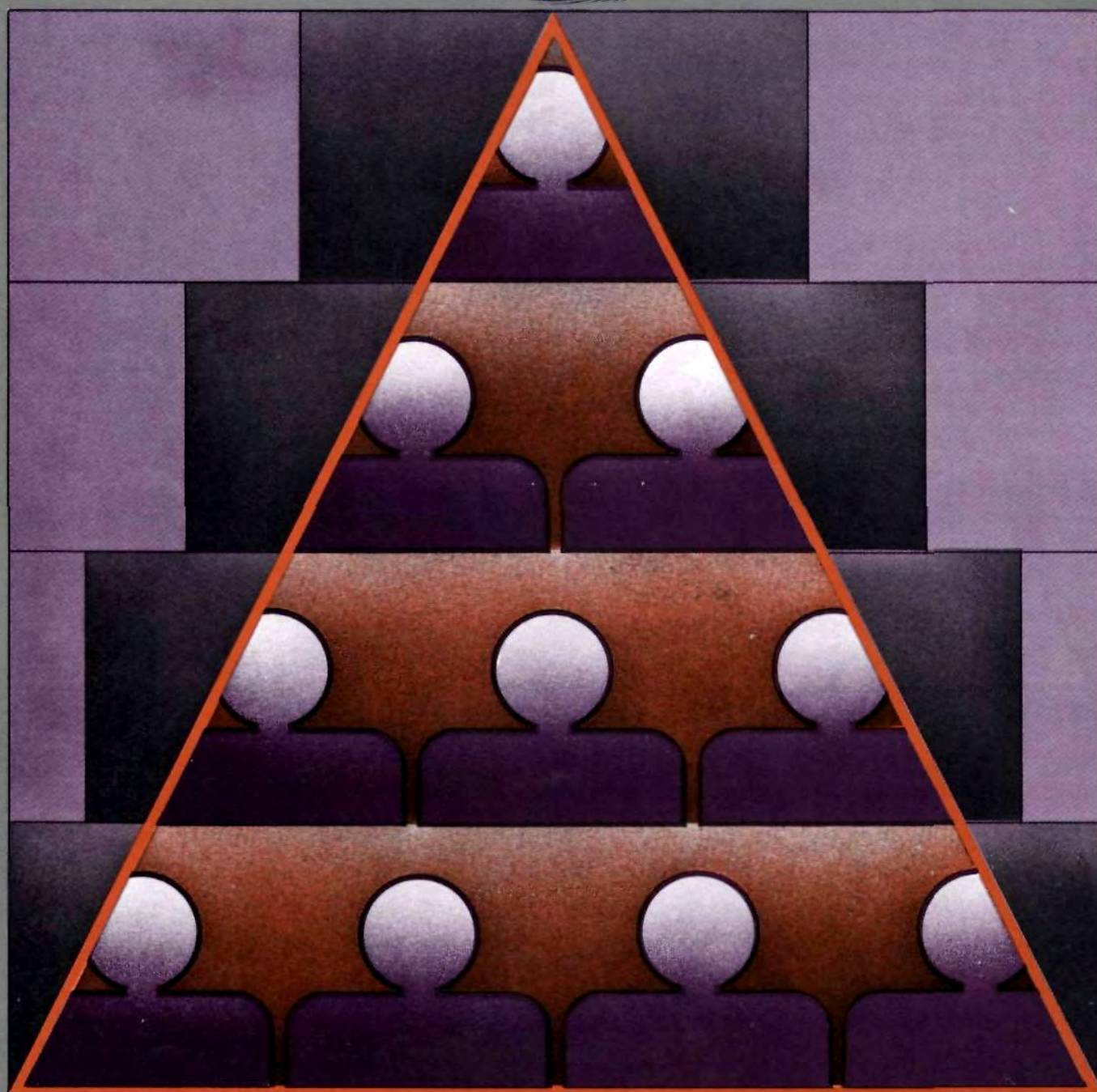


CRITICAL ISSUES
IN CREDENTIALING

Volume 7, Number 1
Summer 1981

JOURNAL OF OPTOMETRIC EDUCATION

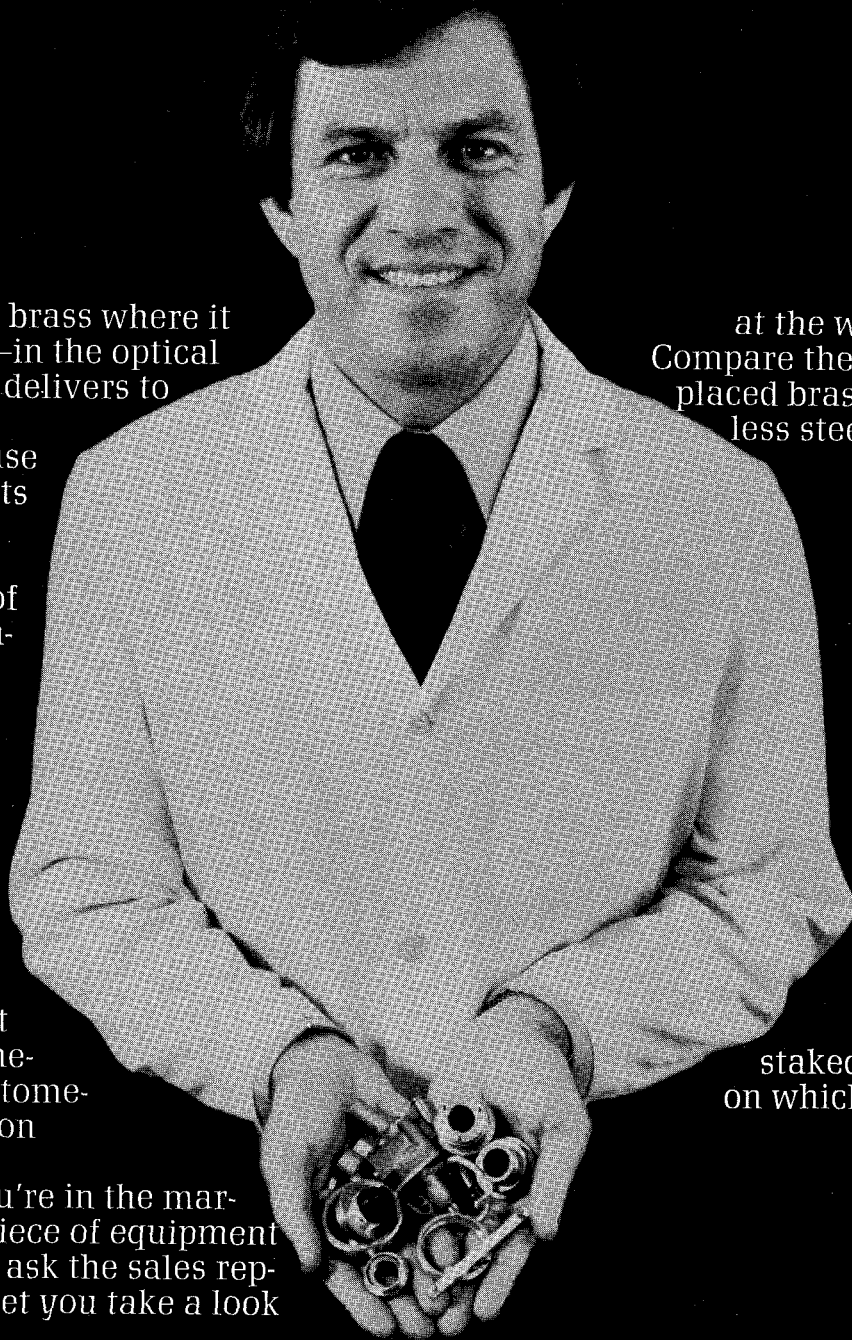


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Official Publication of the Association of Schools and Colleges of Optometry

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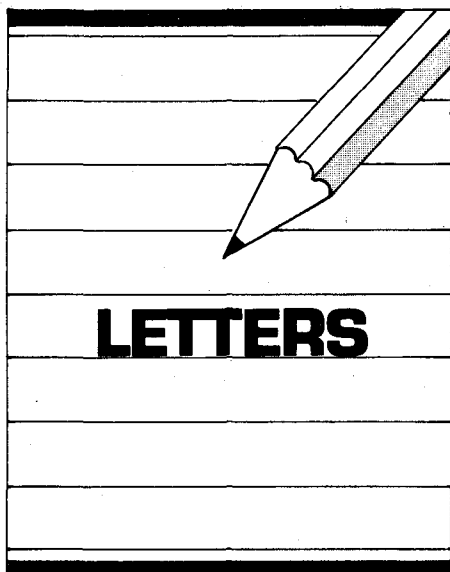
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LETTERS

First-Rate Scholarship

Sometimes a lot of things that all of us are writing or publishing are taken for granted. I want to let you know that such should not be the case with the Winter, 1981, edition of the *Journal of Optometric Education*.

The editorial in that issue, "Evaluating Optometric Education," by Dr. William Baldwin was extremely instrumental in effectively educating and winning over the leader of a senior citizens organization which previously had not exactly been issuing pro-optometry pronouncements. In fact, the substance and fine message of the editorial so impressed this person that he made a special trip to the University of Houston

College of Optometry to meet with Dean Baldwin.

I hope that we can continue to count on the first rate scholarship that you, your staff and your volunteers are putting into this fine publication. It is very valuable to us.

David L. Lewis
Special Assistant to the
Executive Director
American Optometric Association
Washington Office

Hypertension Timely

Just a note to let you know of the timeliness of Dr. John Whitener's recent article on hypertension (Vol. 6, #4, Spring, 1981). The Illinois College of Optometry has undertaken a patient education program about high blood pressure. We have received, from the address at the end of Dr. Whitener's article, thousands of pamphlets concerning hypertension which have been placed in all waiting areas of the clinic. Many colorful posters have been placed in hallways, classrooms and the dispensary. In our main reception room, we have placed a sign, "Have you had your blood pressure checked recently?" which has generated interest among persons waiting for patients.

