The Journal of the Association of Schools and Colleges of Optometry

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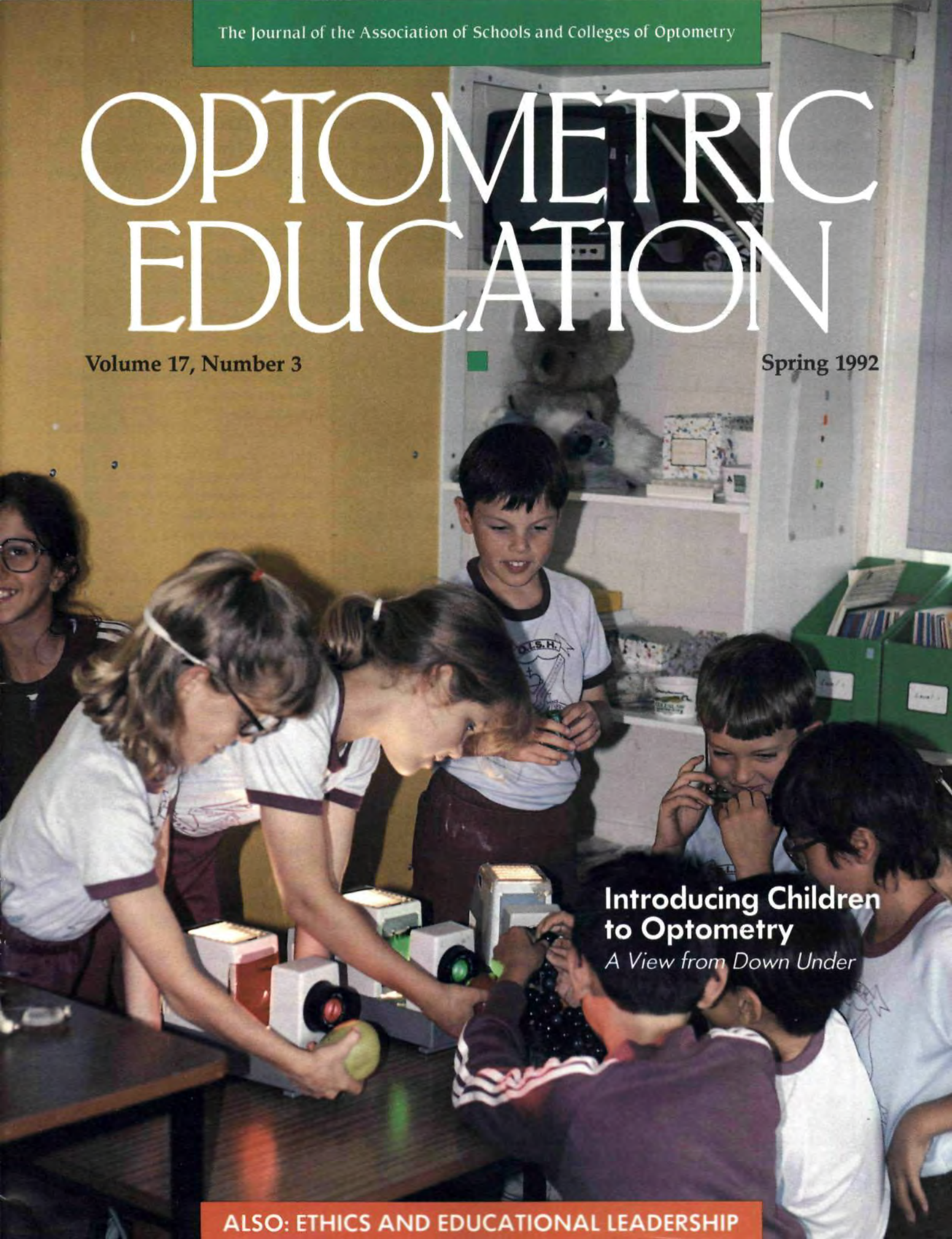

Introducing Children to Optometry

A View from Down Under

ALSO: ETHICS AND EDUCATIONAL LEADERSHIP

Association of Schools and Colleges of Optometry

The Association of Schools and Colleges of Optometry (ASCO) represents the professional programs of optometric education in the United States, Canada and a number of foreign countries. ASCO is a non-profit, tax-exempt professional educational association with national headquarters in Rockville, MD.

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SPRING
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The Journal of the Association of Schools and Colleges of Optometry

SPECIAL FEATURE

DEPARTMENTS

(Note: As *Optometric Education* was going to press, we learned of the untimely death of Dr. Harris Nussenblatt of the University of Houston College of Optometry. A tribute to him can be found on page 69.)

COMMUNICATIONS

About the cover: *Australian school children visit the Vision Education Centre at ASCO's newest affiliate member, the University of New South Wales.*

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GUEST

EDITORIAL

Ethics, A Bellwether of Professional Maturity and Sophistication

Alden N. Haffner, O.D., M.P.A., Ph.D.

The legal recognition of optometry began in 1901 in the State of Minnesota. From that time until 1924, all of the states and the District of Columbia recognized the profession and prescribed provisions for the regulation of its practice. In fact, one can describe with accuracy that, from the vantage point of public policy, optometry is a twentieth century profession.

The American Optometric Association traces its founding to 1895, just six years before the Minnesota recognition. It is nothing less than fascinating to note that, throughout the expanse of more than nine decades, the AOA has never had a standing committee on ethics and values. That rather remarkable omission was altered in 1991 when the House of Delegates unanimously mandated the establishment of the profession's first permanent Committee on Ethics and Values. This abrupt change is the direct result of an important presentation on clinical ethics made in January 1991 at the North Central Optometric Congress. The presentation was later published in the *Journal of the American Optometric Association* (October 1991). For the record, the Association of Schools and Colleges of Optometry, by resolution, joined several state professional associations in petitioning the AOA to take this needed and long overdue action.

This editorial is dedicated to the memory of my distinguished colleague in public health, Dr. Harris Lee Nussenblatt of the College of Optometry, University of Houston. He was an academic stalwart and a professional champion.

In a careful review of files, reports and publications of ASCO, I have not been able to ascertain that any previously held curriculum conference had dealt substantively with the subject of ethics in the academic regimen of optometry. In fact, there is no recorded curriculum agreement relative to course content, structure, time sequence, place in the curriculum, behavioral objectives, desired educational outcomes, or required qualifications of the instructor. Suffice it to state that the optometric educational enterprise substantially ignored or neglected this important academic area of professional concern.

A recent survey of the schools and colleges of optometry, conducted by Dr. D. Leonard Werner of State University of New York, revealed a lack of consistency among the optometric institutions in the curricular treatment of this subject area.

In a random telephone survey among members of twelve state boards of optometry, the subject of ethics never was used as material in oral or practical clinical examinations of candidates for licensure. However, every respondent voiced to me the opinion that the subject of ethics was an increasingly important one. Similarly, the National Board of Examiners in Optometry reports that the subject of ethics is not covered in any depth in the written examinations.

It is clear that the important action of the AOA presages a change of attitude and concern about ethics and values in optometry. What, then, are the implications of this change for the schools and colleges of optometry? In my view, the following are on the agenda to be addressed:

1) Ethics and values in optometry must become a more central concern of the professoriate;

2) There is a need to develop a structured body of material, both in didactic and clinical ethics;

3) There is a need to fashion a bimodal curriculum in ethics and values, one theoretical and conceptual and the other clinical and applied, and both should be based upon the aforementioned structured material;

4) The libraries of the schools and colleges of optometry should add the subject of ethics and values to their collections, both texts and journals;

5) A national educational conference should be convened in

order to develop:

A) a structured curriculum outline for both conceptual and clinical ethics;

B) behavioral objectives for such a curriculum model in optometry;

C) an outline of desired educational objectives of such curricular material;

D) desirable time sequences in order to accomplish curricular objectives;

E) appropriate placement in the four year professional program;

F) qualifications and standards for those instructors who are to teach didactic and clinical ethics and values, and

G) a program to orient and sensitize existing faculty members.

6) Establishment of a national resource center in the form of an *Institute of Ethics And Values In Optometry* should become a priority;

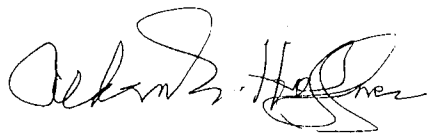
7) The proposed Institute should, as part of its functions, promote scholarship and intellectual inquiry in ethics and values in optometry by the presentation of an annual national conference, either separately or in conjunction with the annual meeting of the American Academy of Optometry;

8) The proposed Institute, as part of its scholarship promotion function, should offer two year-long Fellowships in Ethics and Values in order to promote intellectual inquiry and concentrated study; and

9) The proposed Institute of Ethics and Values in Optometry should be the focus for networking with similar bodies in other disciplines and professions.

The time to become serious, academically and professionally, about ethics and values in optometry has arrived. The challenge is a daunting one, especially in an era of scarce resources when other areas' professional concerns also cry out for needed support. The American Optometric Association has taken an essential step. The optometric educational enterprise now must meet the challenge that is before it. I am confident that it will.

Optometry is a maturing profession. A bellwether of its maturity and sophistication is the seriousness and dedication with which it addresses its ethics and values.



Dr. Haffner is president of the State University of New York, State College of Optometry.

In Remembrance

Harris Nussenblatt, O.D., M.P.H., Dr.P.H., associate professor of optometry at the University of Houston College of Optometry, succumbed to cancer on January 24, 1992. Dr. Nussenblatt was 42.

Dr. Nussenblatt's career was devoted to service to optometry and public health. He served on numerous committees and task forces concerning health care planning and personnel, public health information and practice management. His contributions to the optometric profession were recognized by resolutions passed by the American Academy of Optometry and the Texas Optometric Association. Dr. Nussenblatt was also active in the American Public Health Association, serving as a founding member of the Vision Care Section, and as editor of the newsletter for the Vision Care Section. For these and many other activities, he received the 1991 Distinguished Achievement Award from the Vision Care Section of the American Public Health Association.

Dr. Nussenblatt was chair of the Department of External Education at the University of Houston College of Optometry where he was responsible for the College's external clinics and externship program. He contributed numerous book chapters and articles in the areas of public health, practice management, computer applications and externship programs.

At Dr. Nussenblatt's request, a lectureship has been established, "The Harris Lee Nussenblatt Distinguished Lectureship in Public Health," at the College. Contributions may be made to:

The Dr. Harris Lee Nussenblatt Lectureship Fund
c/o The Foundation for Education and Research in Vision
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OPHTHALMIC INDUSTRY NEWS

Companies appearing on these pages are members of ASCO's Sustaining Member Program. Sustaining Members are listed on the inside front cover of each issue. Membership is open to manufacturers and distributors of opthalmic equipment and supplies and pharmaceutical companies.

CIBA Announces Disposable Enhancing Tints

CIBA Vision Corporation announced the first eye-color enhancing tinted soft contact lenses for disposable wear—NewVues® SOFTCOLORS® (vifilcon A) eye-color enhancing tints in royal blue, aqua, and evergreen. The new product will be test market in the first quarter of 1992.

"We are very excited to test market the popular NewVues® soft contact lenses with the successful SOFTCOLORS® enhancing tint option," said Stuart Heap, senior vice president of sales and marketing at CIBA Vision Corporation. "The SOFTCOLORS® line is the most frequently fitted cosmetic enhancement lens on the market and NewVues lenses are equally popular. The addition of NewVues® SOFTCOLORS® offers many value-added benefits to both eye care practitioners and their patients."

CIBA Vision Corporation will also be the first manufacturer to offer disposable trial lenses in eye enhancing tints. Eye care professionals and office personnel will enjoy the convenience of discarding trial lenses after use instead of cleaning, rinsing and disinfecting trial lens inventories.

CIBA Vision Corporation, a subsidiary of CIBA-GEIGY Corporation, is based in Duluth, Ga. A soft contact lens and lens care manufacturer, CIBA Vision Corporation markets a wide range of vision care products, including the AOSEPT® Lens Care System.

Sola's ASL Wins OLA Awards

Sola Optical's ASL single vision lens in Spectralite high-index won the Optical Laboratory Association's 1991 Award of Excellence in two categories—"Best in Lens Design" and "Best in Lens Material."

The Award of Excellence is presented to companies whose products have made outstanding contributions to the ophthalmic industry. Nominees are selected by OLA members, who then vote by secret ballot to select the winner.

"Sola is committed to helping our customers build their businesses, and ASL in Spectralite's success results from that commitment," said Mark Mattison-Shupnick, vice president, New Products. "Labs like it because it's easy to process and tint, and dispensers like the ideal balance of cosmetics and optical quality. Consumers appreciate the greater comfort and good looks."

