an ocular disease and primary care residency at the Illinois Eye Institute in Chicago, Illinois, in 2015. She is passionate about education and earned an MBA in health care management and an MS in molecular biology. Dr. Quint is an active volunteer in the optometric industry and serves on the Executive Meetings Committee for the AOA and is a board member of Maine Optometric Association. | [WU](#) |



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The Vision Council “Digital Eye Strain Report 2016.” <http://www.thevisioncouncil.org/digital-eye-strain-report-2016>

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44 Percent of Practicing ODs Are WOMEN

In early 2020, women optometrists accounted for 44 percent of all practicing ODs, the same percentage noted in the *Women In Optometry (WO)* 2019 tally. In 2018, women accounted for 43 percent of all practicing ODs. Overall, the data shows less than a 0.1 percent increase in the total number of ODs,

from 51,902 in 2019 to 51,937 in U.S. states and Washington, D.C. This year, WO included data from U.S. territories of Puerto Rico and Guam. In comparison to 2019 data for the 50 states and Washington, D.C., the number of women in practice increased just more than 0.1 percent. | [WO](#) |

COLOR CODING:
 ▲ = % of women went up since Jan. 1, 2019.
 ▼ = % of women went down since Jan. 1, 2019.
 • = no change

ODS IN PRACTICE 2020

State	Total ODs	Men	Women	Percent of women	State	Total ODs	Men	Women	Percent of women
Washington, D.C.	121	55	66	55% ▲	North Carolina	1,225	738	487	40% •
Maryland	815	384	431	53% •	Washington	1,350	824	526	39% •
Massachusetts	1,276	605	671	53% ▲	Alaska	149	91	58	39% ▼
California	6,919	3,373	3,546	51% •	North Dakota	200	123	77	39% ▲
Delaware	133	65	68	51% •	Kentucky	651	403	248	38% •
New York	2,960	1,467	1,493	50% •	Louisiana	460	286	174	38% ▲
Illinois	2,346	1,177	1,169	50% •	Wisconsin	944	589	355	38% •
Texas	3,909	1,979	1,930	49% •	New Mexico	262	167	95	36% •
Hawaii	287	148	139	48% •	Nebraska	375	240	135	36% •
Virginia	1,233	638	595	48% •	Mississippi	340	218	122	36% •
New Jersey	1,294	672	622	48% •	South Carolina	619	399	220	36% ▲
New Hampshire	240	129	111	46% •	Oklahoma	761	496	265	35% •
Florida	2,881	1,580	1,301	45% •	Maine	254	166	88	35% •
Oregon	807	445	362	45% ▲	Kansas	649	433	216	33% •
Alabama	753	416	337	45% •	Arkansas	465	315	150	32% ▼
Colorado	1,075	606	469	44% •	Iowa	604	411	193	32% •
Rhode Island	209	118	91	44% ▲	South Dakota	206	141	65	32% •
Connecticut	592	335	257	43% ▼	West Virginia	239	165	74	31% •
Pennsylvania	2,337	1,323	1,014	43% •	Vermont	114	80	34	30% •
Georgia	1,223	696	527	43% •	Montana	205	153	52	25% •
Minnesota	972	560	412	42% •	Wyoming	139	108	31	22% •
Nevada	432	251	181	42% •	Idaho	302	256	46	15% •
Indiana	1,351	788	563	42% •	Utah	370	327	43	12% •
Tennessee	1,122	659	463	41% •	Subtotal	51,937	29,035	22,902	44% •
Michigan	1,621	958	663	41% •	Puerto Rico	268	107	161	60%
Missouri	1,052	624	428	41% •	Guam	11	6	5	45%
Arizona	987	586	401	41% •	U.S. Total	52,216	29,148	23,068	44%
Ohio	2,107	1,269	838	40% •					

Up or down arrows indicate a change of at least 1 percent compared to 2019, when rounded. Source: healthgrades.com, accessed January 2020.

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Dr. Hines

Nettie Hines, OD, has loved the challenge and satisfaction that comes from successfully fitting patients with scleral contact lenses. She worked with an ophthalmology practice after graduating from optometry school, and in October 2019, she opened her own practice, HineSight Vision Care in Flowood, Mississippi, after acquiring a retiring OD's patient records.

While she offers a full range of primary eye care services, she'd be happiest if she could focus solely on dry eye and specialty lenses. The optometric community in town has been very happy to refer scleral lens patients to her.

"The patients appreciate being able to come here for the service, and then they return to their primary eye care provider for their routine care," she says.

TOPOGRAPHY FOR ALL PATIENTS

Before she opened, she attended the International Congress of Scleral Lenses held in Fort Lauderdale, Florida, in 2019. There she met a representative from Marco and "we discussed the importance of getting topography on all my patients, and I was so impressed by the Marco technology," she says.

She purchased the brand new TRS-6100 as well as the OPD-Scan III (OPD3) and LM-7. "I had worked with the TRS-5100 previously, but the 6100 is more user-friendly and integrates well with my practice management system," she says. Initially, she was leaning toward doing manual refractions, but she's thrilled that she made the leap to this technology.

Every patient who comes into the practice for a comprehensive eye exam has the OPD3 scan done. "As a result, I'm able to break apart the individual components of the

optical system, which is key to making an assessment," she says.

SETTING EXPECTATIONS

Before dilation, she completes the refraction. The results from the OPD3 help her determine if there are ocular surface issues that might impact what the ultimate endpoint will be. "I can tell patients, 'This is what I can correct.' If there are internal issues with the eye, I can set the bar so that patient isn't disappointed. 'You have cataracts that I'm watching, but as a result, this is what I'll be unable to correct.'"

The OPD3 also lets her know when she is likely to get the patient to 20/20 rather easily. "I can use the autoJCC with split prism in the TRS-6100. It utilizes what I do in a normal refraction and determines the astigmatism axis and power. Rather than asking patients which is better, I can show them simultaneous comparisons so that they can look at the right and left images and tell me. It's super helpful in fine-tuning the prescription," she says.

Each day, she says she is learning more about the TRS-6100. "I'm having fun seeing what it can do. As soon as I get comfortable with a procedure, I want to start taking it to the next level."

Dr. Hines outfitted one of her two exam lanes with the Marco equipment. "Refraction is the lifeblood of what we do," she says, and she finds it so interesting. A physics major in undergraduate school, she has always been interested in optics and the different techniques eye care professionals can use to achieve better vision.

"Medical and specialty services may be the way of the future, but the first step in eye care is to complete a thorough medical exam. The OPD3 allows me to see how

clean the optical system

is, and then the TRS allows me to identify the endpoint quickly and effectively," she says.

INCREASING SALES

Although Dr. Hines's practice is still quite new, she does expect that the Marco technology is helping to increase sales. "One of the best qualities of the 6100 is being able to flip between the prescription the patient walked in wearing and the one we just identified. It takes the decision-making out of my hands when patients ask if their prescription changed or they need to get new eyewear," she says. Most patients find that they do see enough of a difference in the comparison that they want to purchase new eyeglasses. "Even 0.25D can make a difference to them," she says.

Her ability to flip between a night and day prescription with the OPD3 is also very helpful. "I can show patients that the prescription for nighttime, with a dilated pupil, is a little different. 'Maybe it's worth it to consider a pair of night-time driving eyeglasses.'" The OPD3 also allows her to simulate the patient's vision with single vision, bifocal, progressive and computer progressive lenses.

The more educated her patients are about the advantages that different eyewear can provide, the more interested they are in achieving the best visual function and comfort for their diverse demands. | [WO](#) |

“It takes the decision-making out of my hands when patients ask if their prescription changed.”

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Read more in the Marco channel under Growth Strategies on womeninoptometry.com.

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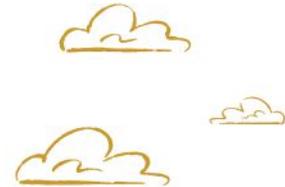
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When Ashley McFerron, OD, purchased her practice—Canby Eyecare, in Canby, Oregon—in 2011, she knew she was tapping into a great opportunity. The previous owner in this small town provided mostly refractive care and acute care as necessary. But she realized that with some technology investments, she could bring more services to more people.



Dr. McFerron

The practice grew quickly, doubling its revenue in about three years—even with no external marketing. “Even if no new patients had come in, we would have grown because I was co-managing more diseases and adding services such as dry eye,” she says.

BRING OTC IN

At about the same time, she realized that it made sense for her to carry the over-the-counter products that she most often recommends. “Once we started carrying products, we have kept adding more because patients are asking for them,” she says. Patients appreciate the convenience of being able to buy the recommended products right away, without having to make another stop on their way home or gazing at the wide variety of products available in a pharmacy or department store.

Dr. McFerron first added fish oil supplements and realized that managing the sale of these was not difficult. She realized, too, that patients were asking her for recommendations for other products.

“I decided I was going to stop recommending baby shampoo at home as a wash around the eyes,” she says. So patients wanted to know what she would recommend.

Surfactants in OCuSOFT® Lid Scrub® Eyelid Cleansers dissolve and remove oil and foreign material, and the mild, nonirritating formulations are 16 times milder than baby shampoo. “I had been recommending OCuSOFT Lid Scrub foaming eyelid cleansers and lid wipes for so long, it made sense to have a product that I feel so strongly about right here for patients to purchase,” she says. Sales took off.

Dry eye, for example, is a new growth area for her practice, and a discussion on eyelid hygiene is an important part of the conversation. “When I start talking about meibomian gland dysfunction with patients, I’ll ask what products they use to remove makeup or to wash their face. I say that it’s important

to have something effective but gentle to clean off the products and grime of the day,” she says.

GAIN BUY-IN

Before a doctor makes a decision to sell over-the-counter products in the practice, it is important to get buy-in from everyone—staff and other doctors alike. “I’m here three-and-a-half days a week, so I want to make sure that patients are hearing the same message about the products we sell,” even when she is out, she says.

For example, she heard from one employee who felt a bit uncomfortable with the concept of selling nonprescription products. “When I was able to show her that patients appreciate knowing they can leave here with the product that I’ve recommended and that it improves compliance when patients can start with the product right away, then she understood that it was more service than sales,” Dr. McFerron says. “That works as long as these are products I use and believe in.”

Patients are generally very willing to purchase products from the office, especially when she assures them that her pricing is competitive. “I’m trying to make it convenient for you to be able to start using this today,” she says. They don’t have to see if a local store carries it, and they don’t have to wait for delivery.

SPEND TIME ON THE BUSINESS

When Dr. McFerron was preparing to become the president of the Oregon Optometric Physicians Association from 2016-2017, she cut back her patient care schedule to accommodate the duties she would pick up in that role. But when her tenure ended, “I kept that schedule. I realized that I could have other doctors see patients and I could invest that time to serve as administrator and CEO of the practice. Being able to spend time on analyzing and planning for the business, aside from the day-to-day routine, lets me see what products, services and opportunities I can bring in.” | [WO](#)

“I say that it’s important to have something effective but gentle to clean off the products and grime of the day.”

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Read more in the OCuSOFT channel under Growth Strategies on womeninoptometry.com.

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MANAGED CARE Challenges Prompted a Fulfilling

BUSINESS MODEL CHANGE



Dr. Ferentini

Catherine M. Ferentini, OD, had three practices in Newington, Rocky Hill and Vernon, Connecticut. These were large practices, with a total of 60 employees. That meant that 60 families were depending on her for their livelihood. The pressure to make smart decisions in an environment where managed care was challenging, with a longtime and loyal staff who would need to be retrained to adapt to advancing technology, was stressful. Despite that loyalty, she also felt that any of her staff could be lured away by other employers, leaving her struggling even more. Not only did she want to make sure that her staff and her practice were taken care of, “I also wanted to ensure my retirement. Lastly, I looked down the road at the future landscape of optometry, and I saw the need for additional support.”

