

Focus on the President

An interview with Melvin D. Shipp, OD, MPH, DrPH



A Brief Bio of President Shipp

After receiving Bachelor of Science and Doctor of Optometry degrees from Indiana University, Melvin D. Shipp, OD, MPH, DrPH, served in the US Navy and the US Naval Reserve, achieving the rank of captain. He earned a Master of Public Health degree from Harvard University and a Doctor of Public Health degree from the University of Michigan.

Dr. Shipp began his teaching career at the University of Alabama at Birmingham School of Optometry, where he attained full professorship in 1999. He joined the OSU faculty in 2004, when he was named dean.

Dr. Shipp has been co-chair of the National Vision Program of the Centers for Disease Control and Prevention. He has also served on the Ophthalmic Devices section of the US Food and Drug Administration. Dr. Shipp is a fellow of the American Academy of Optometry and an AAO diplomate in Public Health and Environmental Vision. He has held numerous leadership positions with the American Optometric Association and the American Public Health Association.

Melvin D. Shipp, OD, MPH, DrPH, dean of The Ohio State University College of Optometry in Columbus, began a one-year term as president of the Association of Schools and Colleges of Optometry in June 2009. *Optometric Education* talked to Dr. Shipp recently to learn more about his goals as president, his interest in public health, his philosophy regarding optometric education and his personal interests.

OE: As you begin your term of office, what are the key issues challenging the schools and colleges of optometry?

Two issues in particular are most prominent: the current state of the US economy and the opening of new optometry schools after many years of status quo. The economy has an impact on education and the number of students supporting the academic enterprise. The new optometry schools are a mixed blessing. On the one hand, they provide more opportunities, both for people who want to become optometrists and for faculty to advance their careers, but the new schools also create stresses on our existing schools to provide sufficient and appropriately trained faculty to accomplish our missions of research, teaching and service.

OE: As ASCO president, what steps will you take to address these issues?

I want to make sure that we at ASCO recognize these challenges and share information and best practices between and among ourselves to help us through this period. One goal is to orient the current and new board members to ensure that the board is as effective as possible and that it will be helpful and have

a positive impact on the participating institutions. To that end, I plan to hold some sessions in which invited speakers from outside optometry talk about the legal aspects of boards, their fiduciary responsibilities and how the policy versus practice orientation should be. It is important for the ASCO board members to function at the policy level as opposed to overseeing the actual day-to-day operations of ASCO.

OE: How will you address the needs of the new deans and presidents?

Some board members who have served for a long time have institutional memory for ASCO as well as for their respective institutions and are in a good position to assist, advise, and support people who are just starting out. The new deans and presidents may have been involved in academics for a long time or, as in the case of some of our newest board members, they were not involved in academics at all or, in one case, not involved in optometry at all. That is where mentoring is important, to bring folks up to speed about some of the historical experiences so they can avoid making some mistakes and start at a different level.

OE: Shifting gears now, what prompted your interest in public health?

After I earned my OD degree, I practiced in the military for a while and then decided to return to graduate school. At the time, I thought I wanted to become better informed about a narrow perspective or field, either pathology or pharmacology. After attending UAB and looking at those two fields, I realized I was much more interested in broadening my perspective. Public health became my interest.

OE: How has that interest influenced your approach to optometric education?

The field of public health is broad, encompassing prevention as well as health care at the primary, secondary and tertiary levels. Understanding that has prepared me to do what I am doing today, because I have a better appreciation for how optometry fits within the spectrum of public health and health care delivery.

Another advantage of my education is that I feel comfortable interacting with and collaborating with other health providers, decision-makers and stakeholders within the health care system. I understand their issues, so I can better communicate with them and explain how optometry, which is a relative newcomer to the healthcare delivery system, fits into public health. As those of us in the profession know, optometry is not well understood. More often than not, we are confused with ophthalmology and opticianry, so we are constantly educating. I am comfortable with that, and I am able to do that more effectively thanks to my education in public health. I feel an understanding of public health is key to any health practitioner, but most importantly to optometrists because of the special circumstances in which we find ourselves.

OE: What advice would you give optometrists who want to engage with their communities and with other members of the health care team?

One of the most important things to remember when talking with someone who is not an optometrist is to speak in their language. As clinicians, we are inclined to talk about 20/20, visual fields or eye disease, whereas, the lay person does not relate to those terms. We need to translate what we do in a way that is meaningful to others. If you ask the average person what sense he would least want to lose, inevitably, the answer is vision. So we have a head start on educating people about the value of what we do. As opposed to talking about 20/20, visual fields or eye disease, we should talk in terms of performance and explain that the devices and treatments that we prescribe can help people achieve better grades in school, improve their job performance, have fewer accidents, do well in sports, and so on. People will then understand the value we bring and the difference we make.

The approach should be similar when talking to other members of the health care team. When talking to an internist, for example, I talk about the illnesses that are most important to him, such as diabetes, hypertension, or heart disease. Optometrists play an important role in early detection and/or reinforcing treatment modalities for those conditions.

I used to teach a course in communication, and one lecture was devoted to giving lectures and public speaking. The three key things to remember are to relate, relate, relate, because if you are not relating to your audience, you will lose them.

OE: What changes do you predict in health policy, and how can optometry be "at the table" to help influence those changes?