Accepting the award for Sola at the OLA awards banquet in New Orleans was President Jim Cox. "It took Sola five years to develop Spectralite," he says. "We wanted to ensure that the material not only met Sola's high quality standards, but that it also met the needs of our customers. The hard work paid off."

Vistakon Appoints Yamane Director of Professional Affairs

The appointment of Stanley J. Yamane, O.D., to the new position of director, professional affairs was announced by Bernard W. Walsh, president of Vistakon, a division of Johnson & Johnson Vision Products, Inc.

Reporting to Sheldon Wechsler, O.D., vice president for professional affairs, Dr. Yamane's responsibilities will include managing Vistakon's interaction with eye care practitioners and professional organizations as well as the company's professional affairs programs and activities.

Formerly the founding partner of a two-office private practice in Hawaii, Dr. Yamane has 24 years of experience in private practice, clinical research and the optometric industry.

Active in many professional organizations, Dr. Yamane is a fellow of the American Academy of Optometry (AAO) and a diplomate of the AAO's Cornea and Contact Lens Section, a distinguished practitioner in optometry of the National Academies of Practice, a past president of the American Optometric Foundation, a charter member of the Society of Contact Lens Specialists, a member of the American Optometric Association (AOA) and the AOA's Sports Vision Section, past president of the Hawaii Optometric Association and the Hawaii Board of Examiners in Optometry.

"The addition of an eye care professional of Dr. Yamane's stature to Vistakon continues the company's commitment to practitioners," Walsh added. "Dr. Yamane will provide our company with valuable clinical input and excellent insight into what our customers need."

Dr. Yamane is a 1966 graduate of the Pacific University College of Optometry.

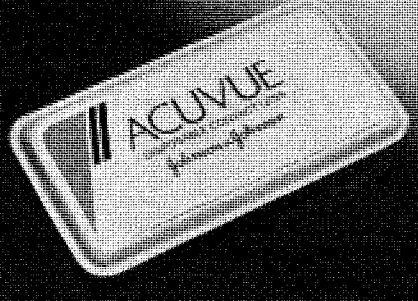
B&L Focus on Planned Replacement Program

The Bausch & Lomb Contact Lens Division announced a new system to help eye care practitioners more easily manage the transition of their patients into disposable and other planned replacement soft contact lenses. "Clearly the future of this indus-

(continued on page 81)

What Makes ACUVUE® Disposable Contact Lenses The Prescription For Success?

ACUVUE Is Number One In Patient And Practitioner Satisfaction.[1]



Considering the outstanding comfort, visual acuity and convenience of ACUVUE Disposable Contact Lenses, it's really no surprise that ACUVUE is number one in patient satisfaction. And satisfied patients result in fewer problems for you.

But there's more. ACUVUE patients recommend their lenses to four times as many people as ordinary contact lens patients.[2] And ordinary contact lens wearers are more than twice as likely to drop out of their lenses.[3] So satisfied ACUVUE patients mean increased referrals and retention—for a stronger, more profitable practice that keeps growing.

In other words, ACUVUE satisfies your patients. And ACUVUE can help build your practice. Both of which satisfy you. Find out what makes ACUVUE® the prescription for success. Convert your practice today.

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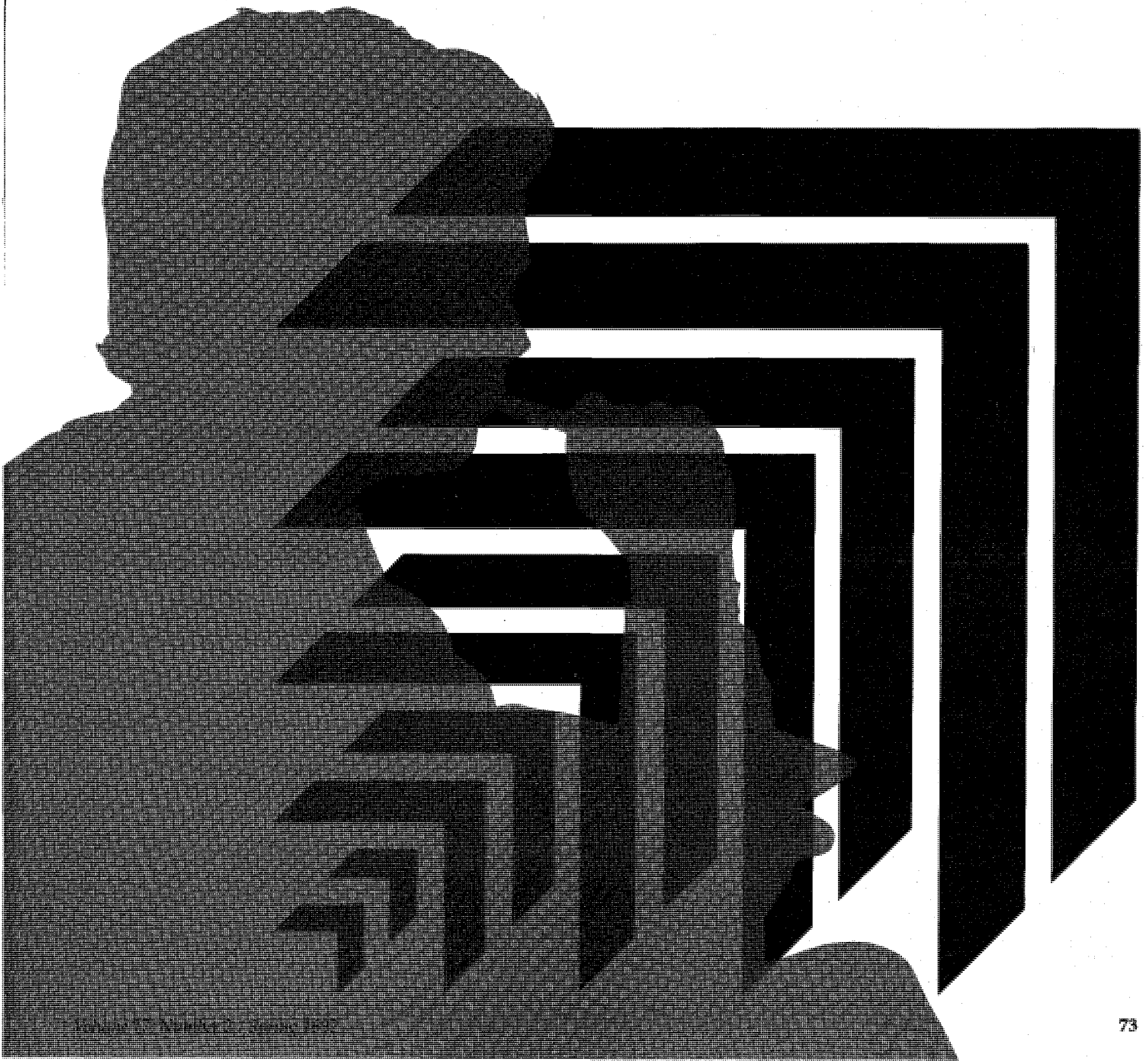
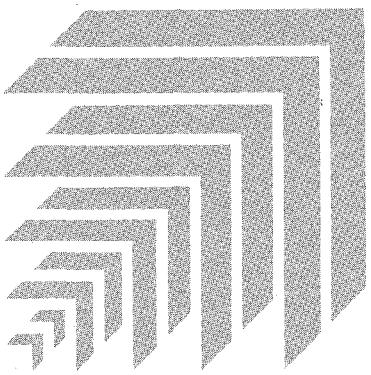
[1-3] Independent survey, data on file.

Ethics and Educational Leadership

Over the past century, the issue of ethics and social responsibility in the practice of optometry has been extensively debated and documented. But the ethical and moral obligations inherent in positions of administrative and educational leadership have been frequently omitted from this debate. The critical role played by leaders in institutions of higher learning in establishing the moral tone of the community and the post-graduate behavior of students is underscored in the following series.

The four articles that follow are based upon talks given by Dr. Henry Hayden, Dr. Richard L. Hopping, Dr. Alden N. Haffner and Dr. Larry R. Clausen at the November 18, 1990, inauguration of Dr. Clausen as the fourth president of the New England College of Optometry.





Toward an Ethical Community

Henry H. Hayden, D.D.

Mark Twain observed that man is the only animal that blushes...or needs to! As we perceive the current decline of ethical standards, there is much to blush about. In a recent interview, British commentator Alistair Cook stated: "America is engaged in a race between vitality and decadence, and it appears that decadence is winning. Why? Conspicuous consumption, inordinate greed, shallowness, and eccentricity in the arts — all signs (of ethical decline) noted in Thomas Gibbon's *Decline and Fall of the Roman Empire.*"

The loss of ethical standards is often measured by the scandals prevalent in the banking community. *Harper's Index* issued the following statistics: Amount stolen from banks by robbers in 1989 — 50 million. Amount stolen by employee fraud and embezzlement in 1989 — one billion.

The decline in ethics is often attributed to the failure of the teaching profession. As the famous Jewish theologian Abraham Heschel stated:

"We prepare a pupil for employment and for holding a job. We do not teach him or her how to be a person, how to resist conformity, how to grow inwardly. We teach him or her to adjust to public opinion; we do not teach how to cultivate privacy, how to save the inner person from oblivion — this is the major challenge which we face."

The decline in ethics is not only marked by dishonesty, deceit, and fraud in the various professions, but also by a general unwillingness of people to sacrifice for the common good. The failure of "noblesse oblige" ("To whom much is given, much is required") is reflected in the Gallup report on charitable giving (*Los Angeles Times* 9/25/90): "In 1989, households with incomes under $10,000 gave 5.5% of their income to charity, while those with incomes from $50,000 — $60,000 gave 1.7%, and those earning over $100,000 gave 2.9%."

Our purpose is to point a way to a recovery of ethical standards . . .

What we have cited is but a small sample of signs pointing to the ethical decline in society. Our purpose, however, is not merely to deplore but to point a way to a recovery of ethical standards, a recovery which would bring about a unified, healthy society in which public trust is restored.

The roots of morality are found in the major living religions. We have traditionally looked to the Ten Commandments of the Hebrew heritage, and the New Testament teachings of the Christian heritage as the main sources of our social and political morality. The radical secularization of the 20th century, the tremendous growth of technology, the widespread migrations of peoples and cultures have created an intensely pluralistic society in which the individual feels powerless and isolated, and finds no unifying moral imperative coming from the leaders of the community. When individualism goes too far, it destroys the sense of the common good which binds a society together and underscores a sense of trust and mutual responsibility. This theme is spelled out in Robert Bellah's book *Habits of the Heart.* In his concluding chapter he writes:

"Many of those with whom we talked were locked into a split between the public world of competitive striving and the private world of love and meaning that makes competitive life bearable. Some, however, were engaged in an effort to overcome this split, and to make our public and private worlds mutually coherent — in a word, to recover our social ecology . . . these people are drawing on our republican and Biblical traditions, trying to make our second language into our first language again."

Such an observation indicates the need for a recovery of our religious vision if we are to ensure our ethical health. By no means does this imply the imposition of morals from the top down by any single religious body such as we see in Islamic fundamentalism in Iran (or versions of it even in Christian fundamentalism in this country). Rather, we look for a growing consensus of religious- moral vision by the coming together of the major living religions in the realization of their common ethical heritage. While sectarianism may flourish, and modes of worship differ, there is still a core of

Dr. Hayden was pastoral minister and college chaplain at the University of New Hampshire and the University of New Mexico.

ethical values held in common by Hebrew, Christian, Islamic, Buddhist, and Confucian bodies. The Golden Rule ("Whatsoever ye would that men should do to you do ye even so to them") is similar to a saying in Islam ("The noblest religion is this — that thou shouldst like for others what thou likest for self, and what thou feelest as pain, hold that as painful for others"); and in the *Analects* of Confucius is written: "Do not do to others what you do not want done to yourself — act thus and you will arouse no ill will." Similar statements are found in Buddhist, Hindu, and Taoist writings as Bhagavan Das expounds in his book *The Essential Unity of All Religions.*

It is a real hope that the major religions offer a common vision of an ethical society. There are signs that major religious leaders are reaching out to each other in the desire for a more ethical climate. The present Roman Catholic pope has held conversations with Jewish, Orthodox, and Islamic leaders within the last few years. Recently in California, the religious leaders of the major Catholic, Protestant, and Jewish bodies issued a common statement to political candidates on the occasion of the recent election as follows: The sole justification for government is the common good of a people . . . solving budget problems by failing to protect human persons is cruel, myopic, and inhuman. (*Los Angeles Times* 10/31/90).