In April 2018, she sold her practice to MyEyeDr. The move, she says, has provided her with the support she needed and has allowed her to enjoy her work and feel fulfilled.

RIGHT TIME, RIGHT BUYER

Selling a practice is not a simple step. She had to consider her own financial future, but she also felt a responsibility to her employees. “I did not have more opportunity for progression in my company. MyEyeDr. offered them more opportunities and better benefits. As a single owner of three large practices, I was fearful that if something happened to me, they would not be OK,” she says.

She also felt that the challenges facing her as a solo business owner were growing in complexity: lower reimbursements, higher cost of goods and payroll expenses and complex human resources requirements with such a large staff. What she couldn't train her staff to

do, she outsourced. “I was getting tired of fighting for every penny to make sure that my net profits could continue to grow,” she says.

MyEyeDr. offered her a solution to her most immediate management challenges and would also provide her with the opportunity to stay and work with the patients to whom she had become so connected.

NO MORE NEGOTIATING

Dr. Ferentini was able to release the negotiating that she had to do as an owner. That was a relief, as reimbursements, fees, materials and meeting employer



On the MyEyeDr. Facebook page, eyewear can lead the parade.

group priorities took a lot of her time. “MyEyeDr. helps practices grow by taking on these plans and negotiating better rates with them. MyEyeDr. also has maximum buying volume, which lowers the cost of goods significantly,” she says.

Similarly, the psychological burden of carrying all the families of her employees was lifted. MyEyeDr. took over staff management and benefits administration and has its own human resources team. Now employees who might need to leave the area can perhaps continue to advance their careers within the MyEyeDr. community, a benefit she was unable to offer, even with three practices.

SAME HIGH-LEVEL CARE

When it comes to her time in the exam room, however, “I practice much the same as I did before the sale. I still get involved and speak up to help MyEyeDr. ensure that my patients receive the most optimal care. I practice 30 hours per week and am highly involved in management discussions,” she says.

When MyEyeDr. acquires practices, it enhances what's already there. In Dr. Ferentini's case, these were high-tech practices with advanced technology. She is confident that MyEyeDr.'s continual exploration for technology breakthroughs means

that these practice locations will continue to deliver patients in the region some of the most advanced eye care available.

Despite having more than 500 practices as part of MyEyeDr., many of them continue to showcase what made them special to begin with as new opportunities are brought along. That's exciting to Dr. Ferentini as she imagines what could be coming next for eye care professionals in Connecticut, with its expanded scope of practice laws. “I hope to

continue to push forward with new technologies that allow for better patient care by screening for early detection of diseases like glaucoma and macular degeneration. My efforts are helped greatly by MyEyeDr., which is synonymous with eye health care, and not just optical shops. This makes being the greatest doctor I can be much easier for both me and my patients,” she says. | [WO](#) |

“I was getting tired of fighting for every penny to make sure that my net profits could continue to grow.”

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Read more in the MyEyeDr. channel under Growth Strategies on womeninoptometry.com.

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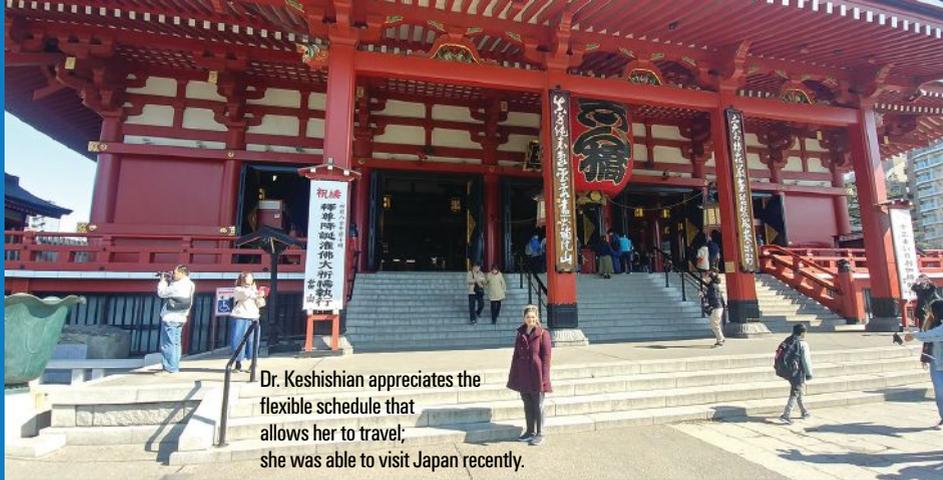
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Finding Her FAMILY

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Dr. Keshishian appreciates the flexible schedule that allows her to travel; she was able to visit Japan recently.



Dr. Keshishian

Growing up as a native Californian and attending optometry school at Southern California College of Optometry, **Teni Keshishian, OD**, was looking for a place to grow. Since she kept in touch with colleagues from school, she knew one of her friends was happily working for National Vision in Utah, which piqued her interest.

After connecting with a recruiter, Dr. Keshishian was flown to Washington state, where she was hoping to practice, to visit an optometry office located inside a National Vision location. When meeting more doctors of optometry working in the National Vision network, she felt an immediate connection. “As I talked to more people, it clicked. I knew I didn’t want to practice anywhere else,” Dr. Keshishian recalls.

When an opportunity opened up in her hometown of Glendale, she jumped on it. Now practicing with Redwood Sage, PC, an independent practice with offices located inside America’s Best Contacts & Eyeglasses, Dr. Keshishian is home. “It’s the community I grew up in,” she laughs, “It is so nice to see patients who were my high school classmates or family friends. It’s so nice to help out your community. It’s an honor.”

From the get-go, things were different with her practice. “The environment was so different,” she says, “As cliché as it sounds, it didn’t feel like work. It felt like family.” Not only was she impressed with the

social culture of the practice but also when she saw the caliber of care she would be able to provide. She was impressed—to say the least. “It blew my expectations away!”

R-E-S-P-E-C-T

Another element that Dr. Keshishian found by being a member of the National Vision Doctor of Optometry network was the respect the company holds for doctors. Along with her practice, it does everything in its power to support high-quality care for patients. “With all of us, what we like to do is take care of others. We put the patients first, and National Vision prioritizes patient care,” she says. “One of the ways it shows this is through providing affordable eye care and eyewear.”

That creates access, which allows her to see and treat patients who haven’t had an eye exam in years but need eyeglasses or treatment at an affordable price. She also notes that with the technology provided, she never has to compromise the level of care she can provide. “The fact that I am able to still provide quality eye care is something I’m proud to do,” she adds, “I will always be with a practice that is part of the National Vision network.”

Dr. Keshishian praises National Vision’s ability to look ahead. “Every time I go to meetings, the company shares how it is partnering with independent practices to innovate the eye exam experience,” she says. “I think people associate low cost with low quality, but we offer such thorough eye exams that I think people are surprised.”

GROW AS WE GO

Many ODs will praise their employers for giving them room to grow, and Dr. Keshishian is no exception. In May 2019 she became the Area Doctor for many of her practice’s offices in Los Angeles. This role allows her to help doctors build their patient base and develop efficiencies that allow the practice to thrive. But she always goes back to patient care as the top priority.

She also has had great success in connecting with other doctors, including finding a network of mentors among women ODs. “It is so incredible to be surrounded by strong and amazing women. They have helped me and been role models and my support system,” she says. “It is also important for me to work alongside a company that supports women. The district manager I partner with is a woman, and many other leadership positions are held by women. To see them thriving is inspiring.”

Dr. Keshishian notes the value of providing excellent care as well as accessible pricing. “I knew I wanted to be an OD... I wanted to take care of patients,” she says of her practice. “That’s what makes me so satisfied. Everyone wants me to do what is best for the patient,” she says, noting that she feels like she can always recommend the products most appropriate for that patient without financial pressures to do so. “I treat every patient like my family member.” | [WO](#) |

“We put the patients first, and National Vision prioritizes patient care.”

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Playing the

LONG GAME

OD builds her practice through patience and a boost from Vision Source®



Dr. Lehman moved quickly when the right opportunity to start her practice came along.



“I don’t have to wait for an expo; I can buy it at the Vision Source® price when I need or am ready to add a product or service.”

Laura Lehman, OD, of Malvern, Pennsylvania, knows about long-term goals.

From the time she was in school at the Pennsylvania College of Optometry (at Salus University), she knew she wanted to own her own distinctive practice. She also knew that immediately after graduation, buying a practice was not the most financially wise decision. Instead, she focused on getting a job to save up and gain experience.

During this time, she got married and started a family—all while working part time at a practice three days a week. The area she and her husband chose was an up-and-coming city, and Dr. Lehman couldn’t help but wonder what the rent would be. As luck would have it, an open location near their home was being seriously looked at by another OD. “I told my husband, ‘We’ve got to do it now, or we might lose our opportunity.’ After almost a year of dotting the i’s and crossing the t’s, her new practice, VisualEyes Optique, was open for business in late 2018.

HELP FROM HER FRIENDS

Dr. Lehman experienced firsthand perk of being a business owner opening a cold start practice: the chance to put your own unique taste into the practice. “My best friend from optometry school’s husband is an architect. He used the original blueprints and moved them to work best with my vision of the space. I hired one contractor, but I picked most everything myself.”

Dr. Lehman saved where she could, hiring a kitchen cabinet

company to build her front desk. Knowing the experience she wanted to give to everyone who walked through her doors, she was able to make the decisions about her interior to provide her desired effect. The soft grays and blues with the natural elements of a wood-look floor and large window in the cathedral ceiling give the space a well-lit, soothing feel. Three large watercolor iris paintings adorn a main wall, providing an interesting focal point. “I wanted patients to have an experience that was calming, bright and airy.” There were many decisions to make the patient experience feel more relaxed, as well as serve the business.

Focusing on an optical area that was shopper-friendly, she wanted patients to feel comfortable and confident that her optical dispensary had a great selection of frames at a variety of price points, so they didn’t feel like they had to take their prescriptions elsewhere.

Looking to the future and her long-term goals with her patient base, she knew she needed to invest in more technology. “We spent a lot on technology, and I want to incorporate even more into the office [to] get a younger age group than there was before.” She provides a full range of services, from dry eye to glaucoma co-management and neurolenses® contoured prism lenses for patients who suffer from headaches, neck and shoulder pain and eyestrain from using digital devices.

SEEING THE FUTURE

Dr. Lehman prioritized becoming a Vision Source® member before her doors were even open. That early involvement, finalized



Dr. Lehman opened VisualEyes Optique in late 2018.

just after she opened, was critical to her purchasing choices. Setting up an office with the kind of technology and product range that she wanted is a big investment. Relying on the negotiated rates through her Vision Source membership meant she didn’t have to shop around as much, looking for good value. “I don’t have to wait for an expo; I can buy it at the Vision Source price when I need or am ready to add a product or service,” she says.” As she moves forward in 2020, Dr. Lehman can reflect on the success she has found by taking her shot. While her practice is her and her office manager currently, she sees the potential for growth. “I love our patient base, and I feel like the community has embraced us.” | [WO](#) |

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THEIA Overcomes AMD STANDARD of CARE CHALLENGES



Theia is a wearable dark adaptometer.