The program has been well-received by faculty, staff, interns and especially patients; we are planning to continue it year-round, not just for May—National High Blood Pressure Month.

Jonathan S. Goldman, O.D.
Assistant Professor of Optometry
Illinois College of Optometry

VOSH Information

I was pleased that JOE devoted the space that it did to publicize the development and current status of VOSH (Volunteer Optometric Service to Humanity). It would be great if the article would help motivate the inactive chapters and those states without a chapter to get active in this humanitarian effort. For those who would like more information about VOSH, inquiries should be directed to the current president of VOSH International, Inc.:

Dr. Ed Foote
119 No. Main St.
Warren, Arkansas 71671

As I read the status report on optometry throughout the world, I recalled my week in the Philippines after the two months work setting up the eye clinic in the refugee camp in Thailand. The report indicates that "optometry is considered to be the best developed in East Asia because of its legal recognition and established optometric education."

I was dismayed to find that the legal recognition apparently also included the prohibition of the sale of the inexpensive reading glasses for the presbyopes. Millions of the poor people of the Philippines will never be able to afford conventional optometric care when the fees are not all that much different than in the U.S. When in the U.S., only a handful of states prohibit the sale of the reading glasses without an exam. It is a shame to see this in an underdeveloped country. I hope other developing countries do not follow the pattern of the Philippines.

Russ Dorland, O.D.
Mankato, Minnesota

Clinic Director for Academic Affairs School of Optometry University of California, Berkeley

The University of California School of Optometry is seeking a senior level faculty member who will be responsible for developing and implementing a strong program of clinical research, organizing an effective program in optometric clinical education and establishing post-graduate residency and continuing education programs. This person will not be responsible for the daily operation and administration of the clinic.