An ethical climate will not return simply by fiat of religious leaders, nor by a common intellectual assent to shared ethical values of our religious tradition. High ethical standards and moral conduct are imparted from person to person in the intimacy of the home, and in personal relationships engendered in small communities such as churches, religious orders, youth groups such as Boy and Girl Scouts, and sometimes even by closely knit communities. These are islands of health in a sea of moral confusion. One thinks of the Huguenot village in the mountains of France (Chambon Sur Lignon) which sheltered many Jewish refugees during World War II even at great peril to every member of the community; yet all held fast and showed moral courage in a time of terror. In his book *The Shantung Compound,* author Langdon Gilkey cites the example of a Belgian order of monks who during that long ordeal when the internees had little food or medicine, raised the spirits of all by their cheerful corporate discipline and radiant spirits, ensuring that all received a fair allowance of provisions. Such examples are an incentive to thoughtful people and show the power of small committed groups to inspire greater ethical sensitivity in the larger community of state and nation.

■

Only leaders of unimpeachable integrity should be given authority over such professional groups.

A further incentive to ethical conduct may be found in the very psychic-physical nature of the human body. Simply stated it means that when one lies, cheats, or steals, one commits damage of a measurable amount against one's own bodily health. The moral universe is grounded in the very nature of humanity. In the device known as the "lie detector," it is observed that when a person denies what his senses have seen and recorded, a disturbance is set up which raises blood pressure. When one continually violates the trust between people and destroys the bonds of human community, then the perpetrator lives in a guarded, anxious, and defensive manner — a lifestyle that is measurably destructive. This is documented in Sidney Jourard's book *The Transparent Self.*

What then would these insights mean in the establishment of an ethical professional society? It would seem to imply a clear and forthright statement of an ethical code which assumes the inherent worth of all humans, and the need to treat all with consideration, and without partiality.

Secondly, it would imply that each member make a solemn commitment to such a code, and that penalties be attached for violations. When these violations are clearly intentional, then that offending member should be removed from the professional group.

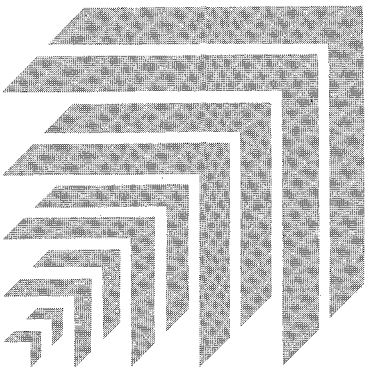
Lastly, it would imply that the person, or persons, in authority in such bodies be people of personal integrity, exhibiting the highest standards of ethical behavior, never counting themselves above the law, and calling the group to account when unethical conduct occurred. Only leaders of unimpeachable integrity should be given authority over such professional groups.

A disciplined, highly ethical professional group can set a shining example to a confused and directionless society, lead the way to a recovery of ethical health, and foster a climate in which the vulnerable individual feels safe in entrusting himself or herself to professional care.

Did you know . . .?

Awards are now available that encourage optometry students to explore the areas of professionalism and ethical practice. The Gary P. Gross, O.D. Memorial Scholarships ($2500) are awarded each year to two students by the American Optometric Foundation. The award honors the memory of Dr. Gross and "perpetuates the high ideals of professionalism and leadership in optometry that he exemplified."

Winners of the 1991 awards, presented at the North Central States Optometric Council Meeting, were Amy C. Treichel, Indiana University School of Optometry and Peter J. Heinen, Southern California College of Optometry. For information on next year's awards, contact the American Optometric Foundation, 4330 East-West Highway, #117, Bethesda, MD 20814.



Ethics in Optometric Education and Practice

Richard L. Hopping, O.D., D.O.S.

The New England College of Optometry and its predecessor institutions have developed a rich heritage over the 96 years of its existence, and that has come about because of the distinguished faculty and presidents who have gone before you. They each believed in this institution and struggled with faith and courage to bring it to its present position. They contributed to the furtherance of a dream, and today the mantle of presidential leadership is being placed fully on Dr. Clausen's shoulders to further continue that dream. Institutions of higher education do not grow by themselves but are built and developed by the faculty and leaders who believe in them. I have every confidence that NEWENCO is in good and capable hands and that under your leadership this institution will move into a new era of excellence.

As president, you have the responsibility for the general welfare of this institution and for those students who will become your graduates. Your graduates must leave your care and guidance professionally competent, socially conscious and community oriented.

As President Abraham Lincoln said, "Upon the subject of education, I can only say that I view it as the most important subject which we as a people can be engaged in." Indeed, my 18 years in optometric education have continually reinforced my belief in that concept.

However, it was President Theodore Roosevelt who said, "To educate a man in mind and not in morals is to educate a menace to society." From these statements one can see quickly that the presidency of an educational institution is an awesome obligation that words cannot fully describe.

Dr. Christensen, as president of this college of optometry, must accept the challenge and responsibility of helping NEWENCO's students and the practitioners in the profession to address the issues of professional ethics. It is the duty of each of us in optometric education to foster in our students the ability to recognize their ethical choices and to enhance their capability for making the right decisions.

Actions taken by today's optometric administrators will help to determine the future of our profession and its direction as we move toward the 21st century. Our responsibility is great as we provide guidance to our students and graduates and instill in them high ethical values along with a strong social commitment that the true professional person must have.

Perhaps with all the present changes currently taking place in health care, we may need to define just what a true professional is. A few years ago, Dr. Harold Enarson was the commencement speaker at SCCO. Dr. Enarson delved into the meaning of the word "professional." He offered many ideas, but the one that affected me most keenly was taken from William McGlothin's book, *The Professional Schools*. The distinguishing addition was the consideration that a profession is given monopoly privileges to largely control its own work. Thus, professions are given, by law, a high degree of autonomy on the theory that only those in the profession have the competence to regulate it.

Thus, professions are given, by law, a high degree of autonomy on the theory that only those in the profession have the competence to regulate it.

It is assumed that the professional person can be trusted to function with a higher degree of autonomy once a public authority, through governing mechanisms such as licensure, authorizes the privilege of practice. This precious gift of trust is based on the belief that professionals live by a demanding code of ethical behavior. Now it becomes even more clear why ethics is so critically important, and why it is necessary to ensure that the optometrist practices in an ethical manner. If we as professionals are to retain the privilege of autonomy to govern our own profession, it is imperative that we fully accept this responsibility and not misuse that privilege. Over the years, many have tried to take this privilege from us, and we have won some battles and lost a few. We must not lose any more.

Edward Bacon, in his *Design of Cities*, states, "We are in danger of losing one of the most important concepts of mankind, that the future is what we make it. Our greatest challenge, therefore, is to control our own destiny; this should

Dr. Hopping is president of the Southern California College of Optometry.

be our greatest desire." The will to control the ultimate destiny of optometry must be instilled in the students of today while they are under your nurturing care. The strength of our profession is and will continue to be equal to the number of optometrists times their will. The question is whether we, as optometric administrators and educators, can sufficiently instill that will in our students while they reside in our institutions. We must impress upon them the value of ethical leadership so that our profession will be continually mindful of the great responsibility that optometrists have as they provide the vision care for the people of this nation. The health care professions are rightfully expected to adhere to a higher code of ethics and standards than do those in other occupations. This is the price that optometry as a profession must pay for the privilege of self-determination and self-policing.

It must be understood that, as was so aptly stated by a famous son of this Commonwealth, President John F. Kennedy, "For of those to whom much is given, much is required." Therefore, it follows that NEWENCO graduates, in completing a fine optometric education, must fully accept the mantle of the health professional upon their shoulders, and that acceptance will require a firm commitment to ethical principles.

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"For of those to whom much is given, much is required."

—President
John F. Kennedy

As president of the College, Dr. Clausen, you have a most definite responsibility to guide your students and to help establish the standards and goals for faculty as they teach the necessary professional skills. You also have a responsibility to create a sensitivity to all people with differing values while assisting your students to recognize and better understand the complex community and social problems that exist in our real world.

As you set the tone of your administration, you will be faced with considerable decision making. Your example of ethical decision making will set the tone and standards under which your administration, faculty, students and even the board of trustees of the college will operate.

But along with demonstrative examples of your own ethical behavior, ethics must be taught in the classroom. Although for many years it was my belief that ethical standards were established in childhood and were not acquired later in life, I have become convinced that educators have an awesome and continuing responsibility to instill in their students the ability to develop moral standards and to assist students in establishing their own personal standards as well as those expected of a health care professional.

Your students will be influenced and

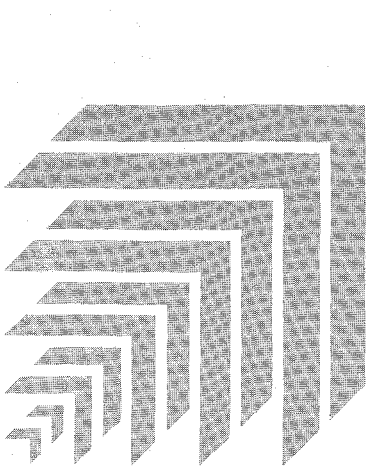
molded by what they encounter and confront in the classroom and in your clinics as well as in their relationship with faculty and administrators. I believe strongly that we, as optometric educators, have a most definite responsibility to provide ethics education for our students. We must not have students leave our institutions morally confused and unable to make ethical decisions of their own.

All optometric educators have a responsibility to provide moral and ethical direction to all optometric students if we are to have students demonstrate a moral and ethical commitment to our society. As optometrists and health professionals, we are involved in a significant trust relationship with people, and that trust must be upheld.

As students at the New England College of Optometry become a part of the optometric profession and begin to define their professional and ethical responsibilities, you as the president and your faculty can play an important role, providing moral and ethical direction and a commitment to a just society as embodied in the precepts of the Optometric Oath that has been adopted by the American Optometric Association and the Association of Schools and Colleges of Optometry.

Over a century and a half ago, Alexis de Tocqueville noted, "America is great because America is good. If America ceases to be good, she will cease to be great." I would argue that optometry is great because optometry is good. Dr. Clausen, as president of this distinguished college of optometry, you must provide leadership so that your students will graduate with the high ethical standards that will ensure that optometry will never cease to be good and will therefore continue to be the great and responsible profession that we know it to be.

If we can ensure that all future optometrists will uphold the public trust granted to us as health care providers, then the future of optometry is in safe hands and its future will be eternally bright.



Ethics and the College Presidency

Alden N. Haffner, O.D., M.P.A., Ph.D.

This is not only a gala occasion to celebrate the designation and installation of the fourth president of the New England College of Optometry. It is, as well, the celebration of the process of continuity of institutional leadership which began more than a century ago. New England, a cradle of liberty, democracy, higher and professional education, justice and social progress, has been known for its leadership in each of these areas. That leadership has been essential to our advancement as a society and to the patrimony of this great nation. It is in that context that I wish to address my remarks.

The role of a president of a college of optometry today is not, in my view, remarkably different from that of earlier presidents. The difference, and it is considerable, is in the profession itself. Optometry has been dramatically altered in the last thirty years. Perhaps the most critical change has been its movement from the periphery of health care into the mainstream. Optometry's role and mission have shifted so that it has emerged as a primary care health discipline. This emergence has taken place within the framework of rapid and frequently chaotic changes in health care as a public utility — an indicator of optometry's remarkable strength and vitality. But our profession will not prosper and grow without the fundamental intellectual and academic energy of its institutions. That has been true in the past and it is so now.

What, then, do we seek in a leader of an institution in this profession? We seek a leader who is agile of mind and fiercely independent. A leader must be wise enough to seek the counsel of faculty while synthesizing with its frequently divergent views. A leader is accountable to the governance structure while simultaneously helping to shape and focus its policy deliberations. A leader must present fresh ideas based upon the needs of the profession. A leader will challenge courageously the quality of intellect of both faculty and peers. Finally, a leader will seek out, encourage and support new young people whose academic and intellectual abilities may be honed into leadership for future faculty, leadership for future administrators, leadership for future professionals, and leadership for future presidents. For after all, what then is leadership if not to help define the future?

The institutional leaders in optometry have much to say in the success or failure of the profession. Each era in our history has been important and the role of the college president is to help shape that history through the education of the progeny. The college president in optometry must also be instrumental in seeking new ways to

Dr. Haffner is president of the State College of Optometry, State University of New York.

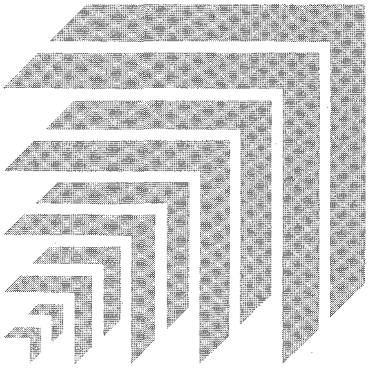
refine the intellectual dignity and integrity of the profession's knowledge base.