By Frances Bynum, OD, Northwest Tennessee Eye Clinic, Martin, Tennessee

Reports indicate that a staggering 78 percent of patients are first diagnosed with age-related macular degeneration (AMD) having already suffered irreversible vision loss, and nearly half of them are first diagnosed with an acuity of 20/200 or worse.^{1,2} This unacceptable and avoidable reality was a primary topic of discussion at the second annual meeting of AMD Ambassadors in Hershey, Pennsylvania. The group of nearly 30 optometrists is dedicated to elevating the standard of care in AMD to a level that reflects accessibility to modern disease-detection technology. Many of the attendees first realized the need for more education following the release of a 2017 study published in *JAMA Ophthalmology*, which revealed that both optometrists and ophthalmologists are missing AMD about 25 percent of

the time.³ That's a terrifying thought when you consider the prevalence of AMD; it is at least three times more common than glaucoma.

Our meeting focused on a discussion of how we diagnose, manage and treat AMD in our practices, followed by a deeper discussion of how the group can help communicate modern standards of care to a larger audience. However, Theia, an artificial intelligence-driven onboard technician, proved to be a real show-stopper.

This technology is built into the recently released AdaptDx Pro, a second-generation dark adaptometer from MacuLogix. The revolutionary new device includes all the functionality of the company's tabletop dark adaptometer in a self-contained wearable headset that was custom-designed and tested for patient comfort and requires no darkroom—so patients can take the test anywhere in the office, in any light. After the office technician selects the testing protocol and places the device on the patient, Theia takes over to facilitate a reliable, consistent test by using automated instructions and adaptive feedback spoken directly to the patient.

This makes it easier than ever to fit dark adaptation testing into any practice workflow. Not only is the entire experience improved for everyone involved, but the addition of Theia's artificial intelligence helps ensure consistent, reliable testing results. The AdaptDx Pro is truly a revolutionary way to measure dark adaptation quickly and effectively in virtually any clinical setting, without eating up too much staff or doctor time.

WE GO WAY BACK

Theia is cool and has a “wow” factor that will help set your practice apart. I purchased the original AdaptDx a year ago. Today, I'm an

even greater advocate because dark adaptation testing to detect and manage AMD is now much more practical for ODs in virtually any setting.

The original AdaptDx has been used by more than 1,000 eye care professionals to identify and monitor AMD in its earliest stages and has significantly lessened the profession's reliance on risk assessment by delivering an objective output, such as rod intercept time (RI), that can lead to a definitive diagnosis with 90 percent accuracy.

In my practice, when a patient fails the test, we develop an individualized plan. One of the most important common aspects of our AMD management plans is closer monitoring for potential disease progression. In the past, we were often caught off guard by sudden vision loss. But now, we see the signs ahead of time because patients are coming back regularly. If someone's RI gets longer and longer, we know that patient is headed for trouble, and we address it proactively. This can be a life-changer, even for patients who reject supplements and any other treatments we propose. In short, incorporating dark adaptometry in all primary eye care settings will revolutionize how we detect and manage AMD. And the AdaptDx Pro with Theia makes this easier for both our patients and our practices. | [WO](#) |

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- ¹ Olsen TW. *Ophthalmology*. 2004; 111(2):250-255.
- ² Cervantes-Castañeda RA. *Eye*. 2007; 22(6):777-781.
- ³ Neely DC. *JAMA Ophthalmol*. 2017; 135(6):570-575.

“Patients can take the test anywhere in the office, in any light.”

PRACTICE GUIDELINES

In the years since dark adaptation was first commercialized, the AdaptDx has revolutionized age-related macular degeneration (AMD) management and drawn attention to evolving standards of care. In “Practical Strategies for Preventing Blindness Caused by AMD,” the third in a series of annual reports aimed at reducing avoidable vision loss, 27 AMD Ambassadors released the “AMD Manifesto,” which includes five essential practice guidelines for modern AMD diagnosis and management.

- 1) The goal of managing AMD is to preserve visual function—not to wait until vision has already been lost.
- 2) Dark adaptation testing can overcome the practical challenges associated with diagnosing AMD using only traditional subjective clinical assessment.
- 3) Optometrists must establish improved practice protocols to identify early disease proactively and monitor it on a regular basis to ensure that choroidal neovascularization is detected as soon as it occurs.
- 4) Optometrists can, and should, recommend treatments that make a meaningful difference.
- 5) The treatment of AMD should be initiated at first detection, regardless of the stage. | [WO](#) |



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Efficient Refractions Create More PATIENT TIME

Toward the end of 2018, Aleksandra Wianecka, OD, decided it was time for some serious updates to the oldest of her three practice locations in Valley Stream, New York. She decided to completely revamp two of her three lanes with all new equipment, including a Reichert® Phoroptor® VRx and a ClearChart® 4 Digital Acuity System in each exam lane.



Dr. Wianecka

Her staff of five, who work in both the updated digital lanes and the traditional manual lanes, took to the new technology quickly and easily. The difference in speed of the refractions was apparent from very early on, and with practice, the entire staff was as efficient as ever.

IMMEDIATE RETURNS ON INVESTMENTS

Almost immediately, the digital refraction difference was apparent in several ways, with many patients finding the refraction process to be simpler with the Phoroptor VRx. One of the features that she appreciated most was the ability to show patients the difference between their current and new prescription instantaneously, so they can compare the prescriptions quickly and easily, and answer with greater confidence. "I'm surprised by how many patients comment, 'Oh, I see a big difference,' even for small changes," she says. These patients are more inclined to stop in the optical and select new eyewear, making her decision to go digital a good business decision.

The prescription comparison feature is a simpler process than having patients ask her how much their prescription has changed and supplying them with a number that

doesn't mean anything to them. Now they are able to make that determination in real time, based on how much better they can see by having the difference shown right before their eyes. This comparison is so easy for the patient, and it shows by the conversion rate in the optical.

ENDLESS BENEFITS

There are numerous benefits using the Phoroptor VRx, and her practice has improved from having increased patient satisfaction and an increased patient flow.

The biggest benefit for the patients is that now Dr. Wianecka can spend more time talking about their ocular health in-depth, while spending the same amount of time in the exam room. The Phoroptor VRx has made her exams so efficient that she can shift her focus from refraction-related tasks only. Now she can have more detailed conversations about eye health and the latest technologies that can help her patients achieve excellent vision.

It has helped improve patient flow so that the practice is able to add some appointment slots to the day. "An extra patient per day can make a big difference to your bottom line," she says.

The system also interfaces with other technology already in the office, so the transmission of data to the patient record and optical dispensary is fast and free of transcription errors. "There's a consistency and precision to the refraction process that is very nice," says Dr. Wianecka, and that precision is now carried through from start to finish thanks to easy EMR integration.

The benefits from her upgrade aren't isolated to just the Phoroptor VRx, but also extend to

her updated digital acuity system. The crisp, clear display of the ClearChart 4 Digital Acuity System with its variety of specialized test charts, which she can operate directly from the Phoroptor VRx controller, is a huge benefit to her exam. Being able to control the Phoroptor VRx and the ClearChart without having to stand and make adjustments while she is comfortably seated is more relaxing.

THE BIG PICTURE

Dr. Wianecka has seen the many ways the Phoroptor VRx and ClearChart 4 Digital Acuity System have enhanced her office from not only the patients' perspective but from the entire staff as well. Staff has become so attuned to the digital refraction process that it is now second nature. From the individual conversations with her patients, the physically relaxing way exams can be done from the main controller and the accurate prescriptions immediately transferred to the optical, the advantages are countless. "There are so many benefits. As soon as you begin working with this system, you appreciate them, but then they become so fundamental to the process that you don't specifically recognize them anymore," she says. "They add to the overall impression that the office is a more relaxed, comfortable and efficient workplace," and it shows. | [WO](#) |

“I'm surprised by how many patients comment, 'Oh, I see a big difference,' even for small [Rx] changes.”

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Trust in Their PROVIDER and EDUCATION Can Help GLAUCOMA PATIENTS' COMPLIANCE

Follow-ups, effective medications and reinforcing the message often also help

Jessilin Quint, OD, MS, MBA, FAAO, is a combination of a scientist, policy strategist and practitioner. She has an MS in molecular biology and an MBA in health care administration. Since she graduated from Indiana University School of Optometry in 2014, she has moved to central Maine, where she co-owns a private practice with three locations, 50 employees and seven full-time optometrists.



Dr. Quint

Even though the practice is a full-scope primary care practice, the majority of her population is over the age of 50. “By having an aging patient population, we have to be prepared to treat more ocular pathology,” she says. Often, that

means that she or one of the other practice doctors is making a glaucoma diagnosis.

“Because optometry is a primary care profession, we often have the opportunity to see glaucoma before the patients realize they have it,” she says. The good news is that, for most optometrists, this falls squarely within their capabilities. “There are a lot of treatment modalities that fall within most states’ scope of practice,” she says. Even those ODs who may not be comfortable actively co-managing glaucoma patients can often find other ODs who are confident in managing that condition.

Patients trust their primary eye care providers, she says. She has already built that relationship with many of her patients, so if she suspects glaucoma, she can continue to work with that patient to educate, diagnose, manage and treat those patients in their own community.

PATIENT EDUCATION

“It’s important to have all the tools available to me,” she says. “Compliance is already an issue for many of these patients, so if we add in that they have to drive hours several times a year to see an ophthalmologist, it could affect their compliance. And the result could be that the disease is going

to progress more quickly and potentially result in permanent vision loss,” she says.

She makes sure that she spends the time with patients to ensure that not only do they understand the importance of using the medication as she has directed but also that they are using the most appropriate glaucoma medication for their needs.

AVOID VARIABILITY

“I’m a big fan of branded medications, especially in glaucoma. For glaucoma medication to be effective in slowing disease progression, it needs to be consistent, reliable and used appropriately,” she says. “There is too much variability in generics, and I don’t want to risk that inconsistency.”

She appreciates knowing precisely what the efficacy and mechanism of action is for each medication. She also thinks about how the preservatives and ingredients in the medication will impact the ocular surface. “Many generic glaucoma medications cause significant ocular surface issues, which often lead to eye discomfort and blurry vision. Those ocular surface disease symptoms can affect a patient’s quality of life and contribute to poor compliance,” she says.

FIRST-LINE THERAPY

She often reaches first for Lumigan, with its once-in-the-evening dosing. “A proven prostaglandin, it effectively lowers the intraocular pressure (IOP) without destroying the ocular surface.” She says that patient compliance is higher with a simpler regimen, too. This first-line medication helps patients get on the best path for managing the disease and the IOP. It’s effective, consistent and well tolerated by patients, she says.

She reinforces the importance of compliance at every visit. “Patients need to understand that once that vision is gone, it’s gone. We have to take the time to educate patients,” she says. In addition, she follows these patients carefully, adhering to standards of care that have them returning every three to four months. “We are helping to halt progression of the disease, so it’s very important to have these checkpoints.”

If she detects progression of visual field loss or thinning of the nerve fiber layers, then she may move beyond the foundational therapy to a combination agent like Combigan.

“There is too much variability in generics, and I don’t want to risk that inconsistency.”

REINFORCING THE MESSAGE

Dr. Quint counts on her staff to be able to reinforce her message to patients, and she says that she appreciates how well Allergan helps her staff do that. “Allergan offers optometric staff training for prior authorization programs like PARx Solutions and Cover My Meds. It also provides educational materials, samples and assistance programs for patients who are struggling to pay for their medications. These programs have allowed my team to focus on patient care and making sure our patients are getting the best medications for their condition,” she says.