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ASCO Moves

The Association of Schools and Colleges of Optometry (ASCO) has moved its National Office along with the American Optometric Association effective October 1, 1981. The new address is:

600 Maryland Ave., S.W.
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The association appreciates its friends and colleagues noting this change in their records. Thank you.

A Closer Look at Accreditation

A decade or so ago, as part of the endeavor to increase recognition of the interrelatedness of accreditation, certification and licensure, studies conducted by the U.S. Department of Health, Education, and Welfare addressed these three distinctive activities under the collective title of credentialing. Since certification and licensure relate directly to individuals, most members of the health professions are familiar with these functions of credentialing.

They have been defined by the Study of Accreditation of Selected Health Educational Programs* as follows:

Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met predetermined qualifications specified by that agency or association.

Licensure is the process by which an agency of government grants permission to persons meeting predetermined qualifications to engage in a given occupation and/or use a particular title or grants permission to institutions to perform specified functions.

In contrast to certification and licensure, accreditation applies only to institutions or their programs of study and therefore is related only indirectly to individuals. It has been defined as "the process by which an agency or organization evaluates and recognizes a program of study or an institution as meeting certain predetermined qualifications or standards."

The three articles in this issue of the *Journal* provide an excellent analysis and description of various factors relating to accreditation with appropriate emphasis on optometric education.

Accreditation is an indigenous method of maintaining minimum standards, but a method that is fallible as it relies on gross measurements which in

many cases are subjective. Consequently, it has many critics and detractors, some of whom have not sufficiently considered the alternatives.

The responsible individual who seriously proposes the abolition of accreditation must recognize that there are only two possible alternatives. The first would provide no external review process of the educational programs preparing future members of a health profession. This situation prevailed in medical education during the latter part of the previous century. Conditions then became so deleterious for society that they had to be corrected by the establishment of a review body empowered to enforce minimum standards. The second alternative would be the establishment of a governmental body, as exists in most other countries, authorized to establish standards, curricula and syllabi. This process generally involves a centralized organization, such as a Ministry of Education, a Ministry of Health or both, that determine educational requirements and qualifications required for admission to practice.

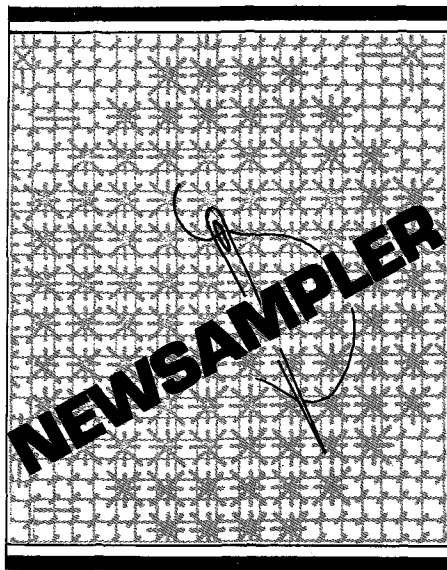
Despite its weaknesses accreditation has reasonably well served this nation with its diverse and mobile population distributed over a wide geographical area and governed by a federal democracy. It has been developed in a pragmatic manner to meet the needs of the professions, the educational institutions and society.

In the past, there has been a tendency for many of the accrediting bodies concerned with specialized programs of study to give undue consideration to the ambitions of the professions. More recently, increasing attention has been directed to societal needs, a direction that the Council on Optometric Education of the American Optometric Association has been pursuing in an enlightened and constructive manner. From this point of view the accompanying articles deserve careful attention. □

William K. Selden
Member

Council on Optometric Education

*National Commission on Accrediting, Study of Accreditation of Selected Health Educational Programs, Commission Report, Washington, D.C., May 1972.



Health Professions Education Legislation

Under the Omnibus Budget Reconciliation Act of 1981, the president signed into law new health professions education legislation. This authority is for a three-year period. There were very few surprises or changes from that which were anticipated. The significant points to optometry are the following:

1. A comprehensive report is required to be submitted by October 1, 1983, on the status of health personnel according to profession and a report regarding applicants, students, indebtedness, financial assistance need, career choices (type and geographic location) and relationship of indebtedness to career choice.

2. The HEAL loan program is continued with the annual borrowing amount increased to \$20,000 and the cumulative total to \$80,000. In addition, the limitation of 50 percent of each class as borrowers has been removed and the repayment period has been extended to 25 years.

3. The Health Professions Student Loan Program is continued. Funding for capitalization is authorized at \$12 million for FY 1982. The interest rate is increased from 7 percent to 9 percent.

4. Authority for scholarships for students of exceptional financial need has been extended.

5. Authority for Area Health Education Centers has been continued.

6. Authority for grants and contracts for assistance to individuals from disadvantaged backgrounds has been provided. This program known as the Health Careers Opportunity Program (HCOP) is authorized funding at \$20 million for FY 1982.

7. Financial distress grants are con-

tinued. While including optometry, the funds, \$10 million, are to be targeted primarily for minority schools presently in serious financial difficulty.

8. "Conversion and Curriculum Grant" authority is continued. Start-up grants are available only to those in the program on the day before enactment. Support for conversion of two year programs to four year programs is continued. Special project grants are authorized as previously with a budget authorization of \$6 million.

9. As was expected, all capitation authorities were terminated.

In view of the administration and congressional conservatism, it is felt that optometry did better than might have been expected. However, this action by the Congress represents authorization for programs only. At this writing, the actual appropriation of funds is being debated. It appears likely that the Congress will not provide full funding of these programs in the appropriations for FY 1982.

SUNY Residency Approved

A rehabilitative optometry residency program at the Northport, Veterans Administration Medical Center in Northport, Long Island, has been granted the classification "Approved" by the Council on Optometric Education. The classification indicates the program has "no serious deficiencies or weaknesses and achieves or exceeds the basic requirements for accreditation."