The remarkable American educational statesman, Clark Kerr, once wrote:

"The variable in each situation is the president — his or her strategies and tactics, skills and character. The comingling of environments and character constitutes a great drama played out on many stages before many audiences. Heroes and villains emerge: Courage as well as cowardice is shown: Wisdom and folly are variously displayed: And nobody can really know precisely how many or how much of each are the result of time and place, on the one hand, or of strong, wise human character, on the other. That is the eternal puzzle of the college president."

A leader will challenge courageously the quality of intellect of both faculty and peers.

My friend and colleague, Larry Clausen, may your tenure as leader be filled with courage and tempered by a wise human character. May the New England College of Optometry be the beneficiary of your leadership so that it may enhance and promote our profession in the years to come.



Ethics and Administrative Leadership

Larry R. Clausen, O.D., M.P.H.

I have chosen through this ceremony to introduce the topic of professional ethics as a fundamental concept of administrative leadership. It is my premise that leadership, especially over time, is dependent on the consistent application of ethical and moral principles.

It is perhaps more traditional in an inaugural address to speak of future goals, institutional mission, and action strategies for success. To do so requires a set of assumptions with regard to future problems, external environments and available resources. But we work in a changing and ambiguous environment. We can not know the full extent of the problems we will confront in the next ten years or even the next two years.

The topic of ethics focuses on a more basic issue. It speaks to the methods that we will use to approach unforeseen situations, the standards of conduct that we will abide by in reaching decisions, and the moral principles which will dictate responses to complex problems.

Ethics is more important now than ever before. Our society's distinction between right and wrong is becoming blurred. We don't want to be unethical, but at the same time we don't want to be more ethical than we have to be. This approach creates a confusing and limited orientation toward ethics. It implies that it is acceptable to approach the line of right and wrong as long as one doesn't cross it. Such a philosophy undermines the ability to lead, and over time to distinguish right from wrong.

Unfortunately, the lack of compliance with moral principles is evident too frequently among people in leadership positions. We observe this in government, within the world of education, professional sports, in fact, in all professions and walks of life. Almost every day we are made aware of individuals who have failed to uphold ethical principles.

Recently the *Boston Globe*'s front page outlined the allegations against Senator Alan Cranston of California. The article related the Senator's apparent acceptance of $850,000 from Charles Keating, and the Senator's subsequent interference in the federal government's investigation of Keating's Lincoln Savings and Loan. The failing of this single savings and loan will cost the taxpayers approximately two billion dollars. The most disturbing information in the *Globe*'s article was not the dollar magnitude, but rather Senator Cranston calling it absurd to suggest that fundraising and substantive issues are separated in the Senate. At what point did Senator Cranston's or the Senate's concept of acceptable ethics cross the line?

If we play the game of walking the ethical tightrope, are we able to clearly differentiate right from wrong? I believe not. The practice of ethics in one's career is more than being perceived as ethical; it is being ethical. We must be sure of our basic principles. We must reflect upon them and upon our practice. We cannot avoid the struggle, the introspection that is required to find appropriate answers to ethical questions.

Dr. Clausen is president of the New England College of Optometry.

We cannot deny the existence of ethical questions within colleges and universities that are expected to serve a variety of interests both within and outside of the higher education community. As a private college, how do we find moral balance in decisions weighing faculty salaries against tuition levels, or in decisions concerning admission standards during periods of declining enrollments? Do we, the faculty and administration, accept appropriate accountability for the failure of students to learn? Are we just in the application of standards for promotion and tenure, or do we exhibit professional bias and insensitivity?

It is critical that we continually reflect upon our practices. The faculty member or administrator who fails to do this will be less effective in his or her role. To be directed only by tradition or custom limits our growth as moral beings. Ethical action arises when an individual begins to reflect on what principles will govern his or her actions, particularly when those actions involve the rights and interests of other persons.

You have heard three speakers address the topic of ethics from varying perspectives, but all with the underlying assumption that ethics, moral judgment, is central to making right decisions. I invited these speakers because in one way or another they have served as role models, as mentors, as teachers in my development. They are individuals of integrity, who, through word and action, harbor and express a moral philosophy much better than I could do. Their messages were more for my ears than yours. They contain advice and challenge designed to aid me in my role as president.

It is important that I reflect upon the values and personal qualities which these leaders embrace. These include the commitment to serve the common good, to generate standards of excellence and hold themselves to such standards, to lead lives of integrity which do not exhibit differences between word and deed, and to recognize fundamental equality in all circumstances. These values are essential to the presidency.

William May, a scholar in ethics, notes that the moral disposition that the professional brings to the organization shapes his or her approaches to problems . . . (and) the level at which we tackle them. Perhaps the more sanguine message in May's writing is the recognition that ethics is the fibre, the resources with which we survive moral crisis to function another day.

My objective is to begin to shape a concept of moral philosophy for the New England College of Optometry, to recognize that I, together with the broader college and professional community, have the responsibility to influence through definition and action our ethical culture and to strive to attain higher levels of both individual and institutional objectives. This need not be difficult. It can be achieved through consistent attention to basic human values.

Let me close with words from Kenneth Wenker's book, *Foundations of Professional Morality*:

"If we want to do the right kinds of actions consistently, we need first to be persons of moral character . . . A good understanding of right and wrong comes less out of sophisticated ethical theories and more out of a concern for humanity . . . an awareness of fundamental human equality, and a healthy relationship between reason and emotion."

Industry News

(continued from page 71)

try rests with planned replacement and disposable lenses," said Harold O. Johnson, president of the Contact Lens Division. "With this new system, we are going to make it easy for practitioners to move all of their patients into planned replacement and disposable contacts," added Johnson.

At the heart of the new Bausch & Lomb system is a single packaged trial lens for use with both disposable and planned replacement patient candidates. After a trial fitting, the practitioner has the option of prescribing either the new Bausch & Lomb See-Quence 2 disposable lens, or a planned replacement lens from the Medalist line. Products included in the system will be made available in three base curves by early 1992.

Bausch & Lomb also has formed a top-level consulting organization to provide comprehensive training in the implementation of planned replacement programs in optometric offices nationwide. The Bausch & Lomb Practice Management Consulting & Training Group, will work full time to help practitioners manage the transition from standard lens wear to planned replacement programs for their patients. The group consists of a team of experts with broad experience in general business, marketing, finance, computer systems, staff training, inventory management, and knowledge of the current vision care market place.

According to C. David Barone, general manager & executive director of the Training Group, "We are absolutely committed to the concept that eye care practitioners can improve their contact lens practice with planned replacement and we're going to help them do it, one practice at a time."

Allergan Introduces New Enhancement Tints

Allergan recently introduced SofTints™ Enhancement Tinted Contact Lenses to eye care practitioners throughout the United States. Available in two naturally appealing colors—Sapphire and Aqua—SofTints™ Enhancement Tinted Contact Lenses are an extension of the popular Zero 4® and Zero 6® (polymacon) Hydrophilic Contact Lens lines. Two additional colors—Emerald and Smoky Quartz—will be introduced in mid-1992.

SofTints™ lenses differ from other enhancement tinted lenses on the market because they feature an advanced *in-matrix tint* which is resistant to fading for at least one year. Additionally, visual performance with SofTints™ lenses is equivalent to that of clear lenses because a *clear pupil design* is utilized.

"We anticipate a very favorable reception for SofTints™ lenses. They will serve the eye care practitioner in two important ways: by enhancing profitability and practice success through patient upgrades and multi-pair sales, and by boosting customer satisfaction," said Jennifer Taubert, SoftTints™ Lenses Product Manager.

For more information regarding SofTints™ lenses, please contact Jennifer Taubert, Allergan, Inc., Irvine, CA 92713, 1-800-645-7544.

Corning's UV Data Confirmed in Article

An article written by Denwood F. Ross III, published in a recent edition of *Applied Optics,* confirms the data published by Corning about its photochromic glass lenses. Corning research consistently determines that its four key photochromic lenses (PhotoGray Extra,® PhotoBrown Extra,® PhotoGray II,® and PhotoSun II®) block between 93% and 98% of UV-A radiation and 100% of UV-B. The data published in the *Applied Optics* article, entitled "Ophthalmic lenses: accurately characterizing transmittance of photochromic and other common lens materials," matches Corning's published data.

The third-party evaluation used appropriate precision testing equipment and methods for accurately characterizing and performance of photochromic lenses. The *Applied Optics* article also discusses the care necessary in obtaining accurate measurements of the transmittance of photochromic glasses. This is mainly because these transmittances depend on illumination levels, other environmental conditions, and the measurement process itself.

This research verifies that optical professionals can rely on Corning's published UV absorption values for photochromic lenses with assurance that they represent an accurate gauge of the performance of these lenses.

For further information or a reprint of the article, please write to Corning Incorpirated, Optical Products Department, MP-21-2-1, Corning, NY 14831.

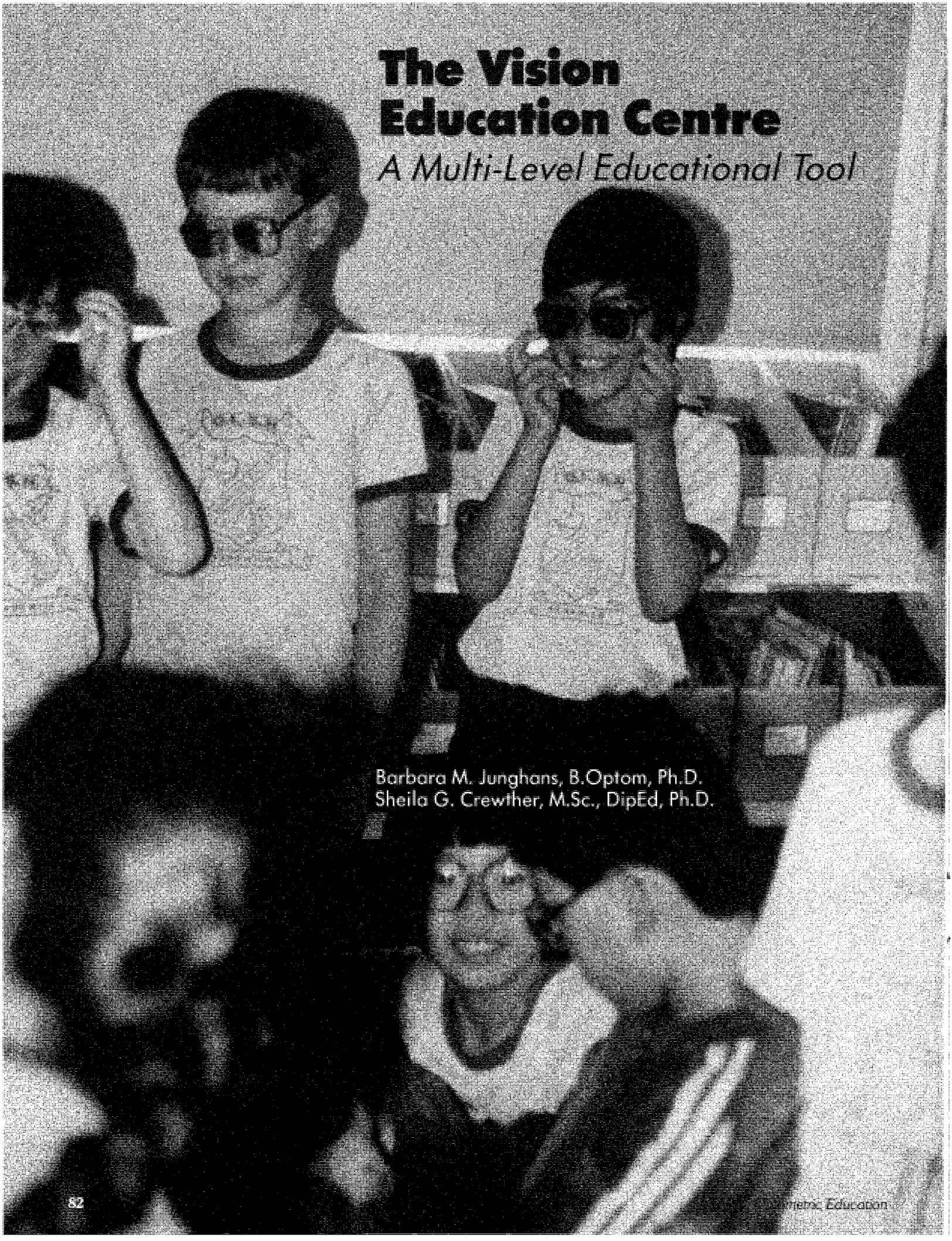
Logo Paris Launches New Marketing Campaign

Logo Paris' launch of a new marketing campaign "The Professional's Brand℠" was greeted with overwhelming enthusiasm at Vision Expo West. Logo Paris recently introduced a new print ad campaign positioning the company and its products as "The Professional's Brand.℠" The graphics in the trade magazine print ads feature Logo's professional customers including optometrists, opticians and ophthalmologists shown in their working environments endorsing Logo Paris' products and service.