Even beyond optometric offices, Allergan supports the profession, not only through its extensive research and development into products but also in the way the company supports state and national optometric associations. Dr. Quint says that “Allergan is a great partner, working to better the profession as it delivers products that help us care for our patients.” | [WO](#)

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Read more in the Allergan channel under Growth Strategies on [womeninoptometry.com](#).

The

BALANCING

Be Intentional

A New Orleans OD and mother of four advises on how to have it all



Dr. McGhee

Mornings can be chaotic trying to get four young children off to school. **Breanne McGhee, OD**, finishes that task before heading out to work in one of the four practices around the New Orleans, Louisiana, area in which she works. During an hour-long commute to one of those locations, she multitasked, sharing her story with *Women In Optometry*.

Two of her four children were born during her time in optometry school. “Having them in school taught me immediately how to have that balance,” she says. “I see folks on Facebook or colleagues who say they don’t know if they can get pregnant because they don’t know how to balance motherhood and work,” Dr. McGhee says.

It can be unpredictable, she says. “Sometimes you’re potty training or a kid’s tooth falls out. There’s not much you can plan for; you just roll with the punches.” She says she relates to a diaper commercial that shows parents of their first baby cautiously trying to do everything right, and then flashes forward to their second baby when they have more confident yet cavalier attitudes. Dr. McGhee laughed, “When you have your fourth child, you think, ‘I love you, but we’re just trying to get through this together.’”

She also knows the importance of community when it comes to a successful and healthy, balanced life. Toward the end of her residency, when she found out she was pregnant again, it was a double surprise—twins! “When people say it takes a village, I never really knew what that

meant until I had kids. Allow people to offer advice to you,” she says. “‘Trial and error’ should be the slogan for parenthood.”

BEING THERE WHEN IT COUNTS

Dr. McGhee also acknowledges her employers and the flexibility they offer her as a working mother. “There are days at school like ‘Muffins with Mom.’ All my employers are awesome and allow me to be flexible so I can be there,” she says. “My oldest son had a *Toy Story*-themed Mardi Gras parade, and I was there dressed as Rex. I never want my kids to feel like I wasn’t there.” She spends the majority of her working hours at a practice that opens at 9, so she has time to drop off her kids and chat with their teachers. For Dr. McGhee, it is critical to be a present parent. “I never want to be that parent who only shows up when something is wrong. I want to volunteer and support not only my child but the school.”

TAKING TIME FOR HERSELF

To keep the balance, however, her day cannot be only about work and kids. “Make time for yourself,” Dr. McGhee advises. She notes the role of an OD is someone whom people come to with concerns, and, to be complete in that role, she has to address her own needs. “You have to do things you enjoy doing.” For Dr. McGhee, she finds joy in trying new cuisines. “I love to go out to eat; I like to try new restaurants.” It’s a simple experience—one that doesn’t require tremendous effort to schedule, but it is meaningful for her.

For ODs and working parents struggling with the balancing act, she advises, “You can be the best mom and the best doctor if you take care of yourself. Get your routine health care. Eat healthy. Exercise. I picked up yoga and dance. I really enjoy those things.” While everyone has to work with her own schedule, she stresses the importance of self-care. “Physician burnout is real. Reduce those incidences of stress, and take your own time.” | [WO](#) |

Smart Planning



Dr. Johnsonbaugh

Monica Johnsonbaugh, OD, of Grosse Pointe Michigan, says that opening her own practice several years ago has allowed her tremendous flexibility in being able to attend school and extracurricular events for her two daughters, ages 9 and 5. The fact that her husband, **Andrew Johnsonbaugh**, is the business manager for the practice, Focus 313, makes it even more flexible. “My husband is a huge support; he does more housework than I do,” she says. Her mother-in-law helps out tremendously, and Dr. Johnsonbaugh says that when it’s time to work, she dedicates herself to that role fully. “There’s a lot of balance, and I try not to have the guilt if I can’t be there for everything. I love my work and hope that’s a model for my daughters,” she says.

She has also taken on the role of speaking for a contact lens manufacturer, and she selects her speaking opportunities carefully. “I don’t travel when my daughters have something going on. And when I am traveling, it’s for 24 hours. The girls can handle 24 hours, and they’re excited about where I’m going and the fact that they’ll have a movie night with daddy while I’m gone.” | [WO](#) |

“I love my work and hope that’s a model for my daughters.”

ACT

Get Supremely Organized



Dr. Dunn

Amber Dunn, OD, drafted her business plan and established a practice even before she finished her residency. By the time she wrapped up her year, her loan and location for Gatti Vision in King City, Oregon, had been secured, and a few months later, in October 2014, the practice opened.

She has also been a part-time faculty member at Pacific University College of Optometry since then; she's been a cheer coach; and she's juggled that with the being a wife and a mother to three boys, ages 14, 4 and 1. "I'm very organized with my schedule. I know exactly where I need to be," she says, noting that she duplicates her calendar electronically and by hand.

When she is at work, her staff knows the practice

must run on all cylinders for maximum efficiency. During the hours when she's not there, employees still take their work seriously, but the pace is more relaxed.

She

credits her husband's support, and she ekes out found minutes. Here are some of her habits.

Get up early. "I am up at 4:30 a.m., and the kids don't get up until 6:30 or 7, so I have that time to do my own workout, my personal development and clean up the house. If I didn't take that time to take care of myself and my family, I would drown."

Use commuting time wisely. Dr. Dunn drives 45 minutes to work, so she considers that 90 minutes a day where she can schedule conference calls. "I don't take lunch but I eat between patients or when I'm charting," she says.

Chart smart. "I want to focus on the patient when I'm in the exam room, so I'll chart just enough to be able to finish the charting later. I want to be present in the moment, and I find time in between patients to finish the charting."

Prioritize your list. Dr. Dunn starts every day with a fresh to-do list. On it, she prioritizes the top five things that day. "I don't want to have to rewrite those items on the top of the next day's list again, so it's motivation to get them done." Then new items can filter up to one of the top five spots. She notes that some bigger tasks do need to stay on the list for a while, but having them there reminds her to get them done sooner rather than later.

Keep important things close. "I'm a bag lady. I carry my computer, my list and my materials for lectures with me in a bag at all times. I pull out my list and put it next to my computer. I try not to pull it out at home until after the children are in bed," she says. Having created those priorities reminds her not to do something easier when she can scratch a big item off the list.

Build relationships. "Learn and listen. Constantly look for people in industry, in the profession and in your community who can bring new ideas and connections," she says. | [WO](#) |

Continued on page 27



At a Great Western Council of Optometry event, Dr. Dunn, her younger sister, children and husband showed up as The Incredibles.

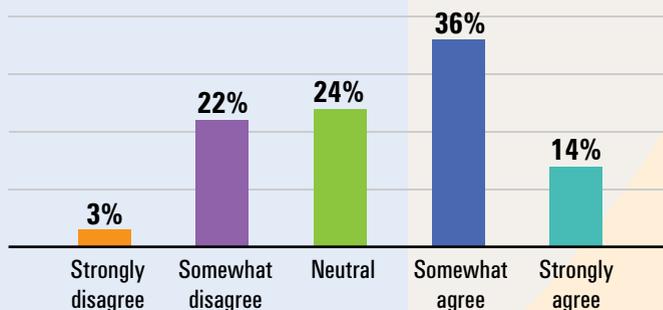
POP-UP POLL SHOWS WOMEN ODs FEEL THE SQUEEZE

Managing the duties of caring for children, aging parents, family members' special needs and more is not unique—but that doesn't make it less challenging. The majority of respondents to a recent *Women In Optometry* Pop-up Poll said that they are now or have been in a position of taking care of others.

I co-parent school-aged children	54%
I am the sole/primary parent of school-aged children	14%
I have been caretaker for aging/ill parents but am not now	16%
I expect to be in a caretaker position	16%

Half of the respondents said that they felt that they had adequate support at home.

On a scale from 1 to 5, do you feel you have adequate help with home/family responsibilities?*



For the majority of these respondents, 88 percent, that help comes from a spouse or significant other, they say. Another 35 percent each said they rely on paid help, such as a nanny, housekeeping help or childcare or they rely on another family member.

*Some percentages do not add to 100% due to rounding.



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“At one point, I negotiated for more sick leave.”

Create a Timeline for Advancement

Lauren Grillot, OD, MS, FAAO, of Sidney, Ohio, believes that employers who try to “protect” mothers from the hassles of ownership generally do so with the doctor’s best interest at heart. However, employers should not assume that by withholding a partnership offer they are making a female optometrist with young children’s world better. Many female optometrists are the primary income source for their family, as is the case for Dr. Grillot and her husband and four children ages 8, 6, 3 and 1.

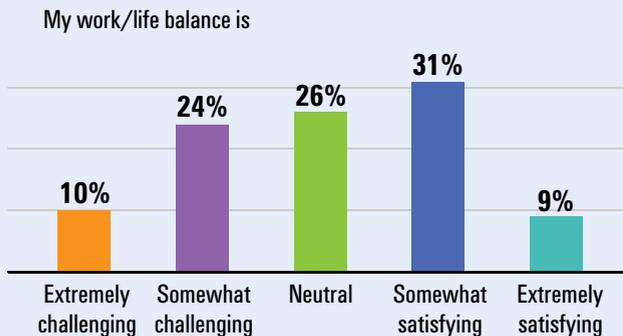
With her current employer, she has asked for a timeline for her advancement. Like many recent graduates, she carried student loan debt coming out of school. Associates who come with the financial means to buy in may be moved ahead of someone who doesn’t, so she felt that it was very important to establish a timeline so that she could plan financially. She feels

that communication on both sides of the negotiation is pivotal.

While she was open with employers during the hiring process that she had children, she also notes that women should identify for themselves what is necessary for their family situation when negotiating. “You do not need to necessarily volunteer all of your plans, but trying to understand how your plan fits into the practices plan is key. Also, knowing one’s value to the practice is important. At one point early in a pregnancy, I negotiated for more sick leave. I felt I deserved greater compensation for the areas I had stepped up in. I had taken on managing our vision therapy services and managing employees. I was delegating and leading as an associate. For me, being able to take two more days of sick time without the guilt of taking off and losing the day’s worth of income for the practice was more important to me and my family than a raise.” | [WO](#)

AIMING FOR WORK/LIFE BALANCE

According to a recent *Women In Optometry* Pop-up Poll, respondents are clustered in the middle of the spectrum between an extremely challenging and an extremely satisfying work/life balance.



For those with work/life balance challenges, the struggle has caused them to take action, in some cases retreating from the pace a bit or in others forging ahead.

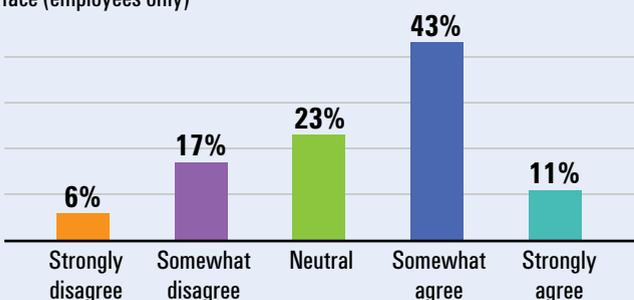
According to the Pop-up Poll, respondents said that these challenges

Cause me stress or feelings of not giving enough	71%
Have prompted me to reduce hours but continue working	55%
Create more than average tension with spouse/significant other/family members	42%
Have made it more difficult to advance	33%
Have prompted me to open my own practice	20%
Have caused me to turn down a job offer	16%
Have prompted me to change jobs	13%
Have caused me to turn down a promotion	9%

THE VIEW FROM HERE

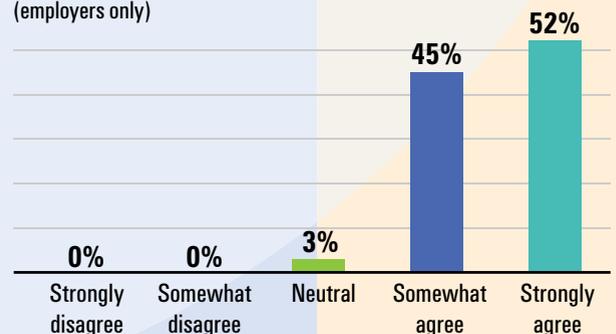
Slightly more than half of the respondents to the Pop-up Poll were employed. They generally agree that their employer is understanding of the stresses that working parents face.