Dr. Allen Cohen, associate clinical professor in the Vision Training Service and chief, Optometry Services at Northport, along with Dr. Irwin Suchoff, director of interns and residency programs at the State University of New York (SUNY) State College of Optometry, oversee the operation of the residency which is heavily oriented towards the total visual rehabilitation of patients such as stroke victims and aphakics. Primary care, rehabilitative orthoptics, contact lenses and low vision are the most heavily utilized optometric services.

ICO Receives Research Grants, Opens Handicapped Clinic

Two faculty research projects and two student projects at the Illinois College of Optometry (ICO) have been awarded \$5,055 in grants by the Illinois Society for the Prevention of Blindness.

Dr. Morris Berman, associate professor of optometry and assistant dean for education, has received a one-year grant of \$1,380 for his study, "Subjec-

tive Refraction of Low Vision Patients Using the Humphrey Vision Analyzer."

Dr. Sunny Sanders, instructor of optometry, Dr. Anthony Nizza, assistant professor of optometry, and Dr. Dominick Maino, instructor of optometry, were awarded a one-year grant of \$1,275 for their study, "Development of Hydrophilic Lens Parameters and Fitting Techniques in Infants and Toddlers."

Fourth-year student Frederic A. Baner was awarded \$1,200 for a second year of financial help for his study, "The Development of Visual Cortex Neurons in Kittens Raised with Convergent Strabismus," and Thomas Banton, a second-year student, will receive \$1,200 for his study, "Rod-Cone Interaction in Color-Normal and Color-Deficient Human Subjects."

Also at the Illinois College of Optometry, the Department of Pediatrics has started a new specialized clinic, the Exceptional Child Clinic. The clinic provides complete vision care for multiply handicapped children and adults.

With more than 24,000 Chicagoans with cerebral palsy, and many more with other mental and physical handicaps, the clinic is filling a long unfulfilled need.

The clinic opened in March, 1981. Staff doctors are now examining about thirty patients each month. In addition to vision examinations (checking for reading and distance vision, for eye diseases and for the best visual correction), staff doctors look for functional problems—the role of vision in reading and learning. Patients also can be referred to other organizations. The clinic's work is often integrated with that of therapists, special education teachers and psychologists.

SCO Establishes Center for Elderly

The Southern College of Optometry (SCO) in Memphis, Tennessee, has been awarded an endowment left to the Lions Club of Memphis, Inc., to establish a professorial chair and an eye care center with emphasis on the elderly.

The Ira E. and Daisy B. Chapman Professorial Chair and Memorial Center for the Partially Sighted Elderly will provide eye care concentrating on severe visual impairment of the elderly. It also will be used for research and clinical teaching.

The center will be located within the present college facilities and is scheduled to open in January, 1982.

(continued on p.30)

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(JCE)

Education and Credentialing in Optometry: Critical Issues

Leon J. Gross, Ph.D.

The public's concern and awareness of professional licensure is currently at a high level, probably an unprecedentedly high one. This is a healthy and predictable outgrowth of an educated, consumer-oriented public which provides economic sanctions in the form of licensure, in exchange for safe and competent health care (i.e., quality assurance). From my experience in health professions education and evaluation, I perceive a common model for the education-credentialing interface that attempts to satisfy the public's concern for quality assurance. The model begins with academia as the breeding ground for developing competency,

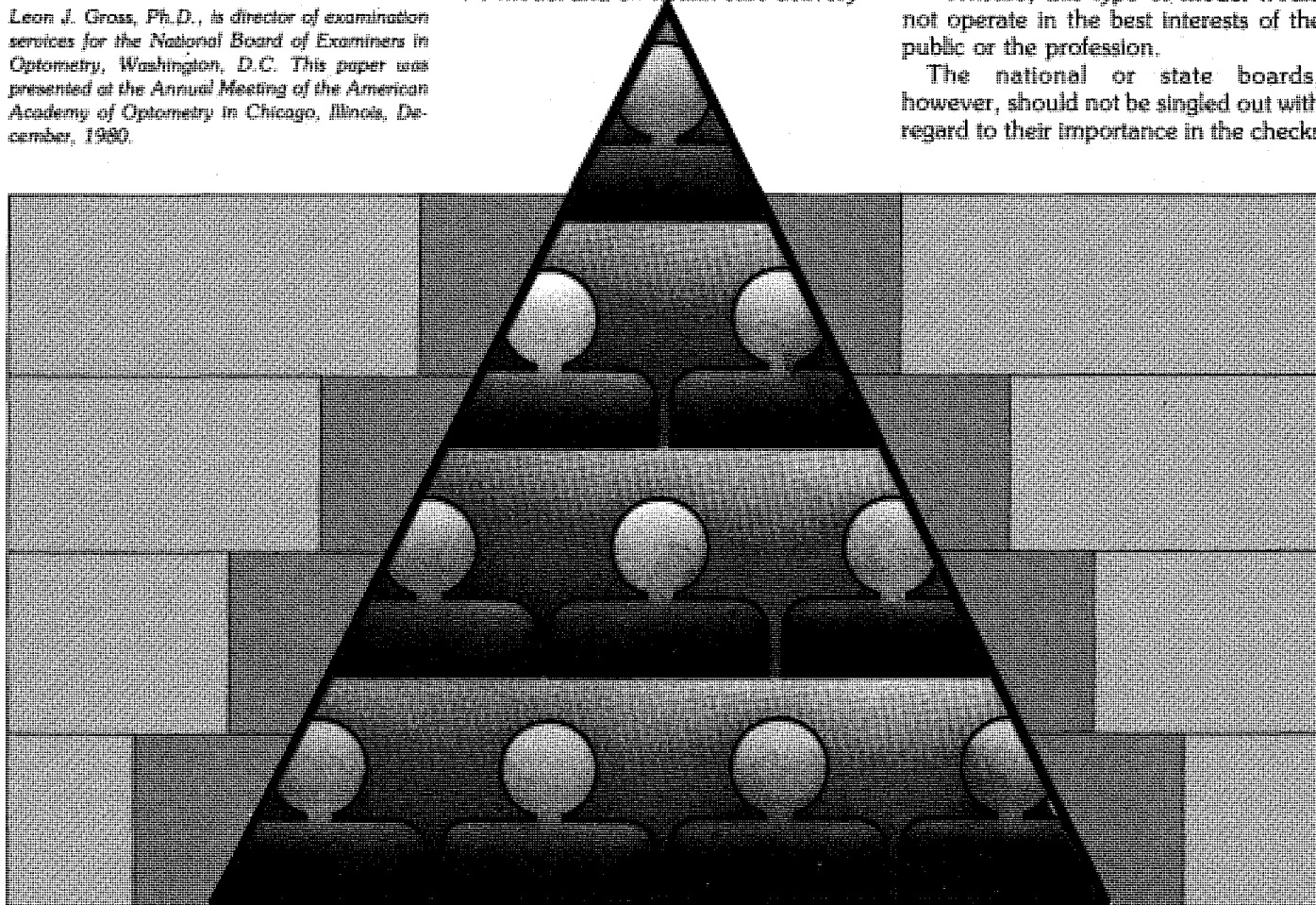
and a national board examination for providing the measuring instrument for determining whether or not competency has indeed been attained. Proceeding further, a credentialing organization certifies (i.e., accredits) institutional adequacy, and finally, local jurisdictions (i.e., state boards) supplement and/or interpret test performance where necessary, and ultimately represent the public in awarding licensure to the practitioner entering the field. This broadly applicable education-credentialing model is depicted in Figure 1, and should be viewed as a series of checks and balances.