Fredric Grethel, vice president of sales & marketing of Logo Paris stated, "Everyone I've spoken to about our new corporate theme agrees quite readily that 'The Professional's Brand℠' is very appropriate for Logo Paris. Simply stated, it means that Logo consistently offers a highly professional product and a professional approach to the market without relying on gimmicks. We foresee tremendous potential for this communications campaign and we look forward to watching it develop." For further information, contact your Logo Paris sales consultant or call 1-800-556-Logo.

The Vision Education Centre

A Multi-Level Educational Tool



Barbara M. Junghans, B.Optom, Ph.D.
Sheila G. Crewther, M.Sc., DipEd, Ph.D.

Abstract

Optometric educators have a responsibility not only to serve students undertaking studies in optometry, but also to serve and educate the wider community. At the University of New South Wales, Australia, a Vision Education Centre (VEC) has been founded which is of mutual benefit to optometry and to the local community. The centre is an innovative and unique multi-level learning and teaching centre, which not only addresses the needs of optometry students to gain clinical and communication skills but also provides vision care and education in visual science to local schools. It is a centre where young patients can come in large groups, and actively learn about visual science during an attendance at the clinic for a routine eye examination.

The Vision Education Centre has been highly successful and provides direct benefits to optometry students, school children and their parents, the School of Optometry Clinic, primary school teachers, and researchers in the area of children's vision. Indirectly, the centre is also a means of increasing public awareness of both the University and the profession of optometry. The increased pediatric experience has served to heighten an awareness of the visual needs of the young patient, and the obligations of optometry to younger members of the community.

Introduction

The Vision Education Centre (VEC) at the University of New South Wales, Sydney, was conceived as a means by which final year students could see more pediatric patients. Basically, the Centre is a means of attracting young patients to our clinic by providing the patients with an exciting and meaningful learning experience.

Dr. Junghans is a lecturer at the School of Optometry, University of New South Wales, Sydney, Australia, and coordinator of the Vision Education Center.

Dr. Crewther is a senior research fellow at the School of Optometry, University of New South Wales, Sydney, Australia, and designer of the Vision Education Centre.

The University of New South Wales School of Optometry became an ASCO affiliate member in January 1992.

Despite its simplicity, the potential use of the VEC as a tool to satisfy a number of teaching, research and community-service goals in a time-efficient manner readily became apparent. This is particularly pertinent at a time when resources and funding are being cut back in real terms, and it is necessary to take a fresh look at curricula, and to implement alternate teaching methodologies that more successfully stimulate the learning process.[1] Such a call for restructuring of academic programs to ensure balance between the various facets of clinical and science disciplines and to improve the quality of teaching within optometry has recently been made.[2,3]

The plan for the VEC is based upon interactive learning programs between primary and tertiary students, interaction across the disciplines of education and optometry, and extension to research opportunities. As such, it provides an excellent model of a multi-functional facility. It also provides an example of an alternate teaching strategy with multiple goals.

The success of the VEC has been far greater than anticipated. The local school teachers are grateful, the families of those children identified to have visual problems are very thankful, and a new enthusiasm for pediatric optometry has spread through the school. In addition, the children bring a breath of fresh air into our school every time a class visits, which has had a most positive effect on all our staff. This paper describes the centre as it has run since mid-1990.

How the VEC Operates

The Vision Education Centre invites classes from nearby infants and primary schools to visit the School of Optometry as an excursion. Each class is divided into two groups. While one half has a comprehensive eye and vision screening by fourth-year students, the other half receives a short talk followed by interactive activities based on optics, physiological optics, ocular anatomy and eye examination techniques. After one hour, the children have refreshments and the groups interchange. An activity book with diagrams, word games and home-based projects is given out at the end of the day to reinforce terms and concepts covered during the visit. To encourage periodic visits to the centre, three educational packages have been prepared with information appropriate for infants (ages 5-8), lower primary (ages 8-10) and upper primary (ages 10-12). Thus, it is intended that children will come to the centre every three years.

Parents and teachers are given questionnaires before the visit so that children with particular visual or educational concerns can be identified. A set of lesson plans is sent to each teacher beforehand, to allow the class to prepare for the day. After the eye exam, parents are sent a report of the findings, and teachers are alerted of the children who require further attention. Parents of any children found requiring further investigation have the choice of consulting their local practitioner, or the clinic at the School of Optometry for a more detailed investigation.

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As our graduates move out into the optometric community, it is hoped that they will take with them extra confidence to meet the demands of young patients.

The children are met outside the building at the bus and welcomed. At the reception area they are given prepared sticky name tags which are of two colors to indicate the two groupings for the day (it is best to put a little more than half the boys in the first science talk). The children, in walking to the consulting rooms and the classroom area, are given a description of the rooms they pass — head of school, research labs, administration offices, etc. In this way they are introduced to the range of activities of a university, and the similarities between their own school and the "school of optometry." It is important with the younger children, to include a group visit in a consulting room before any of the individual eye examinations commence, as some children find the similarity between the dentist's and the optometrist's

chairs a little disconcerting, especially as their mothers are not with them. The two groups are then separated, coming together again at morning tea for the changeover.

The eye screening is a little less than a full examination and consists of: external and internal ocular health assessment (direct ophthalmoscopy), retinoscopy, ocular motility, amplitudes of convergence and accommodation, phorias, accommodative facility by flip-spheres, fusional reserves by flipprisms, stereopsis, and color vision by Ishihara, SPP or D-15. A limited subjective routine is carried out if necessary. Further investigations such as biomicroscopy. noncontact tonometry, the Keystone routine and autorefractor measurements are carried out if time allows, so that the final year students can gain additional practice with these instruments. Most of these tests are carried out one-to-one in the regular consulting rooms. However, a few tests such as stereopsis and color vision are carried out in the general children's vision clinic, which acts as a holding area for the children during the morning. Additionally, research staff are given access to the children to test prototypes of instruments under development, and final year students are able to add extra tests or utilize data for their final year research projects.

The students being given the education segment are taken to an open plan preclinical teaching area where they sit on scatter rugs during the talk, and then break up into smaller groups to do the activities which are placed on tables and benches around the room. The science activities cover the areas of eye health and safety, methods of examining eyes, refraction, reflection, color, ocular anatomy, and behavioral vision. This area has been made more cheerful with numerous wall poster photographs of animal eyes which are referred to extensively during the talks. Photographs are taken during the morning and sent to the school as a follow up to the visit for use in class projects and to show parents.

To run a VEC morning with up to 36 children, we have found a need for at least two extra members of optometric staff above the normal general clinic staffing requirements. The first person runs the educational activities with the help of four second-year optometry students. The second additional person is required to keep a tally on where all children are, coordinate the consulting rooms and the change over to the educational location (currently this person is a resident optometrist). The regular clinic supervisor has an additional responsibility of collating the overall pass/fail results onto a master class list for the teacher's information, and ensuring that the letters to parents advising the screening results are in order. Although the reception staff have the usual patient records to fill out, this is done in advance from class lists supplied by the schools, and the actual morning of VEC clinics is less busy for them. The VEC clinics do not directly generate any dispensing requirements, and hence, the regular dispensing supervisor is not required.

It is necessary to appoint an overall coordinator to promote the scheme, to plan bookings by the schools, to communicate with schools, to carry out the day-to-day running of the centre, and to prepare the lesson plans, science activities and activity booklets. We believe that one important aspect of the success of the scheme is that the key optometric personnel who are in contact with the teachers have some experience with young children and education. An ability to communicate with teachers about children and learning is essential.

Discussion

The VEC is a scheme whereby everyone appears to be a winner. The good feelings which have been generated from the increased student enthusiasm, increased contact with the local community, increased awareness of pediatric optometry and increased reflection upon what we are really trying to do, have prompted many clinic supervisors to comment that it is the best thing to have happened within the school for a long time. The benefits are both short-term and long-term.

Benefits to Optometry Students

Final year students see many more young patients as a result of this program. The VEC attracts a part of the community which would otherwise not be motivated to attend for eye examination, and provides ample opportunity for optometry students to examine young healthy eyes and broaden their perception of eye care delivery. Most students find that working with young patients can be quite challenging and enjoyable. The Centre provides students with the opportunity to:

- see a wide range of normal healthy eyes;
- better understand how consultation routines can be modified to suit the age or developmental status of the patient;
- develop interpersonal skills appropriate to younger patients;
- devise consulting room accessories more suitable for the young;
- understand their own aptitude for pediatric optometry;
- understand the needs and rights of the younger patient;
- see patients who are not presenting because of perceived problems.

The second-year students who act as assistants during the educational segment and interactive learning activities also benefit greatly. These students are rostered on for four weeks and appear to enjoy the experience. They are required to set up the morning tea, supervise groups of four to five children for the activities during morning tea, and tidy-up. Thus, they have the chance to:

- develop child-handling skills in a game-like atmosphere. It is anticipated that this experience will make the final year less threatening in terms of patient handling and communication, and that they will then be more able to devote their attention to optometric matters;
- consolidate the basic optometric knowledge needed to give lay explanations. (Eight-year-olds will not accept a recitation of a textbook as an explanation of their question!);
- develop initiative, leadership and organizational skills;
- observe the delivery of a talk on eyes and vision, typical of that which they might be called upon to give to school groups once they are in private practice.

Due to the large numbers of young patients of all visual types brought into our system because of the Centre, the school is now able to provide a suitable range of experiences and projects for post-graduate resident optometrists and research students.

How the VEC Benefits the School of Optometry

The clinical training of optometrists requires that each university has access to a large pool of patients. The VEC directly promotes the existence of the optometry clinic to two important local resources: school teachers and parents. The class teachers accompanying the children are always interested to learn of the clinic (many request an eye exam along with the children). Parents are alerted to the clinic by way of completion of the consent form and the notification of the screening results. In addition, the activity book taken home by the children reminds parents of the visit made by their child to the School of Optometry. With two class visits per week, our clinic will benefit from an increase of over 700 young patients in half a year.

A specialty clinic within our system, the Children's Vision Clinic, also directly benefits from the VEC program. The parents of the majority of the children who require further investigation after a VEC screening seek the services of this clinic. More children with binocular vision anomalies and color vision anomalies are thus being seen by our students.

Talking weekly with primary school teachers provides much interesting anecdotal information upon which to follow up. As a result, the contact with schools has led to a revival of interest in our staff in the role of vision in academic performance in the young.

Another aspect of the benefits derived from the foundation of the VEC is that our approach to the teaching of pediatric optometry and interpersonal skills has come under scrutiny. As one clinic supervisor stated, "I didn't realize that some of our students could be so scared of children!" The content of lectures, the timing of presentation, what constitutes a minimum screening, what is to be accepted as satisfactory visual performance — all have been reviewed. The shortcomings of utilizing general consulting room equipment with children has had to be addressed and some equipment more suitable for use with children has been purchased.

In a wider sense, the breadth of our involvement as optometric educators has also come under review. Curriculum development in any of the sciences should be based on an orderly plan moving from contact during early childhood through to adulthood. Primary, secondary and tertiary levels of education, including optometric education, should not be seen in isolation. In Australia, the optometric profession has no input into the formal development of primary and secondary school ocular and visual science curricula, although most school children experience lessons on ocular health and anatomy and the science of light and color, at some stage during their school career. As a consequence of the VEC program, children now contact our school for help with their school projects. Should we be direct providers of information to the community as a whole? Should we seek positions as consultants on the state boards of education to ensure graded, quality presentation of the visual sciences? Addressing these questions in a professional manner can only be of benefit to the School of Optometry.

How the VEC Benefits Children

For most children, the eye examination during a visit to the VEC is their first contact with an eye care practitioner, and thus, the Centre provides health care they otherwise would not usually receive.

It is hoped that the educational segment, because it is presented as a school excursion, will have a lasting impression of children and emphasize the important role that eyes play in their lives, stimulate an interest in the sciences by way of a memorable hands-on science lesson, and give an insight into the full spectrum of formal education, which may serve as a motivating force through their primary and secondary years.

How the VEC Benefits School Teachers

The school teachers who have visited the Centre have been immensely impressed. They greatly appreciate the input into their health and science programs. Since most primary school teachers are not primarily science teachers, the presentation of science activities in a dynamic, new setting is a way in which young people can be introduced to science in a very positive way. Many teachers have commented that our presentation of visual science and ocular health is far more stimulating than they could ever achieve using the resource material available to them.