My workplace/boss understands the challenges that working parents face (employees only)



The employers who responded saw themselves as firmly supportive.

I am understanding of the challenges that working parents face (employers only)



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Optometrist*

*Jordan Wood,
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Headache Relief Is Evident With First TRIAL DEMONSTRATION

Specialized lenses to help patients with trigeminal dysphoria is a true practice differentiator



Dr. Corbin-Simon

“The pain that I used to feel in my neck has dissipated.”

Ray Corbin-Simon, OD, of Piscataway, New Jersey, says that she had been dealing with a lingering headache that never quite went away for years. She relied on regular chiropractic visits to alleviate the pain and stiffness in her head and neck, as well as the addition of some simple vertical prism in her eyeglasses to correct her decompensated phoria. So when one of her clients from The Power Practice asked her if she had heard of neurolens, Dr. Corbin-Simon was amazed by the potential of the technology. She says that she needed to learn more about how it worked.

She visited the neurolens booth at Vision Expo East last year, and she went through the test on the neurolens tracking device. It was determined that a horizontal phoria component could alleviate her issues. Using a trial frame with a horizontal phoria option, she found her visual comfort improved. Through a conference with The Power Practice, she had the opportunity to try out the technology twice more. “That headache that I’ve learned to live with started to subside,” she says. That third time was the charm; she felt almost immediate relief. “Everything was clear.” On the way home from the conference, Dr. Corbin-Simon started her list of existing patients whom she knew could benefit and may be suffering from trigeminal dysphoria.

Dr. Corbin-Simon ordered the neurolens tracking device, which objectively and accurately can measure the degree of eye misalignment at distance and near, and she received it in her office in July 2019. She fit herself first, and her personal experience propelled her forward in recommending

the product for others. “It’s been amazing. The pain that I used to feel in my neck has dissipated, and I can comfortably sit and read with my eyeglasses, which I couldn’t do before,” she says. “I haven’t seen a chiropractor since then. I’m a true example that this does work.”

The staff was trained by the neurolens team over the course of two days, and now all patients complete a neurolens Lifestyle Index questionnaire during their visit to determine if they have symptoms that might be eased by wearing neurolenses®. If they score higher than a 3 in certain categories, they will be evaluated on the tracking device, which takes just a few minutes.

Dr. Corbin-Simon always shares her personal story when she makes her recommendation, and she’s already successfully fit dozens of patients. Dr. Corbin-Simon loves when patients share their positive results, as well. A recent patient who spends long hours on the computer was no longer feeling fatigue throughout the day, as was a young graduate student who wears her neurolenses over her contact lenses during her long hours of studying. Dr. Corbin-Simon continues to reach out to patients whom she believes could benefit, and she also promotes neurolens on her social media and is listed as a provider on the company’s website.

Patients who opt out of neurolenses during this visit are

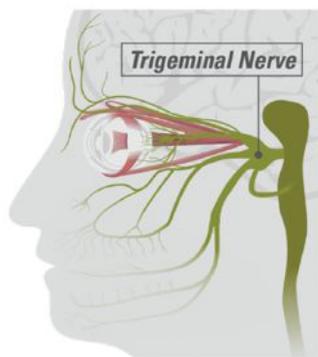
IDENTIFY YOUR BEST CANDIDATES

Dr. Ray Corbin-Simon says that ideal neurolens® candidates will be wowed by the relief that the product offers. “I’m looking for that expression that shows that they feel a difference,” she says, adding that she wants them to be truly satisfied with their investment.

The average patient may feel weird putting a prism lens over their eyes, and that’s why the neurolens Lifestyle Index questionnaire helps her staff pinpoint those who could benefit from alignment of their eyes in finding relief from headaches, stiffness in their neck and more. Many patients will experience results quickly, and she notes that some patients may need a second adjustment to be sure the frames are not shifting and that the alignment is exact. [WO](#)

reminded that they can come back if they change their mind. The company offers a 100 percent satisfaction guarantee. Patients have the option to return the product if they aren’t entirely happy, but only one patient has taken up that offer.

Dr. Corbin-Simon expects to see an increase in patients who are experiencing these symptoms as patients continue to spend more time using digital devices. “We need to keep up with what’s going on with our patients as technology changes,” she says. Instead of focusing on industry disruptors, she advises looking for opportunities. “This is truly a fantastic device that will escalate our profession. This standout technology can alleviate many of our patients’ symptoms and keep them from jumping from practice to practice to get their problem resolved.” | [WO](#)



Trigeminal dysphoria is a visually induced condition resulting from a misalignment in the visual system that causes stimulation of the trigeminal nerve, triggering patient symptoms.

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Read more in the Neurolens channel under Growth Strategies on womeninoptometry.com.



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An Early Change of Heart Has Led to **FULFILLING CAREER**



Dr. Clemmons

As a recent appointee to the board of the American Association of Corporate Optometrists (AACO), **Melonie Clemmons, OD**, of Ellijay Eye Care and Wellness Center in Ellijay, Georgia, looks forward to the future and how she and her fellow board members can impact it.

Practicing at an independent practice location inside a Walmart, Dr. Clemmons knows the benefits of working with a corporate affiliation. "Doctors can build their own private practice inside their Walmart location if they invest the time and are committed," she says. She approached her practice as a long-term investment in which she would reap the rewards of putting in the hard work.

NETWORK

She also sees the impact of being part of the AACO. "Building relationships with colleagues and discussing how they do things in their practice has been one of my biggest blessings. As an AACO member, I am surrounded by other optometrists with the same type of practice and goals. I've learned as much outside the classroom as I have inside the classroom through conversations I have had in between classes at AACO conferences," she says.

PLANS CHANGE

As a student at Southern College of Optometry, Dr. Clemmons had imagined she would probably head into a private practice setting, but she landed in a corporate-affiliated practice, where she was able to focus on patient care and contact lens fittings. "I was surprised the practice was so

advanced and that it had retinal cameras. This was 23 years ago, and most practices didn't have this type of advanced instrumentation."

When she opened her first practice inside Walmart, she began connecting with other independent optometrists who had practices inside Walmart to learn tips and strategies to establish and grow her practice. She differentiated her practice by adding medical services and advanced instrumentation, and she grew her business to two offices.

LOOKING FORWARD

The AACO, which supports corporate optometrists and their practices, "gives its members the tools they need to be successful medically and financially," says Dr. Clemmons. "The AACO encourages corporate doctors to practice full-scope optometry and to embrace the medical model. This enables us to offer better care to our patients. For example, I decided to lease an Optos ultra-wide-field retinal imaging system. It's such a wow factor for my patients and has enabled me to do more disease management. The AACO also supports its members by listening to concerns and facilitating communication with corporate partners when appropriate. The AACO truly understands the needs of corporate optometrists like no other industry organization."

Dr. Clemmons is vocal about her desire to help continue the great work of past board members. "I want to serve in areas that are needed, and I hope I will have the opportunity to assist in growing our relationship with the American Optometric Association and the

individual state associations. I also want to be approachable and open to new ideas or concerns from our members. I want to make a difference."

ENJOYING THE JOURNEY

Walmart has also been helpful in supporting her career development. "Walmart leadership is open to communication. The more open the communication between the doctors and their corporate partner, usually the more successful everyone will be."

For example, some years ago, as her patient base was growing rapidly, she asked for another exam lane; Walmart complied. When she asked to paint her space to match her brand, Walmart supported her, allowing her to liven up her practice space using approved colors. She's preparing now to update the look and her branding again.

To independent practitioners starting out inside a Walmart location, Dr. Clemmons passes on advice that was given to her: "Don't give up. Be persistent and work hard. Don't be afraid to communicate with Walmart management. Share your needs and concerns so they can be addressed. Be respectfully vocal as well as considerate to their concerns." On a more personal note, she advises, "Make sure you have a work/life balance so you don't get burned out. Enjoy the journey." | [WO](#)

“Don't give up. Be persistent and work hard.”

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Read more in the Walmart channel under Growth Strategies on womeninoptometry.com.

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(1) Rosenfield M, Hue JE, Huang RR, Bababekova Y. (2012);
Rosenfield (2016)

(2) Eyezen Start lenses filter at least 20% of Harmful Blue Light.
Harmful Blue Light is the blue-violet wavelengths between 415-
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Are your website and social media doing enough to bring attention to your skills and services?



Dr. DenHartog outside her office

Changing a digital footprint is not easy. Jennifer DenHartog, OD, discovered that when she opened her own practice. “Patients were having a hard time finding me because when they searched for me, my bio might show up on old pages identifying me with a previous employer,” she says.

During her transition to her new location, she had created a new website for Premier Vision Clinic in Clive, Iowa, with the help of marketing students at a local college. However, she struggled with keeping it from being stagnant, and she realized that patients still weren’t finding her in the new location.

When she found EyeCarePro, she realized that the company’s services offered strength in precisely those areas where she wasn’t strong. “EyeCarePro could build my website, help with search engine optimization, set up social media, help with postings and anticipate how patients would navigate the web so that they could find me,” she says. In addition, EyeCarePro also helped identify sites and locators that incorrectly associated her with practices where she was no longer working. “The team updated it all,” she says.

That includes updating a Google Maps function that was bringing patients to the back of the building, where there was no entrance. Despite multiple efforts to get it corrected, she and her staff had no luck. In the meantime, staff spent time on the phone with annoyed patients every day who were where they thought they should be but couldn’t find their way into the building, she says. Patients would show up late and agitated, creating a level of stress every day.

“EyeCarePro got it changed within several weeks,” she says. “Finally, our patients are getting directions to the front of our location, not the back.”

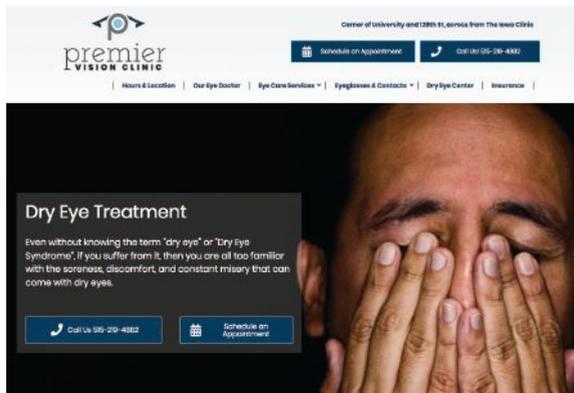
FOUND YOU ON GOOGLE

Today, about 35 percent of her patients every month are new patients. She asks all of them how they found her, and many say, “I used to see you years ago, and now I found you on Google.” She is also attracting local patients who find her organically through

search engines. EyeCarePro provides her with analytics that show what is trending on her website, where patients or potential patients are clicking and how many calls it generates.