What would be the likely effects on the model and on health care delivery if

one of the component elements was deleted? This is an important issue because some vocal critics in optometry, though few in number, suggest that licensure by challenge examination should be eliminated. To paraphrase their argument, given rigorous academic admissions standards and four intensive and expensive years of professional study, it is incredulous that all graduating O.D.'s would not be competent to practice. On the other hand, the mere presence of a credentialing examination promotes learning accountability, and hence, competency. Without this form of accountability, academic admission would be tantamount to licensure; this type of model would not operate in the best interests of the public or the profession.

The national or state boards, however, should not be singled out with regard to their importance in the checks

Leon J. Gross, Ph.D., is director of examination services for the National Board of Examiners in Optometry, Washington, D.C. This paper was presented at the Annual Meeting of the American Academy of Optometry in Chicago, Illinois, December, 1990.



“The mere presence of a credentialing examination promotes learning accountability, and hence, competency. Without this form of accountability, academic admission would be tantamount to licensure.”

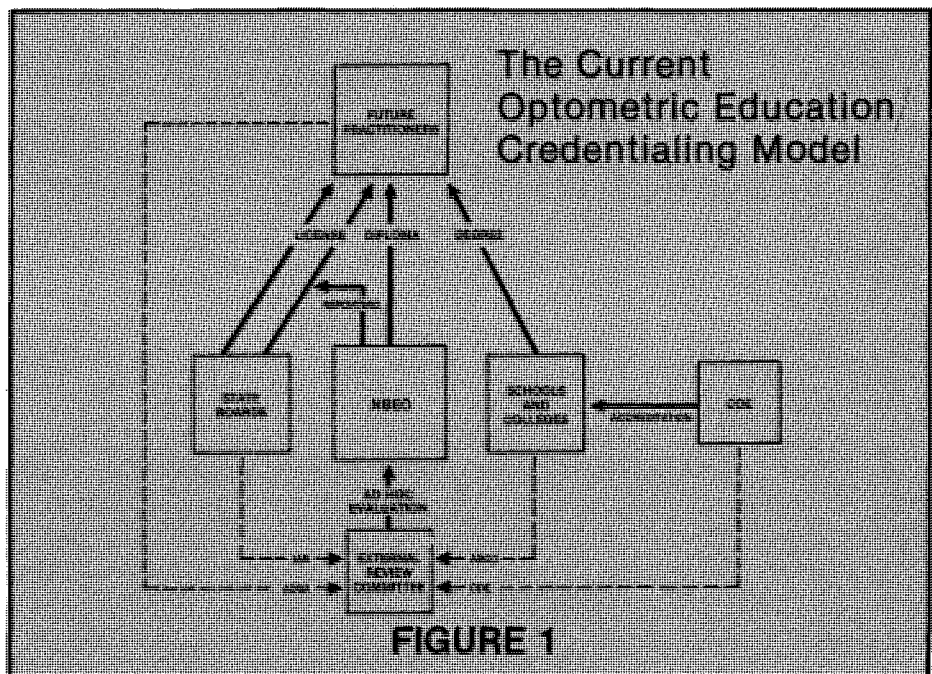
and balances model. What would be the effects of deleting the academic accrediting body, specifically, the Council on Optometric Education (COE)? Critics could well argue that academic institutions staffed with highly qualified and motivated O.D.'s and Ph.D.'s would not require periodic examination and certification of adequacy (i.e., institutional competency). Clearly, without an accrediting body such as COE, "fly-by-night" degree mills or mail-order colleges could develop which could virtually ruin a profession and lower the quality of care it delivers. It also must be stressed that the academic vitality which COE helps maintain is not synonymous with the assurance of a 100 percent level of student competency. While student competency is enhanced by the activities of an academic accreditation body, practice readiness must be assured by an examining board if the model of checks and balances is to function properly.