A visit to the VEC is used by many

teachers as a theme for further classroom work in science and in other areas of learning, such as the development of writing skills. Consequently, thank you letters from the children adorn the walls of the reception area to our Clinic. In addition, the photographs taken during a visit are sent to the school and are incorporated in health projects.

Some children with educational problems are found to perform poorly on some visual tests, and the teachers are very grateful for the chance to gain further professional advice regarding these children. It is hoped that the liaison currently established between the staff of the VEC and the local school teachers will facilitate a better understanding of the contribution of vision to academic performance during the formative years.

The VEC's Role in Research

The comprehensive visual screening offered children as part of their visit to the VEC provides an unparalleled body of valuable date on the ocular health and visual status of Australian suburban school children. As the program provides for classes to visit the Centre every few years, the data collected from the vision examinations is being incorporated into an extensive longitudinal study using a reputedly stable population.

Several avenues of research are facilitated by the VEC. From a purely optometric view, much is still to be learned from large sample studies of normal children. As we have access to many children at both the screening and the follow-up stage, it will be possible to evaluate the suitability of the criteria used to determine acceptable visual performance during the screening. With increased attendance at the Children's Vision Clinic, a wider range of statistical analyses on the treatment of visual anomalies will be possible.

From an inter-disciplinary view, well planned studies of visual performance in the classroom and on the sports field could result in massive benefits to the young. The teachers from nearby schools have been most supportive of efforts by staff at UNSW to investigate the relationship between failed educational performance and vision. Inter-faculty research by the School of Optometry and the School of Education has already been initiated, using some of the classes visiting the VEC.

How the VEC Benefits Optometry

Optometrists in the vicinity of the schools visiting the Vision Education Centre will benefit directly, as parents are informed that children requiring further investigation will benefit from the raised awareness of optometry in the minds of the families whose children have been involved in the program. The school teachers are certainly now more understanding of the role that optometry plays in providing primary vision care, and should be able to play a key role in referring children to optometrists.

Shortly, as our graduates move out into the optometric community, it is hoped that they will take with them extra confidence to meet the demands of young patients, and become highly successful in the delivery of vision care to the young. In the longer term, it is hoped that they will in turn motivate their older partners or employers to develop a greater awareness of paediatric optometry. Already, our own visiting clinical consultants who supervise our student clinicians during VEC have indicated a revived interest in the visual needs of children.

With the growth of interest in children's vision, it is expected that there will come a demand for continuing education in this area of optometry. This can only serve to further improve practitioner confidence in the delivery of pediatric optometry to the community.

The educational packages put together for use within the university setting can be adapted for use by private practitioners in their own practices and for visits to local schools and pre-schools. Certainly the students who have been involved with the VEC will have witnessed the successful delivery of suitable classroom presentations and they should feel more confident to participate in public education programs on ocular health and visual science.

How the VEC Benefits the University

The Vision Education Centre provides an opportunity for the University to develop a higher profile in the general community. Universities now actively encourage greater liaison with the community. Primary school age children introduced to their local university can visualize better the full spectrum of formal education — primary, secondary and tertiary. As part of their visit to the VEC, children are made aware of the similarity between the structure of their own school and the optometry school, and the additional research functions of such an institution.

Our government wishes to raise an awareness of science in the young community, and ensure a recognition of the role of science in the modern world. By providing an exciting science lesson as part of an excursion, it is hoped that these students' first contact with a university will have a lasting impression, and possibly trigger a life-long interest in science. A longitudinal study by Hilton and Lee shows that early commitment and preparation by children in science-based subjects appears to be critical in maintaining a persistence with science as a career[4].

Summary

The Vision Education Centre offers potential for a highly successful multi-level teaching facility with benefits to all involved. The children are given health care they otherwise would not usually receive, plus a hands-on science lesson to remember. Optometry students gain skills in working with children, pediatric optometry, and educating the layman of matters relating to the eye. The teachers greatly value the support to their health and science curriculum. The parents are made aware of the clinical facilities provided by the School of Optometry for use by the community. The Centre also provides a mechanism whereby children can gain a raised awareness of science, and an insight into the full spectrum of formal education. As the program provides for classes to visit the Centre every few years, the data collected from the vision examinations will provide researchers with valuable longitudinal information about the vision of Australian school children.

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Optometric Externships At Southern College of Optometry:

A Director's Perceptions

Bernard I. Sparks, III, M.S., O.D.

Abstract

In recent years, optometric externships have become an important component of clinical education. This article reviews a variety of guidelines which have proven successful in the administration of the externship program at Southern College of Optometry.

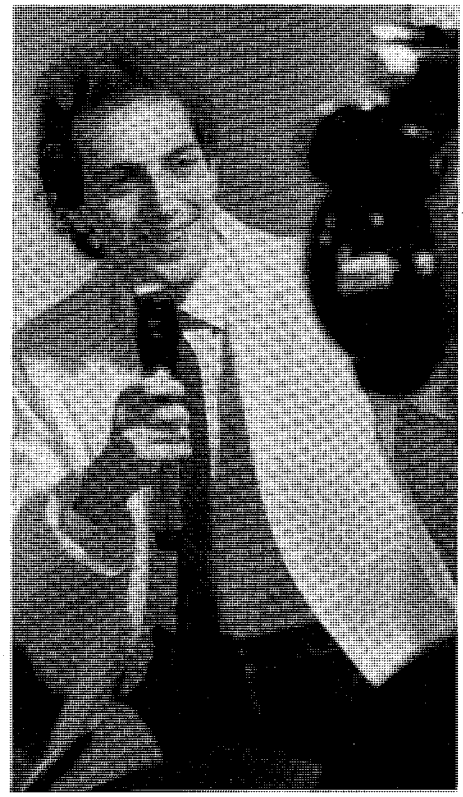
Key words: optometric externships, preceptor, adjunct faculty

Introduction

Since their inception in the 1970s,[1] optometric externships have become an integral component of the curriculum at Southern College of Optometry. Currently, fourth-year students are required to successfully complete two quarters of externship prior to graduation.[2] As with other institutions,[3-5] these requirements are fulfilled in settings such as military bases, VA and Public Health Service hospitals, inner-city health clinics, optometric referral centers, and private practices.

The actual education of the students takes place with the direct supervision and instruction of licensed, highly trained optometrists and/or ophthalmologists. These practitioners, referred to as preceptors, are also responsible for the performance evaluation of the student clinicians. As such, the preceptors represent the vital link in fulfilling the institution's educational objectives.[6]

The success of the College's program has required a considerable amount of time, thought, planning, on-going evaluation, and commitment of resources. Beginning in 1985, a restructuring of the externship program was undertaken to address perceived weaknesses of inconsistency in its educational effectiveness. The focus of this article will be upon five guidelines (Table 1) which evolved from this reorganization and which have proven beneficial in the author's administration of the program at Southern College of Optometry.



Guideline #1: Aims, Goals, and Objectives

The aim of the College's externship program is to assist the students in developing greater clinical competency by the provision of different and diverse learning environments. This is a broad declaration of purpose and one which the College chose to state in terms of process (i.e., to improve clinical skills) rather than input (i.e., to complete an externship).[7,8]

The goals of the externship program were more specific and represented the College's global expectations for the students. Care was taken not to confuse educational goals with behavioral objectives. The former expresses the expectations for the students while the latter details the expectations of the students.

Behavioral objectives represented the final phase at this level of development. Unlike the aim, behavioral objectives should always be expressed in terms of output[8] or out-

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TABLE 1
Guidelines For Externship Programs

1. Formulation of realistic, clearly defined aims, goals, and objectives.
2. Implementation of a means of preceptor/site selection which fulfills the institution's educational expectations.
3. Dedication to a system of educating the preceptors on their role in the teaching process.
4. Initiation of an equitable means of assigning students to externships.
5. Utilization of a means of summative and formative evaluation.

come.[9] In terms of an externship, the objectives were developed to represent the discreet, observable actions and abilities which the extern must successfully demonstrate to the preceptor in an actual patient encounter.

Guideline #2: Preceptor/ Site Selection

The selection of preceptors proved to be a challenging aspect of restructuring the externship program. Of particular importance was the decision to include private practices in addition to clinical facilities. Although questions of validity have been raised in regard to private practice externships,[10] a similar approach in medicine[11] has proven successful.

Care was taken to objectively evaluate both the potential preceptor and the practice. Evaluation encompassed, but was not limited to, input from other colleagues within the practitioner's community, officers of state and local optometric societies, state board members, and other knowledgeable references. The purpose of the inquiry was to gather information regarding the practitioner's philosophies of practice, dedication to optometry, and standing within the profession.

The practice environment was assessed in terms of patient volume and diversity, available instrumentation, and physical layout. A key factor was the scope of practice. Specialized practice settings which offered limited optometric services were viewed as a potential hindrance to the student in terms of grasping optometry's primary care mission.

Site visitations which would detail and document on standardized forms the practitioner's qualifications to serve as a preceptor were deemed vital. Consequently, the College began supporting on-site evaluations with resources and faculty/administrative release time in line with the approach reported by Wilson[5] and Ruskiewicz.[12]

Site visits have afforded an opportunity to record preceptor interviews and office tours via videotape. This allowed the preceptor to be reviewed by other members of the administrative team in addition to becoming an excellent resource for students contemplating future externship assignments.

Practitioners who successfully fulfilled the qualifications of the College formalized their commitment by signing a Memorandum of Agreement. This agreement detailed the obligations and responsibilities of all parties involved within the program. Once signed and approved by the administration, the preceptors were granted adjunct faculty status.

Finally, a means of limiting the size of the preceptor pool was implemented. The College has addressed this issue by correlating the number of locations with the current demographics of the student body. By limiting the program relative to class size and the home states of enrolled students, the institution is better able to monitor the program.

Guideline #3: Preceptor Education

Because the ability of a preceptor to successfully fulfill the obligations of a teacher can never be assumed, the College has committed itself to a concentrated program of preceptor education. The approach has been diversified to include printed materials (i.e., handbooks, protocol guides, etc.), personal counseling by the externship administrators, and formal, in-house instructional forums. At all levels, the format has attempted to address who the preceptors will be teaching, what they are to teach, and how they are to teach.

The provision of an externship handbook represented the first step in the process of educating preceptors. The handbook was a clear and simple way of providing an overall framework for the adjunct faculty members. Within it, the expectations of the program were precisely stated in regard to each educational objective. Sections have been devoted to topics such as evaluation and grading, guidelines for student dress and conduct, obligations of the preceptor to the student and to the institution, and criteria for the review of the externship experience. Samples of forms which are used during the course of the rotation are also included with a detailed explanation of how each is to be completed. Finally, a portion of the handbook was devoted to a review of teaching principles. Special emphasis was placed upon techniques which have proven beneficial to previous externship students.

While the handbook provides instructions at the individual level, externship forums have proven to be the most effective means of educating and updating large groups of preceptors. Forums are typically held once or twice a year with the focus of required participation being upon new members of the adjunct faculty team. The format allows for the free exchange of ideas, observations, and concerns of the preceptors, institutional faculty, and administration.

Perhaps the most important concept to be stressed in the forums is that optometric education is a dynamic process. In general, learning is hindered when the student is placed in the passive role of an observer. The preceptors are educated to the necessity of active student involvement in the diagnosis, treatment, and management of ocular conditions. Conversely, preceptors are informed and warned against the mentality of involving students so aggressively that they begin viewing them as "free labor." In reality, the added time needed to critique and comment on the students' work may actually reduce the preceptor's regular number of doctor-patient interactions during the course of an externship.

Finally, as with other disciplines,[13] preceptors must learn to embrace the

role of mentor with enthusiasm and support one another in the common goal of furthering optometric education. Externship forums have provided an opportunity to foster this type of professional collegiality.

Guideline #4: Assigning Externships

The determination of student assignments has proven to be the most complex process of the externship program.

The goal is quite simple: to assign students to the learning environment which will best enhance their refinement of diagnostic, therapeutic, and management skills. The means of achieving this, however, require a detailed review and consideration of several interrelated variables. The most significant factors are usually the student's level of academic success and clinical proficiency as reflected by cummulative GPA and class rank.[4] Non-academic considerations may include home state affiliation, professional ambitions, financial indebtedness, and family circumstances.

At Southern College, the process of scheduling externships begins early in the academic year. Preceptors are polled concerning their willingness to supervise students during the various quarters of the upcoming school year. This information is compiled and translated into a listing of available locations which is presented to the third year students at the start of the fall quarter. Early determination allows for logistical planning on the part of the students and focused preparatory education on the part of faculty.