EyeCarePro has developed additional pages on her website, which highlight subspecialties that may not be offered at all offices, such as dry eye treatments, scleral lenses and emergency services. “I’ve drawn patients from three or four hours away who come for these specialty services,” she says. EyeCarePro supplies her with content that she can review, update and tailor as she’d like.

“I choose content for my social media



The Dry Eye Center within her practice gains much more attention with a dedicated page on her website.

and blog posts, then it creates the posts for me. Ultimately, I still decide what I want to use, but it’s wonderful to have someone provide me with quality content,” she says.

Regular phone calls with the EyeCarePro team keep her updated on not only what works but also what else she could be doing to enhance her online presence. For example, the team encouraged her to add videos to help her connect with more patients.

BIGGER MARKETING RETURNS

When the practice recently held its one-year anniversary, the EyeCarePro team helped her market it. “EyeCarePro walked us through the steps of promoting our event, including ideas for giveaway prizes, ways to include surrounding businesses for cross-promotion, social media events and posts, creating flyers and sending email blasts to our patients. We netted an extra \$7,000

that day,” she says. She knows how impressive that is because she had tried to market her own grand opening event, sending out emails and working hard to promote it. But without a strong online presence, that earlier event was not as successful.

“We have seen enormous returns on using EyeCarePro,” she says. That extends to her new service lines as well. “In one week, I had five patients with emergency eye care needs,” a service she just began promoting more visibly. “The EyeCarePro team pointed to the opportunity,” she says. Her practice is located across the street from several medical facilities. Her account reps asked if emergency services were something she was comfortable with and wanted to promote more. “I was providing these services already, but I wasn’t talking about them. Now people who are looking for a place to go find my practice quickly.”

“Ultimately, I still decide what I want to use, but it’s wonderful to have someone provide me with quality content.”

PATIENT EDUCATION

Because the website contains reliable information on eye conditions and treatment options, she is handing out fewer brochures. “In the dry eye center, I have the website up on my computer. So as I’m talking to patients about the options, I’ll go to that page to show them photos and explanations. ‘Here’s where you can click if you want to watch this video.’ Or she might say, ‘Read this before you come in again next time.’ I’m seeing that my acceptance rate for these services is higher now because it’s not just me trying to explain it to them.” | WO |

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Read more in the EyeCarePro channel under Growth Strategies on womeninoptometry.com.

A DATA DASHBOARD Lets ODs MANAGE SMARTER, NOT HARDER

Keeping careful track of the key metrics in three practices is essential, says **Susan Keene, OD**, who owns **Envision Eye Care and Dry Eye Clinic**, with three locations in Virginia and Tennessee. As Dr. Keene's practice grew to include seven ODs and about 50 employees, managing performance metrics became more complex as well as more critical. So she added **EDGEPro by GPN Technologies**, a data dashboard that integrates with OD and team performance.



Dr. Keene

“The advantage is that numbers are devoid of emotions, which often cloud compensation discussions.”

“I really don't understand how a practice can stay on top of what's going on without a dashboard system,” she says. “As we consider adding a fourth location, our concentration is on implementing management efficiencies that would work as well with six or seven locations as with the four we have in mind. My only regret is that I didn't rely more on dashboard systems in our initial expansion to smooth out some of the chaotic moments that we've experienced with high growth.”

She is now able to assess precisely the impact that a new associate or new or upgraded diagnostic equipment has. Plus, she is able to be much more responsive if profitability or growth numbers are lower than expected. “Having a dashboard shows me immediately where the problems originate, and this points to solutions that provide long-term growth.”

IDENTIFYING OPPORTUNITIES

The system has allowed her to quantify the impact of decisions. For example, when Envision Eye Care added a second location, a satellite, the idea was that it would have an OD in place two days a week, even while it was open full time. But as she and her administrators recognized the need for

medical eye care services that were not being offered in the region, the satellite grew quickly and soon eclipsed the original location.

“We collaborated with local MDs to provide exams for their patients with diabetes, among other services. We expanded that to specialize in dry eye and meibomian gland disease management, offering LipiFlow and scleral contact lens fittings,” she says.

Each practice has a separate dashboard because patient bases, demands and demographics differ. Yet being able to compare the data allows her to identify points of efficiency.

SMART DECISIONS

She can also make business decisions with data to back her up.



For example, when the practice added LipiFlow to one practice to provide additional dry eye treatments, the cash-only procedure boosted profits there significantly. “But it doesn't make sense to add the system at all locations. We can refer patients from one office to the one with the system,” she says. As she's considering adding aesthetic optometry services, with an intense pulsed light system, she can track her return on investment in one location and determine the best path forward. Managing smarter, not harder, has allowed her to create a schedule for herself that allows her to see patients two days a week and conduct management reviews in the practices for another two days.

PERCEPTION AND REALITY

Numbers provide an unemotional standard by which to make decisions. The data has at times surprised her. “In all our locations, we promote the health and convenience advantages of daily disposable contact lenses. I thought that two-week replacement lenses accounted for just one percent or two percent of our lens sales,” Dr. Keene says. Not so. “I checked and found that 18 percent of our contact lens orders were for two-week lenses. That allowed the team to see how they could strengthen their recommendations.”

Similarly, the data can add impartiality to performance reviews. “Working sessions on how to make performance improvements provide

a huge step up from the seat-of-the-pants style of management,” she says. Current performance as well as measurable goals mean fewer “moving goal posts,” a management style that frustrates employees and associates. With associate ODs, for example, she can set an initial compensation base plus performance and track

that specifically for re-evaluation at six months and one year.

“With our dashboard systems, we have transitioned our professional staff to performance-based compensation. The advantage, again, is that numbers are devoid of emotions, which often cloud compensation discussions,” she says. “We make it clear from the start that we use objective data for reviews, goal setting and improvement targets.”

With data at her fingertips, she can manage all aspects of the business with greater accuracy and confidence. | [WO](#) |

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Leading a RESEARCH ORGANIZATION and Promoting VISION GLOBALLY



Yvette Waddell

Yvette Waddell has been CEO of one of Australia's most significant scientific research organizations, Brien Holden Vision Institute (BHVI), for nearly two years now. BHVI is not only an industry success story, it is a national success story. Australia continues to strive to build its science, technology, engineering, math and medicine (STEMM) capabilities, and BHVI is one of the highlights of the Australian government's investment initiatives started in the 1990s.

Known for her many years in the industry, Waddell, as a nonscientific female CEO of one of the industry's foremost research institutions, is quietly carving out new paths for the generations of women that will follow.

Waddell proves that success in STEMM is not only about being an expert in science, technology, engineering, math or medicine. It is about the ability to communicate with STEMM experts and help them translate their knowledge into business achievements.

Her success springs from being able to balance the needs of multiple stakeholders—BHVI's science team, its customers, industry organizations and governments. She has taken the time and effort to build strong, trusted relationships within her native Australia and across the globe. She is sensitive to the legacy that the late Professor **Brien Holden** created; at the same time, she is willing to make the hard decisions to refresh the organization and prepare it for its next evolution.

HARD WORK AND DRIVE

Hers is an old-fashioned story—of starting at the bottom and earning her stripes through hard work and drive. She joined what was then called the International Association of Contact Lens

Educators in 1991 as director of administration.

Moving into general management with BHVI, she was delighted to be working on campus at one of Australia's most prestigious universities, University of New South Wales. She would undertake her master of business administration at its leading Graduate School of Management as part of her journey to the role of CEO.

She notes that she is a myope and understands what poor sight is. It is one of the things that propels her today—to enable children with poor eyesight to not be impaired or uninspired in their learning.

She had a successful career at BHVI, becoming its COO. In 2018, she took on the whole leadership at a time of very significant organizational turmoil. Through her dogged determination to rebuild the organization, she has successfully steered BHVI through a transition phase, realigning its values and core objectives.

CHAMPIONING RESEARCH

When she does her job right, everyone benefits. She provides the platform from which BHVI can employ the world's best scientists—many of whom happen to be women. Through her commercial acumen and relationships, deals are done and the resources channeled back into the organization to allow for more research and funds to increase the social enterprise reach of BHVI in countries and communities around the globe.

Under her leadership, BHVI continues to focus on delivering excellent science to and with the world's best institutions and manufacturers. The team is now wholly



focused on curbing the myopia epidemic—working out ways to manage and treat the issue that the team was first to quantify in 2016. New technology powered by BHVI is entering the market now, around the globe.

Waddell is driven to improve the way the world sees. She is a CEO with a heart and a clear mandate: to lead a team of world-renowned scientific researchers, championing the latest technological advances in eye care and advancing the training and development of the optometrist workforce in Australia and around the world to correct and manage vision impairment and combat unnecessary blindness.

“Poor sight is a leading contributor to global poverty, and our team members are passionate about removing vision impairment as a factor.”

“Poor sight is a leading contributor to global poverty, and our team members are passionate about removing vision impairment as a factor. I am immensely proud of the diverse team we have at BHVI,” she says. “I am proud of how we inspire one another and collaborate. We have women leading in almost all areas of the organization, from scientists to sales, building education programs and working in the field. Working together, we will continue to take our place as world leaders in the optometry space.”

But make no mistake—hers is not the glamorous life of a globetrotting CEO. On a Saturday night, she is more often sitting up with her husband and two dogs waiting to ferry around her two teenage children. | [WO](#) |

How the Right **MULTIFOCAL CONTACT LENS** Bolsters Our Revenues



By Susan Resnick, OD, of Drs. Farkas, Kassalow, Resnick & Associates, New York, New York

Presbyopic contact lens patients come with an array of needs. NaturalVue® Multifocal 1 Day Contact Lenses have been a boon to both our patients and practice.

We began prescribing NaturalVue Multifocal 1 Day four years ago. As early adopters of new technologies, we welcomed a new and unique design that might help us to better serve the increasing number of presbyopic patients desiring contact lenses.

While there have been significant improvements in multifocal contact lens offerings, many patients still failed with aspheric and concentric designs requiring adaptation to “simultaneous vision.” NaturalVue Multifocal 1 Day features an extended depth-of-focus optical design. Therefore, it offers the opportunity to capture those patients who were previously unsuccessful, in addition to emerging presbyopes.

Of the roughly 5,000 presbyopes in our practice, 50 percent wear contact lenses. Of those, approximately 1,500 wear multifocal contact lenses. Preventing contact lens dropouts is critical to our contact lens specialty practice’s reputation and growth. With contact lens sales accounting for 30 percent of our gross revenues, we carefully select products that meet our standards for ocular health, vision and comfort.

STRONG ROI

The initial fitting visit for multifocal contact lenses typically takes about an hour. Because we work with highly trained technicians who oversee pulling the lenses and the application, the patient is only in the exam room chair for about 20 minutes. This includes discussing the options and procedures. Most of the time required is to allow the lenses to settle.

Our fitting fees for multifocals is 30 percent higher than fees for single-vision contact lenses. The fitting and sale of multifocal contact lenses generates roughly 20 percent of our annual revenues. With



Dr. Resnick

a proper fee schedule, and informing the patient in advance of the fees, fitting multifocal contact lenses gives an immediate and long-lasting return on investment.

No special instrumentation or added overhead cost is necessary. We rely on our autorefractor for quick review but always start with a new subjective refraction.

To encourage patients to “take the plunge,” we offer a 50 percent return on the fitting fee if they are not successful. Fortunately, our success rates are high, and this rarely occurs.