I would hope that health policymakers will look for safe, efficacious, effective methods to promote and optimize health for all. How do we do that? One way is to make sure that everyone involved in health promotion, disease prevention, and health care is at the table. The medical model is extremely important to the health of this country, but if you take a more holistic view, you understand that many changes that have occurred in this country have occurred not so much because of health care but as a result of identifying risk factors that cause people to become sick. For example, hygiene, sterilization, and sanitation have had the most profound effect on health around the world.

So, ideally, those who will make health policy will recognize that you need not only the traditional health care providers but also the newcomers to the field like optometry. I would hope that any and all disciplines involved with health care or health status at large are at the table and have an equal voice and opportunity to argue their case for contributing to the health of the country. Effective interaction between optometry and decision-makers at local, state, and national levels is essential if this is to happen. This interaction must occur at individual and organizational levels.

OE: Who influenced your educational, administrative and leadership ideas? Who were your mentors?

That is a tough question because they are too numerous to name. I am an amalgam of my family, teachers, col-

On Being a Good Dean

Becoming a dean is almost like having played an instrument in an orchestra, then having someone say, "OK, you're going to stop playing your instrument now, and you're the conductor." So you put down the instrument that you have become comfortable with and rather accomplished at, and suddenly, you are asked to lead a group of other talented people in making music, but you are not making any sound at all. They are. And now, to maximize the music, you have to make sure you have the appropriate score for them to play as a group, and you have to motivate and direct them so that the final product is something everyone is proud of and happy about.

In my case, when I was a faculty member, I had my course, my students, my research, but now as a dean, nothing is mine. I am all about helping other faculty members with their courses, their research, their students, and making sure that I optimize and enable what they do.

Any faculty member who wishes to be a dean must recognize that trade-off when taking a leadership role. It's not all about you any more. It's about others, specifically those who are working within the institution to make things happen.

leagues, and friends. I also learned from other folks the things I do not like, and I make sure I do not do those things. So I consider both groups important: those who taught me what to do and those who taught me what not to do.

What I learned most importantly about education is to be able to ask questions comfortably of anyone so that I have a clear understanding or appreciation of what I know, and to make sure I know what I know. I try not to assume anything. I am a perennial student, trying to learn and know more and more and then stretching to try to learn more after that.

The administrators that I have appreciated and try to emulate are those who are respectful of others. They emphasize teamwork, try to support those who work with them and enable people to do their best work. My own model is that of a servant/leader. Although I may be the person who is leading, I want to be ready to assist anyone who works with me.

Regarding leadership, I do not anticipate that I will have all the answers. Instead, I like to listen to other people, lots of people in fact, and try to learn what they have to teach me. I try to surround myself with smart people, so listening to them is easy and helpful. I try to assimilate what they know and synthesize that with what I know and my experiences, make a decision and then move on. After having made a decision, I make sure that I evaluate what happened as a result of that decision and then repeat that loop as often as necessary.

I am a work in progress. I never feel like I have finished. There's always something else I can do, reexamine, tweak, revise, modify, enhance, etc. I try to make people comfortable with that, so they are not afraid of making mis-

takes, because I think we learn as much from our mistakes as we do from our successes. Because I appreciate all those things, you really don't get that from one person. You get it from a variety of people.

OE: What leadership opportunities exist in optometry for someone interested in stepping into a position of dean or president and how can someone best prepare for them?

There are now 20 schools in which there is a leader, and obviously, there will be changes and transitions in the future. Opportunities will not be difficult to come by. In fact, the difficulty may be in making sure the people who do emerge as leaders and presidents are prepared for those roles.

How can one best prepare for those opportunities? First, a person must understand optometry and the issues related to optometry. Obviously, most optometrists who are faculty members do understand that. But you have to understand it not just in a superficial way, but a specific way and how it relates to the constituencies — how alumni would feel, for example, about certain issues versus other optometrists versus non-optometrists, such as other healthcare providers, decision-makers, community leaders, etc. A person must be able to interact comfortably with any and all of those stakeholders. (See "On Being a Good Dean.")

OE: What gives you the most satisfaction as dean?

It's all about making a difference. If, at the end of the day, I feel I made a positive difference for a faculty person, a student or a group, then I'm OK. Fortunately, I have enough of those days, that it makes coming to work fun.

OE: What is the single professional accomplishment of which you are most proud?

If I had to point to one, it would be my induction into the Hall of Fame in 2002, in part, because it was totally unexpected. I still pinch myself and wonder how I might have been considered deserving of that. I perceive that as my colleagues saying that what I had done up to that point was, in their minds, good.

OE: What are your hobbies and interests outside of optometry? Describe your perfect day.

The focal point of my life is my family. My life revolves around my wife of 27 years, our two daughters and all my relatives. Beyond that, I very much enjoy golf. Not so much that I am good at it, but it is one of those singular things that, no matter how good you get, you always feel you could do a little better. I guess that goes back to what I was saying before — that I am a work in progress. I am constantly trying to improve, and I find that invigorating and energizing. I enjoy the challenge of trying to master something that cannot be mastered.

I also enjoy traveling, probably because I was an Army brat and I lived in various places in the United States and Europe. I also enjoy reading from time to time, although I don't get a chance to do much of that just for pleasure.

My perfect day? It goes back to making a difference. On my drive home or when I am relaxing at home with my wife, if I can reflect back and feel like I made a difference, then that's great. If I have had a positive impact on someone or some group, then I have had a great day, and that gives me the energy to get up and do it again tomorrow.