Assigning students to specific externship locations begins only after all of the students have prioritized their selections and submitted their choices to the Director of Externships. In the event that academic considerations do not clearly indicate placement for a student, the allied factors are frequently utilized in determining the assignment.

The last step involves notifying the preceptors of the tentative assignments. Preceptors are allowed time to review the assignments in light of prior personal or professional commitments and accept or reject assignments accordingly. Once written confirmation is received from the preceptors, the students' externships are considered finalized.

Guideline #5: Evaluation

Evaluation is perhaps the most critical factor in the success or failure of an externship program. When properly implemented, evaluation goes far beyond the obvious determination of a student's grade. A successful process must be ongoing in length, broad in scope, multidimentional in purpose, and should yield data which are both summative and formative in nature.[14,15] Principles of campus-oriented clinical evaluation have proven equally adaptable to the externship setting.

Summative evaluation sums up the output of both the student and the preceptor at the conclusion of the externship. In arriving at the student's assessment, multiple variables[15] are always evaluated. The areas of technical skills, analytical abilities, management capabilities, and professional demeanor are basic to the assessment. The preceptors' evaluations are made from first-hand, supervised observations and interactions with the student.

Conversely, the students' reviews of the preceptors are also broad in scope. Information concerning the strengths and weaknesses of the preceptor, ancillary staff, patient population, and physical layout is openly provided to the Director of Externships in written form. These confidential reviews focus on factual and perceived events occurring during the course of the assignment.

In contrast to summative evaluation, formative evaluation occurs throughout the externship. The purpose is to modify and enhance the learning environment during the course of the current assignment. The process also allows for a restructuring and redirecting of future assignments based on previous experiences and evaluations.

Preceptors dedicate a set time for periodic program reviews with the student clinicians. These interactions openly address the concerns of the preceptors regarding student performance and the perceptions of the student in light of the experience being provided. All parties must be willing to provide and accept frank and objective feedback if on-line modifications and enhancements are to take place.

From the College's perspective, the process transcends the experiences of students and preceptors over the course of time. Quarterly, semi-annual, and annual reviews by the administrative team are essential if formative evaluation is to result in meaningful improvements at the program level. Frequent, open, and objective communication between the institution, the students, and the preceptors has proven to be a prerequisite for this type of assessment to be productive.[6]

Conclusion

In the 1990-91 academic year, students averaged over 1000 patient contacts during the course of their externships. Over a third of these patients exhibited significant ocular or systemic related pathologies. In the foreseeable future, experiences such as these will continue to have a positive impact on the education of students at Southern College of Optometry. It is hoped that the guidelines presented in this article will be of assistance to other institutions in achieving the same or greater levels of success.

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Developing Optometric Preceptorships:

Goal Delineation and Program Development

Irving L. Dunsky, M.S., O.D.

Abstract

This paper describes some of the processes involved in developing optometric preceptorships for schools and colleges of optometry. Of a five process approach (goal delineation, program development, curriculum, program operations and program evaluation), only the first two processes are discussed in this paper. Goal delineation is categorized and discussed. Program development, including site selection and preceptor selection and recruitment, is discussed fully. This paper presents information so that new ventures into preceptorships may benefit from the experience of others.

Key Words: preceptorships, goal delineation, program development

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Introduction

Off-campus preceptorships for medical students are not a new phenomenon in medical education. The University of Wisconsin Medical School has had a continuous preceptorship since 1926[1]. In the past several years, some optometry schools, student groups and community based optometrists have shown increasing interest in the learning opportunities provided by preceptorship experiences. This interest is in concert with a corresponding increase in the number of preceptorship programs for dentistry and other health professions[2].

The learning opportunities provided by preceptorship experiences can extend from practice management to specialty practice in a solo practice group or team practice setting. Exposure to these practice models and practitioner roles are important, since students who see optometric faculty only in clinical academic settings have limited role and practice models and generally do not have a realistic basis for deciding on a practice setting in optometry.

One way to reinforce the growing interest of optometry students in primary care careers is by providing opportunities for them to gain first-hand experience with primary care optometrists in their everyday practice. The evidence from available sources indicates that these experiences are valuable, not only as a way of helping students make career decisions, but also as clinical and practice educational experiences[3,4].

Schools and colleges of optometry that have developed and administered preceptorships in a variety of settings,for multiple purposes and with disparate characteristics and educational objectives, have acquired considerable experience[5,6]. This paper is an attempt to distill some of this information so that new ventures into preceptorships may benefit from the experience of others. It deals with issues in goal delineation and program development. Future papers will discuss such topics as curriculum, program operation and program evaluation.

Goal Delineation

Goals for a preceptorship program, as defined by this report,are divided into three categories: 1) Long Range Goals; 2) Specific Learning Goals, which deal with the acquisition of knowledge about an experience with particular aspects of the learning environment; and 3) General Attitudinal and Value Goals, which are designed to alter, reinforce or introduce what can be judged to be desirable values or orientations toward aspects of optometric practice. These goals are shown in Table 1.

The areas included in the list of goals represent the kinds of objectives repeatedly described by different preceptorship programs[7,8]. Whatever the goals selected for a particular program, careful attention should be given to the relationship of each program characteristic to the accomplishment of stated goals. The following examples demonstrate this relationship.

1. *Long-range goals* - to provide more primary care optometric practitioners for underserved areas, such as rural and inner city communities.

Program characteristic - priority is given to recruitment of preceptors in underserved areas, a mechanism is

TABLE 1
Goals of a Preceptorship Program

Long Range Goals	Specific Learning Goals	General Attitude & Value Goals
1. To provide more primary care optometrists.	1. To provide a clinical learning experience in primary care as part of the optometry school curriculum.	1. To provide an opportunity for students to explore and evaluate their own career goals and values in optometry.
2. To encourage students to enter optometric practice in such underserved areas as rural and inner city communities.	2. To teach students about the kinds of clinical problems encountered in an office practice as compared to an academic clinical setting, including mechanisms for ensuring comprehensive and continuing care.	2. To provide an opportunity for the student to experience and evaluate primary care as a career path.
3. To broaden the scope of community optometric care by developing linkage between the academic institutions of optometry and optometric providers in communities.	3. To teach students the diagnostic and therapeutic techniques appropriate to an office practice.	3. To allow the student to observe and experience the optometric and personal lifestyle of a primary care optometrist in a community.
	4. To teach students to view and treat patients in the context of their lifestyle, occupation and community.	4. To allow the student to become acquainted with the methods used by the primary care optometrist for continuing education.
	5. To permit students to apply basic classroom knowledge in the biomedical and behavioral sciences to direct patient care situations.	5. To encourage the patient to value such concepts and practices as continuity of care, treatment in a family/community context and the optometry-patient relationship as they affect health and illness.
	6. To broaden and enhance the student's interviewing and related skills through experience in providing care in an office setting.	6. To develop an awareness in the student of roles and skills of other health professionals.
	7. To provide knowledge through experience of the referral and consultation processes in a community setting with multiple and varied health resources.	
	8. To help the student understand the role and lifestyle of the primary care optometrist in the total health care system of a community.	
	9. To enable the student to learn though experience with the roles of office personnel, e.g., office manager, optometric technicians/assistants and dispensers.	
	10. To develop in the student an understanding of preventive health practices and their use in a primary care practice.	
	11. To provide an understanding of public health and environmental factors in relation to the private practice of optometry.	
	12. To expose the student to the business and monitoring aspects of optometric practice, such as bookkeeping, record systems, appointment scheduling and payment mechanisms.	

developed to assess the impact of the experience on the career choices of optometric students.

2. *Specific learning goal* teach students how to use the available health resources in an area.

Program characteristic - optometry students have an opportunity to use health resources, and will be evaluated on how well they use resources.

3. *General Attitude and value goals* - to provide an opportunity for students to explore and evaluate career goals and values in optometry.

Program characteristic - optometry students identify values and career goals both before and after the preceptorship. The change is noted and career counseling is made available.

Program Development

Initiation

Preceptorship programs may be initiated by any one of the three groups typically involved in a preceptorship experience: optometric faculty and/or administrators, optometric students and community optometrists. Although a particular group often formulates the initial idea,the cooperation of the other two groups is necessary for success.

This does not mean that an initiator with only a vague idea should immediately solicit the collaboration of others. To gain needed support, initiators should familiarize themselves with some basic issues in program development. They should have a clear conception of the goals of the proposed learning experience and should be prepared to answer potential questions from each group whose collaboration is sought. For example, optometric faculty might be concerned with: monitoring the educational quality of the experience; the qualifications of the proposed preceptors; whether the curriculum already includes similar learning goals; the effort and time required by faculty; and the method of evaluation of students.

Optometry school administrators will be concerned with the same issues[9], as well as with factors such as liability and administration costs and procedures.

Optometry students will be concerned with: the program's place in the overall curriculum; the program's educational value relative to other curricular opportunities; whether the program will be required or elective; the extent to which they will have freedom to choose the site and the preceptor; methods for evaluating their performance; and financial aid.

As potential preceptors, optometrists in the community will be concerned with: the commitment expected of them; the level and quality of students who will participate; whether they will be expected to provide housing for students; liability; and remuneration or incentives that might be offered.

In addition, the concerns of the lay community members who will come into contact with students should be considered. These include: the kind of clinical supervision provided students; the extent to which the student's presence may delay or interfere with the provision of eye and vision care by community optometrists; and the social behavior of students.

When an optometric institution initiates the preceptorship, good communication between faculty and preceptors is key to maintaining the program. Preceptorships provide an excellent opportunity for interchange between the academic and practicing optometrist and include potential for each to learn about the other's role within the health care system. The cooperation of students, preceptors and faculty in initiating a program offers the best potential for meeting the needs and expectations of all three groups and for making the program educational and relevant.

Frequently, new preceptors are concerned about their ability to be effective teachers. It is important to emphasize their unique experience, knowledge and skills as distinct from the expertise of institutional faculty. As a way of recognizing the preceptors' key teaching role, most programs consider them "community faculty" or "clinical faculty."[10]

Site Selection

Site selection involves deciding on particular communities and specific practice organizations within the communities. The kind of communities and practice organizations selected will depend on the nature of the educational experience desired for students. Sites in inner city areas may be the focus of one preceptor program; remote rural sites may fit into the goals of another; while still others may wish to offer experience in both areas. If underserved areas are not of particular interest to a program, sites may be chosen anywhere, with perhaps greater attention focused on the practice characteristics (e.g., solo versus group or team model) or clinical learning offered the student. Again, selection of sites will be partly determined by the program's goals and objectives.

Information concerning the desired criteria for site selection can be requested on a Preceptor Application Form (Fig.l). Thus, if a program goal involves exposure to team practice models, information can be gathered about site staffing and allocation of responsibilities. Similar information requests can be made with regard to other criteria. Or, if a limited range of site characteristics is desired, the initial recruitment letter to optometrists can state these requirements so that all respondents meet the desired attributes.

■

Serving as a preceptor involves a substantial commitment in time, energy, patience and willingness to "learn as you go along."

Preceptor Selection and Recruitment

Factors that might be considered in selecting effective preceptors include optometric specialty, teaching ability, clinical competence, time available for teaching and commitment to program goals. To judge the appropriateness of an optometrist for the role of preceptor, the program coordinator might consider such factors as: involvement in formal and informal continuing education activities; national board certification; membership in optometric societies; affiliations with hospitals; nature of practice (e.g., percent of patients seen for acute problems versus those seen for preventive and maintenance care); referral patterns and use of ancilliary health personnel.

Apart from such indications, perhaps the most useful index is the optometrist's interest in serving as a preceptor. To determine the extent and quality of interest, the program's characteristics and its expectations of him/her should be provided in detail. Serving as a preceptor involves a substantial commitment in time, energy, patience and willingness to "learn as you go along."

In identifying potential preceptors, it is helpful to consult with local societies or state associations. Since they have greater continuing contact with community optometrists, these groups should be able to identify those who possess adequate clinical skills and facilities, and provide professional and personal role models.

Potential preceptors should be given, in addition to a thorough description of program characteristics and expectations, information on the various incentives offered. For many optometrists a major appeal is the satisfaction gained through participation in the optometric education of future optometrists and the stimulation provided by the student's presence. An optometrist also may be interested in attracting a future partner or replacement.

Other incentives offered include an opportunity to apply for a clinical facility appointment or automatic receipt of such status, free participation in continuing education programs, use of the school's optometric library services, continuing education credit, increased familiarity with and access to the academic institution's consultative services, receipt of a certificate stating the contribution to optometric education, invitations to lecture within the optometry school curriculum and financial remuneration.