Having described that as a working model, it would be appropriate to examine within the context of this model, some of the more prominent issues occurring in optometric education and credentialing. First of all, are National Board failure rates too high? Why do they exceed the failure rates of medicine and dentistry? The question of failure rates being too high is a relative one—that is, too high compared to what? The frame of reference for this comparison appears to be with the medical and dental boards, as well as with a priori notions of student levels of achievement. Unfortunately, the NBEO failure rates are contaminated by a factor which is not present in the medical and dental boards. Specifically, there are many students who are required to take but not pass the NBEO exams. This is both a serious and potent variable affecting test performance, for it

promotes sitting for the examinations under non-maximum performance conditions. Students taking tests without the requirement and objective of passing cannot be expected to perform at a level commensurate with their academic achievement. Therefore, it should not be surprising that failure rates on the NBEO exams exceed those of the medical and dental boards, regardless of student and institutional quality. However, the fact that failure rates on some state board examinations far exceed those of the National Board should not be disregarded. While the issue may be that of the "chicken or the egg," it safely can be asserted that until there is full acceptance of a uniform competency standard, the credentialing mechanism in optometry will not operate as well as it does in other professions.

A related source of stress involves the

two practitioner licensure routes from the states boards indicated in the model: one from states that accept the National Board, and one from states that develop and administer their own examination and do not accept the National Board. Actually, the latter should be depicted by at least a dozen lines rather than by one, for many of these states give their own exams and set their own standards with little collaboration with other examining boards. Consider the inefficiencies and implications of this system. First, tremendous duplication of effort occurs that strains already limited resources. Second, two states with identical practice statutes which administer different exams and set different performance standards may be inviting litigation. When so many different competency standards proliferate, one can question the reliability and validity of *each* of the standards. Licensure is



clearly a state's responsibility, and the states will have a superior vantage point from which to exercise this responsibility when greater uniformity is attained.

Another source of stress in credentialing concerns the relationship between the National Board exam content outline and the academic curriculum. Should the test follow or drive the curriculum? Neither of these relationships is appropriate for any national examination and therefore neither relationship has been depicted in the model. In contrast, while a test developed and administered by faculty for a particular course should reflect the course or curricular content, this is a much different situation from a national exam. Academia develops competency which is then measured by the National Board. In developing competency, the schools and colleges provide a variety of enrichment elements and electives not all of which may be included in one's practice repertoire. Thus, the exam content outline should not replicate the curriculum. On the other hand, if the test content is derived exclusively from an analysis of office practice, it might not properly reflect the most current techniques and procedures. National Board examination content should therefore derive from a processing of both actual clinician practice and academic curriculum. Since the exam content outline should neither follow nor drive the curriculum, the National Board may be viewed by the schools and colleges as a measurement instrument that reflects core knowledge and skills. As such, an academic institution could feel that it has the flexibility for curricular experimentation and innovation without concern that it will be "penalized" or embarrassed by its students' National Board performance.

Although a national board exam is designed primarily to document readi-

ness to practice, it is also potentially very useful to the academic institutions for program evaluation purposes, as the preceding discussion suggests. For example, an institution that has compressed its curriculum in one discipline in order to expand in another area can use pre- and post-program scores on National Board examinations to ascertain whether the curricular change had beneficial, harmful, mixed, or perhaps no effects on students. The NBEO exams can serve as excellent criteria for such studies, just as the medical boards are used for similar purposes. What concerns many in credentialing, regardless of the specific profession, is that students can now by virtue of the Privacy Act, withhold release of their scores from their respective institutions. Notwithstanding prior abuses and concerns, it is dismaying to think that access can be denied to data which can be extremely valuable to the schools and colleges. This is particularly disturbing inasmuch as the NBEO is prepared to expand both the quality and quantity of institutional feedback provided. It would be beneficial to all if students could be required to release their scores in exchange for assurance of non-abusive use. Perhaps this could be accomplished by delaying score reporting to the schools and colleges, for example, until after graduation.

There is one additional issue that is not a function of the model but, rather, of the resources needed for smooth operation. This problem involves the cost of National Board examinations to the student and the large extracurricular workloads imposed on faculty. From the vantage point of the National Board, a significant portion of the expenditures of a testing program are in test development. The expenses that are incurred include round trip airfare to the National Board office in Washington, D.C., for approximately 35 exami-

nation committee members, more than 100 person hotel nights, approximately 300 meals, miscellaneous expenses and automated equipment. The very substantial sum of these expenses is not related (i.e., they are fixed expenses) to the number of candidates whose fees support the program. Whether 3,000 or 30,000 candidates take the National Board, these examination development costs remain the same. The number of candidates only affects the relatively small expense items (i.e., variable expenses) such as the number of test booklets produced and the number of files to store, maintain and retrieve. Thus, per capita candidate fees are directly related to the number of candidates to absorb the fixed costs. With relatively few candidates, fees must therefore be relatively high.

Optometric faculty are similarly shouldering the burden of contributing to numerous national committees in addition to their institutional commitments, because the faculty pool is similarly small. This is a fact that must be recognized and accepted. However, optometry's relatively small size also can be regarded as advantageous because as national issues develop or committees are formed, whether related to education or credentialing, optometry will have much more equitable institutional representation than other licensed health professions with a greater proportion of faculty having the opportunity for personal recognition beyond their college confines.

This paper has attempted to enumerate some of the critical issues within a functional model that for the most part, is common to all of the licensed health professions. The issues and stress points are indeed critical and challenging, but they are being dealt with in a manner that may be expected to produce favorable outcomes. □

"The National Board may be viewed by the schools and colleges as a measurement instrument that reflects core knowledge and skills. As such, an academic institution could feel that it has the flexibility for curricular experimentation and innovation . . ."