MORE CHOICES, GREATER PATIENT SATISFACTION

Having more choices, particularly when the design platforms are significantly different, is the biggest factor in enabling us to fit more patients with multifocal contact lenses. Because there is no empirical way to predict perfectly which lens design or material will work for a given patient, it is not uncommon to have to try more than one design.

Presbyopes not only have changes in accommodation, but they have changes in the tear film and lid structure that can affect their ability to continue to wear contact lenses or to transition into lenses. Materials that address dry eye symptoms, optical designs that offer the most natural vision and contact lenses that handle easily allow us to best serve this population.

It helps that in addition to its many clinical advantages, the NaturalVue family of products is not available through alternative suppliers; this ensures patient loyalty and financial opportunity.

BUILD BOND THROUGH EDUCATION

Having an advanced-technology contact lens like NaturalVue Multifocal 1 Day gives us the opportunity to educate patients about how we can help them when they notice their vision changing. I first describe the “giveaway” behaviors, such as needing

more light to read, craning the neck back and moving things away to see them more clearly. Patients can easily relate to these, and it gives them a better understanding that presbyopia is common. I explain that they now have two separate prescriptions: one for distance and one for near.

I then say, in a very positive tone, “The good news is that we have contact lenses that can restore the flexibility in your focus. These lenses feel the same as your current lenses but will significantly reduce your need for reading glasses.” For emmetropes, I explain that multifocal contact lenses offer freedom from eyeglasses for activities and occasions of their choice or for full-time wear.

NOT THE SAME AS SPECTACLES

Patients who have not adapted to ophthalmic progressive lenses may be concerned about their ability to adapt to multifocal contact lenses. I explain that the adaptation is easier and shorter, and because the lens rests on the eye, there is no peripheral distortion with eye movements.

I also bring my new multifocal contact lens wearers back for a follow-up about a week later. This allows me to address any issues in a timely fashion. By letting them know this is a “work in progress,” they understand that this is a more complex process than fitting single vision lenses.

We help our patients understand that while their vision is changing, we can still achieve clear and comfortable vision. Products like NaturalVue Multifocal 1 Day enable us to make that case very easily. | [W](#) |

MKT-NVM-AP33

WOnline

Read more in the Visioneering Technologies channel under Growth Strategies in womeninoptometry.com.

WOMEN IN THE *News*



Dr. Durham



Dr. Attar



Dr. Beesely Pate



Dr. Gregory



Dr. Burns-LeGros



Dr. Friedman

▲ **Jessica Durham, OD**, of Nashville, was honored as Optometrist of the Year by the Tennessee Association of Optometric Physicians.

▲ **Christine Sindt, OD, FAAO, FSLS**, of Iowa City, Iowa, was named Top Doc by the National Keratoconus Foundation of America.

▲ **Angelique Sawyer, OD, FAAO**, of North Conway, was honored as the New Hampshire OD of the Year.

▲ **Roya Attar, OD, MBA**, of Jackson, received the Mississippi Young OD of the Year award.

▲ **Caroline Beesely Pate, OD, FAAO**, was honored as Educator of the Year by the Alabama Optometric Association.



Dr. Sindt



Dr. Sawyer

▲ **Mary Gregory, OD, FCOVD**, of Monticello, was honored as Minnesota's Optometrist of the Year.

▲ **Denise Burns-LeGros, OD**, of Melbourne, was appointed to the Florida Board of Optometry.

▲ **Kimberly Friedman, OD, FAAO**, of Moorestown, New Jersey, has become vice president of Physician Recommended Nutraceuticals.

▲ The Optical Women's Association is honoring **Millicent Knight, OD, FAAO, FAARM**, of Essilor of America, with the OWA Pleiades award to recognize her exceptional action in advancing the leadership role of women in the industry.

▲ **Keylee Brown, OD**, of Blairsville, was honored as Young OD of the Year by the Georgia Optometric Association.

▲ **Rachel Horrocks, OD**, of Vancouver, was honored as Young OD of the Year by the Optometric Physicians of Washington.

▲ Dean **Kelly K. Nichols, OD, MPH, PhD, FAAO**, of University of Alabama at Birmingham School of Optometry, was awarded the inaugural Dr. CD Denney Memorial



Dr. Knight



Dr. Brown



Dr. Horrocks



Dr. Petrosyan



Dr. Kinzley



Dr. Richman



Dr. Corbin-Simon

▲ At the New Jersey Society of Optometric Physicians, a number of women ODs were honored. **Tamara Petrosyan, OD**, of State University of New York College of Optometry, was awarded Optometrist of the Year. **Maria Richman, OD, FAAO**, of Manasquan, received the Presidential Special Recognition Award in recognition of legislative leadership in support of children's vision. **Kathleen Kinzley, OD**, also of Manasquan, received the Public Service Award. **Ray Corbin-Simon, OD**, of Piscataway, has become president of the organization.

AFOS



Dr. Farr



Dr. Ari



Dr. Engelke



Dr. Stiles



Dr. Alexander



Dr. Elkins

▲ The **Armed Forces Optometric Society (AFOS)** presented its annual awards in October. A number of women ODs were recognized. **Capt. Shannon Farr, OD**, was honored as overall AFOS Senior Optometrist of the Year, as well as the Public Health Service OD of the Year. **Col. Adrienne Ari, OD**, was named the Army Optometrist of the Year. **Carla Engelke, OD**, was recognized as OD of the Year for the VA. Junior Optometrist of the Year awards went to **Capt. Jenae Stiles, OD (Army)**; **Lt. Cmdr. Krista Greene, OD (Navy; no photo available)**; **Lt. Cmdr. Laura Alexander, OD (Public Health Service)**; and **Meghan Elkins, OD (VA)**.



Dr. Nichols



Dr. Stewart

Award at the 2020 Eye Center South Eye Education Foundation symposium.

▲ **Jennifer Stewart, OD**, of Norwalk, Connecticut, was appointed to the advisory board of the International Sports Vision Association. | [WO](#) |

"LOOK
at That!"

A focal point
provides a
visual treat



Artwork and color
draw kids' attention.



Dr. Sis

A Kid-friendly Space Needs Light Touch

When **Megan Sis, OD, MS, FAAO**, opened the doors to Pediatric Vision Development Center in Coon Rapids, Minnesota, in May 2019, it was a place to call her own where she could focus on pediatric vision therapy care. Warm and welcoming, the space has lots of natural light that streams through giant

windows in her therapy area. A palette of orange, green and blue is incorporated in her logo and strategically thought out the office space. There's pop art of brightly colored animals wearing eyeglasses, and a cozy nook for children to wait for their appointment.



Vision therapy graduates from the practice where she was earlier helped her create a legacy wall during her open house.



Dr. Vu

Visual Interest at All Levels

Natalie Vu, OD, worked with a contractor and architect to transform her space from a blank shell without any walls into the home of Look Eye Care in Houston, Texas. She chose wood tones, grays and whites with brass accents, and the optical is the focal point of the space. She's incorporated some interesting ceiling designs and open shelving for a minimalist style that's modern and sleek. One of her favorite features is the floating hexagon clouds created by her contractor.

She and her husband Joe Nguyen, OD, selected the location after narrowing the Houston market down to six neighborhoods where they wanted to be.



The contractor-made clouds are eye-catching.



Dr. Jackson

Drawing up Her Own Plan

Even before she ever saw the place that would eventually become Jackson Eye in Fairburn, Georgia, Danielle Jackson, OD, had already committed some of it to paper. While she was working in a corporate location, she began dreaming and doodling. When she finally found her space, she was ready. She built the frame boards she had designed and finally ordered the items she had been identifying over the previous year. "I knew what my vision was," she says.



Dr. Jackson had been eyeing furnishings and designs long before she found her space.

Rural Flair in the Suburbs

There's an agricultural, farmhouse theme to Sight Eye Care in Richmond, Texas. Mina Hoang, OD, tapped into the green surroundings of her location with splashes of green and teal throughout her clean, minimalist-look new office. It features a tall, open ceiling to make the space feel larger than it is. Dr. Hoang loves a modern style, but she wanted to make sure that she also created a comfortable space. "When patients come in, I want them to feel like they are visiting someone's home," Dr. Hoang says. | [WO](#) |



Dr. Hoang



The use of color makes Dr. Hoang's minimalist style look sleek and modern.

Doctors Apply Lessons From **First Opening** to **Second Cold Start** Just

THREE YEARS LATER



The brick look of the exterior is replicated inside.



Dr. Reynon and Dr. Ma

When **Monica Ma, OD**, and her husband **Jonathan Reynon, OD**, opened Parkside Eye Care in October 2016, Dr. Reynon kept his existing subleases as they built up their patient base. The cold-start practice, located in the western part of Cary, North Carolina, boomed quickly among a number of new communities that were under construction.

They began to step away from the subleases, and when Dr. Reynon's non-compete agreement expired, they considered what their next move might be. When they opened Parkside Eye Care in Cary, a few patients from the subleases followed, but they lost the patients who lived on the other side of town closer to the neighboring city of Durham. It's a fun community where Dr. Ma and Dr. Reynon used to live and near where Dr. Ma went to college in Chapel Hill.

Their original search in 2018 started there, closer to Dr. Reynon's former sublease location. There was an established optical shop nearby, and Dr. Ma and Dr. Reynon approached the owners, but that venture didn't pan out. They continued to search at other retail locations near that area. "We wanted to be a part of a higher-end shopping center, so that eliminated a lot of places," Dr. Ma says.

The search ended at Hope Valley Shopping Center, an upscale location next to a Harris Teeter grocery store in Durham, just 20 minutes away from Parkside Eye Care in Cary. In mid-January 2019, Dr. Ma and Dr. Reynon were finally able to occupy

the space. They kept the HVAC system but knocked everything else down to the studs. Dr. Ma, Dr. Reynon and their associate **Lauren Yao, OD**, remained focused on growing the Cary location during construction delays.

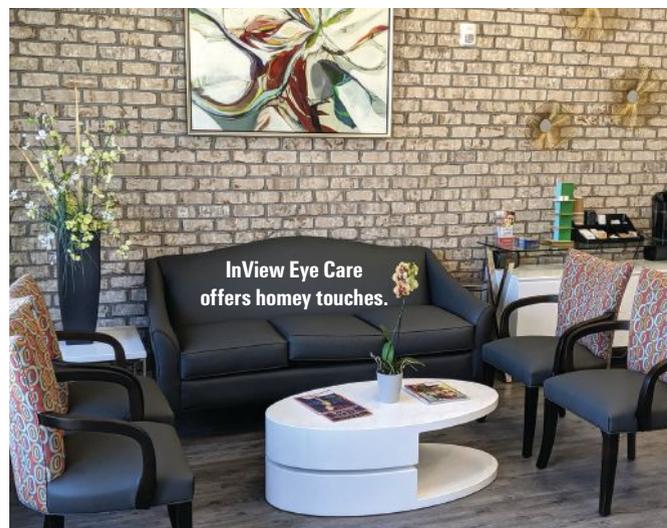
DISTINCT LOOKS

InView Eye Care in Durham opened its doors in early June 2019. The similarities between this new location and Parkside Eye Care can be found with the logo and branding, but the differences become apparent the moment you walk through the door. Inside InView Eye Care, the exterior brick façade is replicated on the interior wall that extends behind the front desk with a sliding barn door accent. Dr. Ma chose shades of brown, tan and red accents to complete the inviting look; at Parkside, the space is styled in mostly white with pops of bright green and royal blue. "I see the Durham location as more city-like and less suburban, so we wanted a look that was a little different," Dr. Ma says.