The last incentive is one of the most controversial. Those who favor payment maintain that a busy practitioner should be reimbursed so that he/she can make the needed time for teaching available. Those against payment for preceptors argue that payment is unnecessary and escalates program costs; that these funds might better be spent for housing and travel costs for students; that preceptor payment is an open-ended expense that is difficult to administer and that limited funds will limit the expansion of the preceptor program so that potential preceptors in some communities may have to wait until the budget will permit their participation.

Another important factor is the extent of time commitment required of preceptors. If a program has a significant pool of preceptors who will have one or two students a year for

Name_____
Address_____
Phone_____Date of Birth_____
Residencies (types and dates)_____
Specialty_____Board Certified_____Yes_____No_____
Type of Practice___Solo___Partnership__Group(Number in Group)_____
Other (specify)_____
Hospital Affiliations_____
Membership in Optometric Societies_____
Number of years in practice_____
Number of years in present location_____
Approximate number of patients seen per week:_____
Percent patient seen whose problems are: Acute____Recurrent_____
Chronic_____
Percent office visits for regular check-ups or "preventive maintenance":_____
Percent patients seen who are referred by other OD's_____
Please list the kinds and numbers of ancillary personnel employed in your practice who might be involved in teaching students_____
_____

Check those areas you include in your practice of optometry:

_____Pediatrics
_____Vision Therapy
_____Geriatrics
_____Therapeutic Optometry
_____Low Vision
_____Contact Lenses
_____Nutritional Counseling
_____Electrodiagnostics
_____In-Office Fabrication
_____Other

In what kind of continuing education activities are you involved?
_____
Would you be able to make necessary housing arrangements for the student during the preceptorship? Yes_____No_____
If no, type of housing available_____
Have you had previous preceptees? Yes_____No_____
If yes, how man?_____
Could your practice accommodate two preceptees at the same time?
Yes_____No_____
How many students per year would you be willing to take?_____
Do you accept out-of-state students? Yes_____No_____
Any other special preferences or restrictions_____
Any special features of your practice_____
Are there any special optometric projects in your community that would interest a student?_____

Figure 1. Preceptor Application Form

a period of 4 to 6 weeks, payment may not be necessary. However, if a preceptor is expected to work with students on a regular, year round basis,it may be unrealistic to expect such a time commitment without financial remuneration.

The prevailing ethic of the particular optometric community also should be taken into account. In some communities, optometrists may expect to volunteer their time for a variety of activities. In others, this attitude may not prevail. Those responsible for making decisions on payment of preceptors should be sensitive to such values and attitudes.

Selection of Preceptees

Level of Student: A major variable in determining which optometry students to select for a preceptorship is the level of student for whom the experience is designed.

A program that hopes to expose optometry students early in their training to a particular practice situation will affect the activities and expectations for students, as well as the kind of training provided by preceptors. More advanced students may become involved in direct patient care and require in-depth teaching in clinical areas.

The level of student desired will affect a variety of preceptor program characteristics, and the decision should be made early in the planning of a preceptorship. Required preceptor programs will not have to be concerned with student recruitment. However, elective programs must deal with recruitment and selection of students. All preceptorship programs must develop a method of matching students with preceptors and sites.

Criteria for matching preceptors and preceptees depend on a variety of program characteristics. Some preceptor programs can sponsor meetings for preceptees and preceptors to interact, exchange information and form a basis for preferences in future selection. Where this is not feasible, written information about participants may be provided, or telephone contact and letter exchange may be encouraged.

It is helpful for the preceptor program coordinator to maintain a file on each preceptorship for students to review. These files should include Chamber of Commerce information on the community, site visit reports by institutional faculty and evaluations by former students. Where possible, prospective students should be referred to former participants for first-hand information.

Most preceptorship programs make an effort to allow students to choose among the sites and experiences available. In addition, preceptors may have particular preferences with regard to the kinds of students placed with them, such as sex or marital status. Dealing with these details of student placement requires coordination by the preceptorship staff and forethought in recognizing potential areas of conflict. Matching can be greatly facilitated when both preceptors and students are well known to the staff.

A future report will deal with such logistical aspects as housing, transportation, financial assistance and the preceptee's spouse and/or family.

Length of Preceptorship Experience

Another area of controversy among preceptorship promoters is the optimal length of the training. Some feel that an intensive experience of four to six weeks is sufficient to accomplish a wide variety of goals, including enabling students to make career decisions about optometry in underserved settings. Others feel strongly that such a length of time only serves as an orientation period and that a much longer period (like eight to ten weeks)is required for a student to appreciate and/or evaluate settings as future practice options. Some professional students feel that the preceptorship experience should be reinforced at various points during the student's training.

There are, however, practical constraints related to decisions concerning length of preceptorship experiences, such as available time within an established curriculum. Unless the developers of a program are willing and able to attempt major alterations in a curriculum so that students can devote larger blocks of time to an off-campus experience, preceptor program goals and characteristics may have to be developed and/or modified to fit within the bounds of what is possible, rather than what may be desirable.

Once a decision as to length of the experience has been made, preceptor program designers will find that this factor likely affects the number of goals that may be accomplished and the methods to be used in achieving them.

Conclusion

This paper has presented information relevant to some aspects of preceptorship development. It discusses in detail preceptorship goal delineations and various aspects of program development, such as site selection, selection of preceptors and preceptees, and length of preceptorship experience. A future paper will discuss curriculum, program operation and evaluation.

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IN REVIEW

The Eye in Systemic Disease, Daniel H. Gold and Thomas Weingeist, ed., J.B. Lippincott, Philadelphia, PA, 1990, 736 pages, 350 illustrations, 63 tables, $87.50.

The Eye in Systemic Disease is a comprehensive reference devoted to the study of the eye as it is affected by systemic disease. The book is organized in 22 (parts) traditional clinical disease categories according to the organ system or etiology and/or clinical manifestation of the disease. The authors made a conscious decision to leave out the area of neurologic disorders and to discuss the neuro-ophthalmic complications under the headings of the individual disease entities. Each of these parts is conveniently sub-divided into sections and chapters making the text extremely easy to use. An

Three hundred and eighteen clinicians with specialities in specific diseases contributed in the preparation of the 230 chapters. Each chapter examines essential features of a specific disease, its ocular and systemic manifestations and the most recent clinical and laboratory findings. Patient management and/or treatment guidelines are outlined wherever applicable. The authors describe their work as "an overview of the subject, enabling the reader to better understand why these complications occur, and to see underlying patterns that produce the constellation of signs and symptoms that we recognize as individual clinical disease entities." The pathophysiologic mechanisms are addressed as well as is possible in any text that provides an overview.

This reference text is well organized and easy to read. It should have particular value for practitioners who are interested in primary health care, primary eye care and specialists who are interested in how the eye is affected by systemic disease. Every educator who is involved in the teaching of ocular diseases should have access to this comprehensive text.

Guest Reviewer:
P. Sarita Soni, O.D., M.S.
Indiana University
School of Optometry

■ ■ ■

The Geometrical Optics Workbook, David S. Loshin, Butterworth-Heinemann, 1991, 202 pp., soft cover, $24.95.

Writing a workbook in geometrical optics is a daunting task because most textbook authors use idiosyncratic nomenclature and sign conventions. The students who most need additional practice in problem-solving frequently have not mastered the nomenclature and conventions of their assigned textbook. Therefore, it is commendable that Dr. Loshin has been able to succeed as well as he has. The positive qualities of his workbook are a readily comprehended conversational style, and an explicit problem-solving methodology. By incorporating his sign convention in his many illustrations, i.e., using arrowheads to indicate the direction a quantity is measured, he reinforces the use of the appropriate convention. He has supplied hundreds of examples and hundreds more problems to be solved by the student.

Dr. Loshin offers helpful understandings of concepts that often confuse students. For example, on discussing refraction, he points out that refraction does not necessarily mean that a ray is bent, but that its velocity is changed. He offers a useful rule on transmission through a prism — no ray will be transmitted if the apical angle is greater than twice the critical angle.

This first edition contains many typographical errors. Most of the errors are obvious and will not confuse students. A few conceptual errors have crept in. For example, after correctly discussing apparent depth, the general rules at the bottom of p. 40 are inadvertently misstated. I also would take issue with his definition (p. 38) of index: "n=Index of space where real object is located." I would have it read, . . . "where real or virtual object is located." I understand that the publisher will supply an errata sheet to obviate these criticisms.

I sum, the *Geometrical Optics Workbook* places demands on the student's ability to solve problems. This workbook will concretely help students in acquiring the correct approach to their solution.

Guest reviewer:
Milton Katz, O.D.
SUNY State College of Optometry

Correction

The references for the article, "Continuing Education Needs of Ohio Optometrists: A Comparison with Other Health Care Providers," (Vol. 17, No. 2, p. 41) were inadvertently omitted. They should have been:

1. Cervero RJ. A factor analytic study of physicians' reasons for participating in continuing education. J Med Educ 1981; 56(1):29-34.
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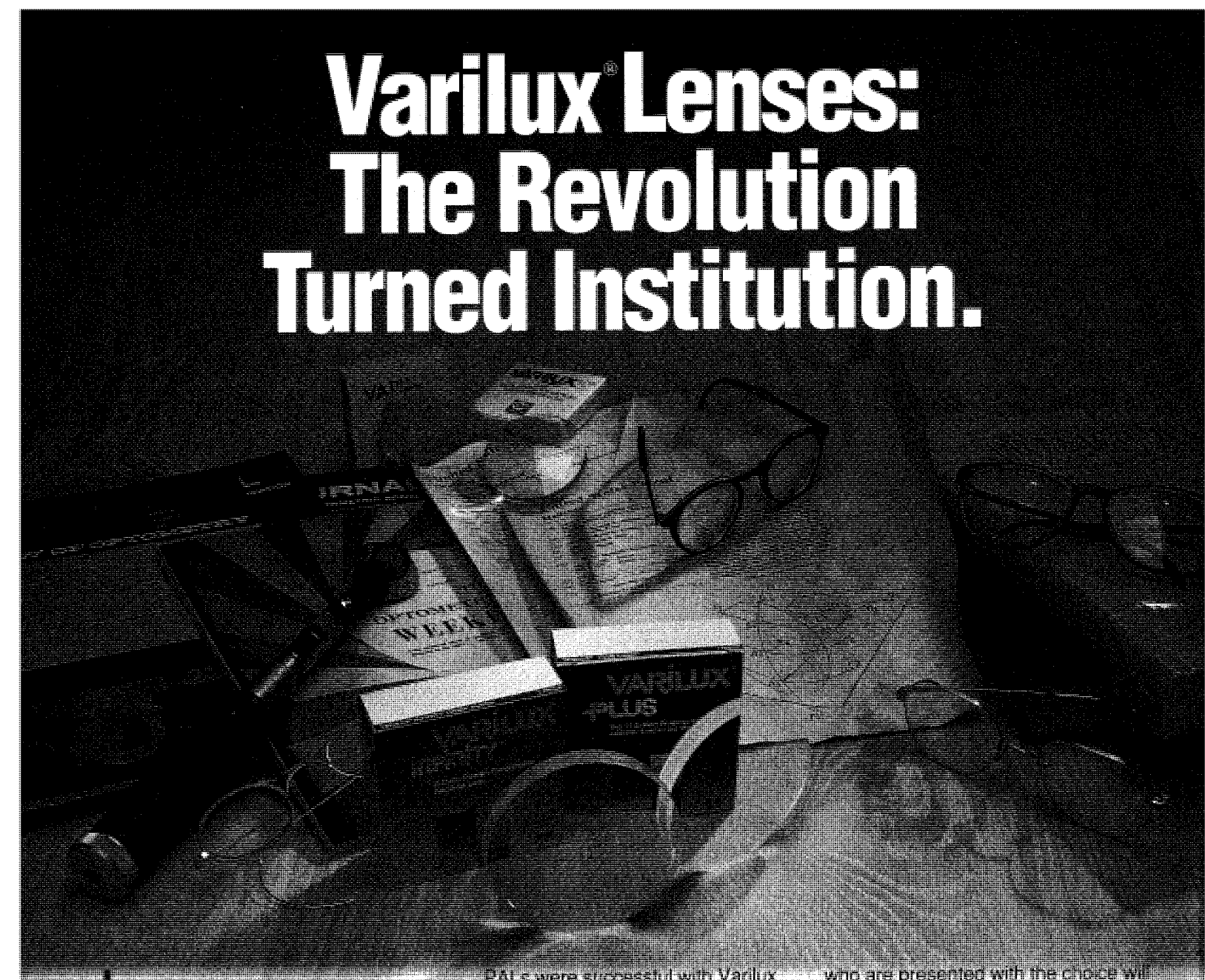

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