EYES ON THE ACCREDITORS

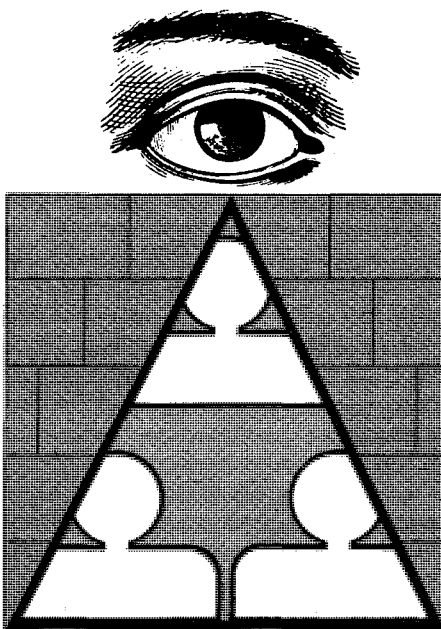
Bradford W. Wild, O.D., Ph.D.

It is easy to think only in terms of the individuals who have the responsibility for conducting the on-site evaluation of an educational institution as being *the* accrediting organization. However, that is an oversimplification of the process and the organization.

In focusing on how accrediting organizations relate to one another, the first distinction that needs to be made is between institutional accreditation and programmatic accreditation. The institution can be evaluated on an overall basis without special regard to the specific educational programs that it offers. The basic concerns of facilities, faculty, administration, and adequacy of staff and budget are considerations of the institutional accreditors. The second type of accreditation is the one with which most in optometric education are more intimately associated. This is programmatic accreditation. The program in optometry is evaluated separately from the evaluation of the school or college of optometry. The basis of this double procedure lies in history that precedes optometric accreditation.

At one time accreditation was simpler, but with the advent of more and varied educational programs it became impossible for a small team of evaluators to judge the adequacy of a wide array of highly specialized programs. Imagine the dilemma created if a professional with a discipline in history was called upon to evaluate, for the purpose of accreditation, an optometric program. It would be an activity beyond the scope of that person's training. It

certainly is no reflection on one's ability or intelligence; one cannot be an expert in all matters. Because of that, however, a large number of specialized accrediting groups have evolved. Each



of these has as its reason for existence the accreditation of programs in the field of their specialized training. Consequently, a double system exists—an institutional accreditation conducted by the six regional accrediting groups such as the Commission on Higher Education of the Middle States Association of Colleges and Secondary Schools or the North Central Association of Colleges and Schools or the Southern Association of Colleges and Schools; and a number of programmatic accreditation groups such as The National League for Nursing, Department of Baccalaureate and Higher Degree Programs; the Commission on Accreditation of Dental and Dental Auxiliary Programs of the

American Dental Association; the American Association of Bible Colleges; and the Gemological Institute of America. This array of specialized accrediting groups demonstrates the tremendous diversity of programs that are now being offered and the myriad problems that such diversity presents. It also shows the importance of accreditation since each of these groups was organized to fill a need for the profession that it represents.

Who, then, represents the accrediting body for optometry? The first group is the Council on Optometric Education (COE). This is a programmatic accrediting body that is one of the councils of the American Optometric Association (AOA). Outside of budgeting matters the relationship between the Council and the AOA is somewhat tenuous. This is by design since it is the purpose of accreditation to be as independent and unbiased as possible in all matters pertaining to the evaluation of optometric educational programs. Outside pressures from individuals and organizations are kept to an absolute minimum to maintain the integrity of the evaluation process and, thus, the integrity of the Council on Optometric Education itself.

The second group that oversees optometric education does so at arm's length. This is the Council on Postsecondary Accreditation, often referred to as COPA.¹ This organization came into being on January 15, 1975, and was formed from the merger of two national educational organizations, both of which were involved with accrediting. These two organizational forbears were the Federation of Regional Accrediting Commissions of Higher Education (FRACHE) and the National Commission on Accrediting (NCA). The Federation had been involved with the

Bradford W. Wild, O.D., Ph.D., is associate dean of the School of Optometry at the University of Alabama in Birmingham. This paper was presented at the Annual Meeting of the American Academy of Optometry, Chicago, Illinois, December, 1980.

guidance and oversight of the six regional accrediting bodies and the National Commission was the national, nongovernmental agency of the colleges and universities charged with the responsibility to study, review, designate and continuously monitor the activities of specialized or programmatic accrediting bodies. Therefore, it could be stated that COPA is a nongovernmental organization intended to foster and facilitate the role of these accrediting bodies in promoting and ensuring the quality and diversity of American postsecondary education. COPA recognizes, coordinates, and periodically reviews the work of its member accrediting agencies, determines the appropriateness of existing or proposed accrediting activities, and performs other related functions.

The Council on Optometric Education adheres strictly to the policies established by COPA. It must submit reports to COPA on a regular basis concerning its accreditation policies and practices to ensure that they are acceptable to this overseeing organization. If the Council is found to be in essential agreement with COPA's rules and regulations, COPA recognizes the Council as the accrediting body for the profession. This, in fact, is the current situation: the Council on Optometric Education is recognized by the Council on Postsecondary Accreditation as the organization responsible for accreditation in optometry.

It should be noted that accreditation is the responsibility of only one organization in a profession. COPA recognizes only one group in optometry, and that group is the Council on Optometric Education. The COE is authorized to conduct accreditation activities for various programs in optometry, specifically the professional programs in optometry that lead to the Doctor of Optometry degree, the optometric technician programs, and optometric residency programs. COPA may, for cause, remove its authorization of the COE to accredit any of these programs or may drop its recognition entirely. There is little likelihood of this occurring at the present time, however, since the COE has been judged to be in substantial compliance with all of the policies and practices that are espoused by COPA. COPA can certainly be regarded as one organization that keeps its "eyes on the accreditors."

A third group that oversees optometric education also does so at arm's length. This is the U.S. Office of Education. The U.S. Congress passed the

Veterans' Readjustment Assistance Act of 1952, otherwise known as the Korean War G.I. Bill. The act provided that the U.S. Commissioner of Education grant formal federal recognition to accrediting agencies through the publication of a list of recognized agencies. The reason for federal involvement was to avoid the fraud and abuses of educational benefits which had occurred under the World War II Veterans Benefit Program.² The government wanted to identify quality programs of education or training because federal funds were being expended in support of these programs.