They duplicated the setup of their exam lanes and pre-testing equipment, but some instruments, such as an OCT, topographer and edger, are only in the Cary location due to the larger footprint for that office. Nevertheless, InView Eye Care maintains its technological edge by housing its own fundus camera and visual field perimetry testing equipment. As the new location grows, Dr. Ma says that their next instrumentation purchase will be an OCT.



Dr. Ma says that the growth has been a bit slower this time, which was anticipated since the town of Cary is much more invested in the construction of new homes. Durham is a bit more established, so they've sent out mailers and are primarily focusing on social media and email marketing. Word-of-mouth referrals are still the best source of new patients. She also encourages patients to post their feedback in a review. | [WO](#) |



InView Eye Care offers homey touches.

ENERGIZE YOUR EMPLOYEES: FOCUSING ON A WELLNESS INITIATIVE TO PREVENT EMPLOYEE BURNOUT

By Amy Green, CPO, of Kindred Optics at Maitland Vision in Maitland, Florida



Amy Green

Burnout can affect work ethic, cause decreased productivity, reduce workplace morale and lead to poor communication. A person's negative attitude and isolated behavior can be transferred easily to others and disrupt the workplace as well as patient care. The resulting worry and perceived overload can cause an employee to quit, affecting a practice's retention and turnover rate.

Burnout is characterized by the gradual onset of subtle changes in overall emotional, physical and behavioral well-being. Emotional symptoms include feelings of self-doubt, helplessness or detachment with a loss of motivation. Physical signs can manifest themselves as fatigue, frequent illness, headaches and changes in appetite or sleep patterns. Behavioral signs include withdrawal, procrastination, and projecting one's frustrations onto others. It can manifest itself as a dependency on food, drugs and/or alcohol as a means of coping. The overall concept of burnout can be masked by stress, but ultimately it is a sensation of hopelessness, characterized by disengagement.

● **A proactive approach needs to be taken in order to create a transparent culture that fosters positivity.** Provide employees with access to tools and aids that will help them establish a work/life balance. Before symptoms of burnout take over, intervention can help with prevention. In the appropriate situations, implementing a low-cost wellness initiative may foster healthy habits and promote improved teamwork.

● **Morale boosting is a positive way to show compassion.** Hold regular staff meetings to remind employees of the organization's mission, reinforce purpose and instill passion. Praise justifies that an employee's work does not go unnoticed. Out-of-the-office activities and participating in charity or community events can create means for collaboration and develop teamworking skills.

● **Feedback is crucial for better understanding employees.** Offer assessments and surveys to help identify issues in the work setting and allow employees to become a part of the decision-making process. With an open-door policy, employees have the freedom to discuss issues that may be plaguing them in a confidential, nonhostile

environment. Reiterate a person's role with consistent performance reviews to keep staff focused on the tasks at hand. Stay up to date with current trends via trade magazines, national conferences and leadership books. The strongest leaders lead by example and manage emotions, not people.

● **Health proposals should be introduced as part of a company's mission.** These applications can support team building, create bonds of trust and allow individuals to face any fears of rejection. Mental health days promote work/life balance and allow for flexibility,



something most employees crave. Healthy snacks in the office can boost vitality. Holding walking meetings outside where the fresh air is plentiful gets the constructive juices flowing and refocuses energy. No time for in-office exercises? Support employees to be productive outside of the workplace by researching group discounts on local gym memberships. Practicing mindfulness and staying active can instill a positive attitude.

● **Music in the workplace has the power to boost productivity.** It enhances dopamine levels and increases one's feelings of joy, which contribute to planning, organizing and work enhancement. Consider a song or genre of music that can boost the mood of employees and patients alike.

● **Employee Assistance Programs can help connect staff with outside resources that they may not know are available.** These resources, often referred to as EAP, might include stress-relief workshops or therapy sessions, helping individuals manage and cope with their work-related anxiety and increase overall mental health awareness.

Instances of burnout must be addressed before they arise and the most effective way to do that is by opening the conversation to include mental health. The return on investment will be evident in an employee's loyalty and support. While there is no "one-size-fits-all" approach to implementing a wellness strategy, it is necessary to embrace the chaos. | [WO](#) |

NEW GRAD SEES OPPORTUNITY TO INFLUENCE MINORITIES TO CONSIDER OPTOMETRY

By Nishan Pressley, OD, Director of Communications, National Optometric Association

In 1969, C. Clayton Powell, OD, and John L. Howlette, OD, met with a select group of African American optometrists in Richmond, Virginia. Their mission with their new organization, the National Optometric Association (NOA), was to give a voice and platform to minority doctors around the country. Fast forward to 2019, when I, a recent graduate of the Pennsylvania College of Optometry at Salus University, was appointed to be the director of communications for the NOA.

to fill the role. Although the role was daunting when I was first approached, I considered how I could influence young minorities who might be considering the optometric profession. When I thought about the impact I could make, I thought, “This is something I have to do.”



Dr. Pressley

MENTORS MATTER

I didn't always know I was going to go into optometry. I knew I loved science and math and saw myself in a medical career, but I didn't have a particular specialty in mind. As fate would have it, I went on a field trip senior year of high school to visit an optometrist, and my decision was solidified. I said, “Oh my gosh, this is an actual career?” I went up to the OD and asked, “Can I shadow you?” She said, “Yeah, come on in,” and once I shadowed her, I was in.

LIVING MY MISSION

I have a personal mission of advocating for diversity in optometry, mentoring the younger generation and educating anyone who will listen. I live that mission by spending my time outside of working at Florida Eye Clinic, a multi-MD and OD practice in Orlando, Florida, being out in the community. I talk to high school students, college students and anyone at career fairs with any interest in optometry.

I seek out challenges, such as the three-year optometry school program. I was the president of that graduating class, passed all my boards the first time and I believe firmly in the opportunity to be a role model for young minority students.

It feels amazing to be a role model—showing students who look like me that they can do this with hard work. My message to minority women is that you can do this. I love the NOA because it provides all of us with people to look up to.

I didn't see an African American OD until I went to optometry school. I'm really big on posting on social media and going into the community because I didn't have that. | [WO](#) |

Dr. Pressley posted about her time on the Vision Expo West stage.

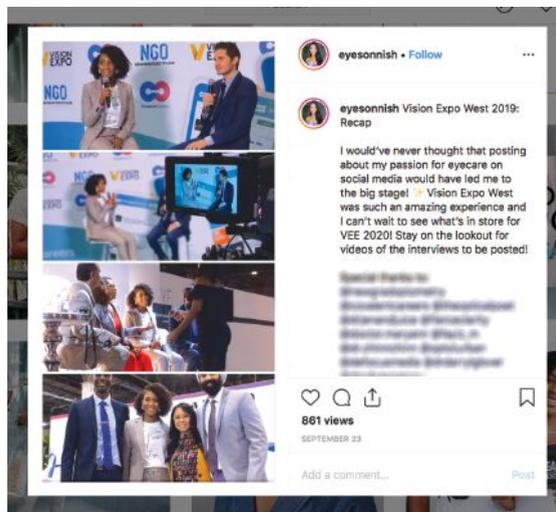


As a social media influencer, Dr. Pressley catalogs her experiences; here she is at Vision Expo East.

I finished the school's relatively new accelerated three-year program and was the first African American to do so. Whitney Roberson, OD, made it a point to get me around other ODs involved in the NOA. It was great because those doctors looked like me. The NOA brings us together—doctors who can relate to my cultural experiences. There is this hub of diversity and knowledge.

AN INFLUENCER

I cataloged my own journey through optometry school on my social media channels. When my colleagues saw my following and unique style of making my work not just appealing to young people but also teaching and advocating for optometry, I was asked by the previous NOA communications director



SPARKING JOY TO THE WORLD By Lena Walker, OD, of Family Vision of Oregon in St. Helens, Oregon

A KonMari-certified OD sees the world through the art of organization

I first became interested in Marie Kondo's KonMari method of keeping one's life tidy when her book *The Life-Changing Magic of Tidying Up* came out. I applied the method of finding the items that spark joy in my own home and purging the excess items accumulated over time. The KonMari website defines the method to help people "keep only those things that speak to the heart, and discard items that no longer spark joy. Thank them for their service—then let them go." I became certified in the method after passing tests and meeting a certain number of hours, joining the roughly 300 certified people in the world. At a KonMari meeting, we all have the same mindset.

Kondo's new book *Joy at Work* will arrive in stores in spring 2020. This book will touch on the practices I have been applying to my own office. When we only keep the items that spark joy, it's calming and easy to clean. Anyone who is working will always know where to store things quickly and efficiently if everything has its place. In an office setting, the things that spark joy aren't necessarily the things we like personally but the things we need to have to serve our patients. Year after year, we know what our favorite and most needed items are.

Some of these strategies can be implemented immediately.

● **First impressions count.** Most optometry offices have an optical gallery; in my opinion, the first impression makes the biggest impact. Start by making sure the

entrance to your office is presentable.

● **Keep the patient in mind.**

Remember whom the decor is serving. Choose signage and decor that appeals to your clientele, not necessarily to your staff and doctors.

● **Declutter the front desk.** When it comes to the front desk, get rid of old pens and papers—anything that may affect the first impression of a patient.

● **Organize exam rooms.**

What impression are patients getting about the practice from the exam room? Open a drawer, and everything is piled in there—thrown haphazardly. When patients see that, it doesn't give them a good impression of how organized you are or even how well you will take care

of them. Organized practices can also improve safety measures because it's easier to implement processes for diligently throwing out expired items in exam rooms.

● **Clean out your own closet.** Finally, bring these ideas home. Start by tidying your wardrobe, shoes and accessories. Then, when we make that first impression, we will only be wearing items that spark joy.

● **Take care of yourself.** Tidying up is a form of self-care. Sometimes we forget to take care of ourselves, but a more powerful impression comes from feeling good from within. | [WO](#) |



Dr. Walker



Dr. Walker's uncluttered office

AN EYE-OPENING SHADOWING EXPERIENCE By Irina Yakubin

As a fourth-year optometry student at Inter American University of Puerto Rico School of Optometry, I'm still learning about my profession both clinically and in terms of opportunities. So what was I doing at Media Roundtable full of distinguished doctors discussing research and the future of optometry? That opportunity and many more were all thanks to **Jennifer Palombi, OD, FAAO**, senior manager, professional and scientific communications at CooperVision.

Like me, Dr. Palombi has a passion for writing and patient education. Despite being nervous, I reached out to Dr. Palombi with a few questions and an offer to pick up any extra writing assignments available. Not only was Dr. Palombi willing to answer my questions, she also offered to have me shadow her at the 2019 American Academy of Optometry meeting.

This was the first time that I shadowed an OD outside of a clinic. Thanks to her generosity, I was able to meet individuals who were not only passionate about optometry but who

were doing research and educating other doctors and patients alike.

I talked with amazing women within the field of optometry. These were brilliant professionals who seemed to be seamlessly balancing personal lives and careers while adding on extra projects that they were passionate about.

For a long time, I was under the impression that I had to choose between clinical optometry, advocacy, writing, patient education and research. This experience gave me new perspectives on how I can use my knowledge of optometry to help others without necessarily spending time seeing patients. In fact, I learned that I may be able to make more of a difference by engaging in the larger professional network and offering my skills, both clinical and written.

A little initiative works! If I hadn't sent that first email to Dr. Palombi, I would never have had this opportunity. | [WO](#) |



(l-r): Dr. Palombi, CooperVision's Michele Andrews, OD, and Irina Yakubin

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