This was not a passive mandate. The U.S. Office of Education publishes "Criteria for Nationally Recognized Accrediting Agencies and Associations." Fortunately these criteria are in basic agreement with the policies and procedures already in force by COPA and the accrediting agencies. Unfortunately they

"Accreditation is the responsibility of only one organization in a profession. COPA recognizes only one group in optometry, and that group is the Council on Optometric Education."

are not identical, since the basic thrust of COPA, for example, is educational and the U.S. Office of Education's thrust is eligibility for funding. Despite the differences that arise—some of them based in the fear that the federal government is preparing to take over the entire field of accrediting—both groups have managed to maintain a certain degree of civility and even cooperation with one another on occasion.³ Obviously, from the point of view of the educational institution that is being evaluated, it is highly desirable, if not absolutely mandatory, to meet the criteria of both COPA and the U.S. Office of Education. No one enjoys the prospect of having to undergo the pro-

cess of being accredited, but even less so without the possibility of qualifying for the federal largesse.

Fortunately, the Council on Optometric Education has been approved by the U.S. Office of Education as well as by COPA, so accreditation by the COE automatically qualifies an educational institution for the benefits purveyed by both groups. Once again it should be noted, however, that recognition by the U.S. Office of Education is subject to periodic review. Recognition may be withdrawn for cause at any time. Obviously, the federal government, through the U.S. Office of Education, is a third organization that keeps its "eyes on the accreditors."

In addition to these official accrediting organizations, there are two extremely important groups that monitor the COE very directly. The first group includes all of the schools and colleges of optometry. In the event that a school objects to a procedure or policy, the issue can be raised directly with the COE. If the matter cannot be resolved on that level, the issue can be appealed to the second group, the Board of Trustees of the American Optometric Association. The issues that are appealed are at the level of implementation of policy. The Board of Trustees of the AOA does not serve as a second accreditation agency, but as a judicial board.

In other words, the optometric accrediting group, the Council on Optometric Education, does not operate in isolation. It derives its formal authority from the American Optometric Association, the Council on Postsecondary Accreditation, and the United States Office of Education. Perhaps even more important than the formal authority is the informal authority that is delegated to the Council on Optometric Education by the schools and colleges of optometry and by the profession at large. After all, accreditation is a voluntary process that requires the cooperation of its many constituencies. It is the cooperation and oversight provided by these constituencies that makes the accreditation process viable and valuable. □

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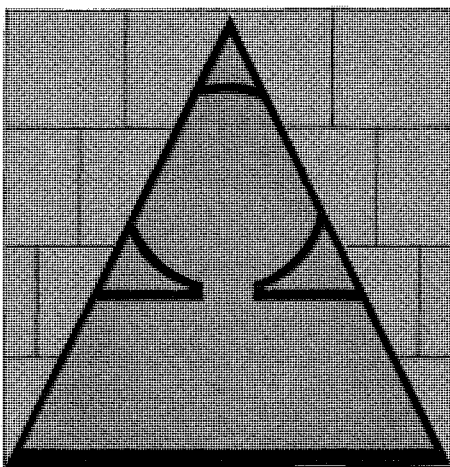
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Relationship of the Self-Study Process to Institutional Effectiveness and Accreditation

Alfred A. Rosenbloom, Jr., M.A., O.D.

For almost three decades, accrediting agencies have required self study: a thorough examination of the organization, goals, and processes as a necessary previsitiation requirement by institutions desiring accreditation. For the past decade, optometry's educational and clinical accrediting bodies—the AOA Council on Optometric Education and the AOA Council on Clinical Optometric Care—have included the self-study as part of the accreditation process. Yet the self-study process has been viewed with mixed feelings by many persons. For some, it is a burdensome, descriptive status report, while for others, it is a useful exercise with potential for critical analysis and institutional development. A few find it a threat of self incrimination for weaknesses in areas of their own responsibility.

The self-study is seldom viewed as a central process of improvement and



change. Experience at the Illinois College of Optometry (ICO), however, shows clearly how the self-study process can be regenerative to people and to institutions. Indeed, the self-study is far more important to the institution as a focus for future growth than it is to the accreditation bodies as an aid to their evaluation. Unfortunately, it is still largely isolated from the ongoing management process, a task to be gotten through and assigned to subordinates.

Definition and Types of Accreditation

A useful working definition of accreditation appears in Kells' book entitled, *Self-Study Processes*.¹

Accreditation is a voluntary, nongovernmental process conducted by postsecondary institutions to accomplish at least two things—to attempt to hold one another accountable on a periodic basis to live up to stated, appropriate institutional or program goals; and to assess the extent to which the institution or program meets established standards. The major purposes of the process are to foster improvement and to identify institutions and programs that seem to meet the agreed-upon standards.

Accreditation is not limited to postsecondary institutions; it applies also to secondary schools, hospitals, and other agencies. In addition to this working definition of accreditation, Selden and Porter² have identified additional uses and values of accreditation:

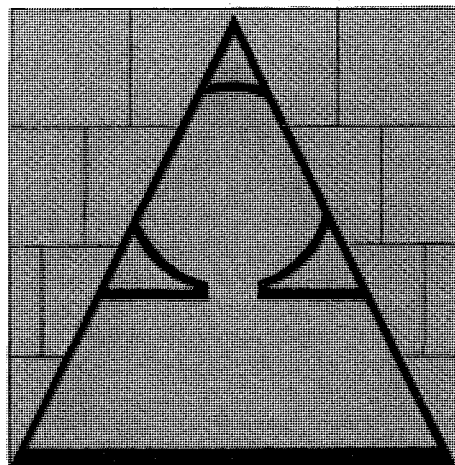
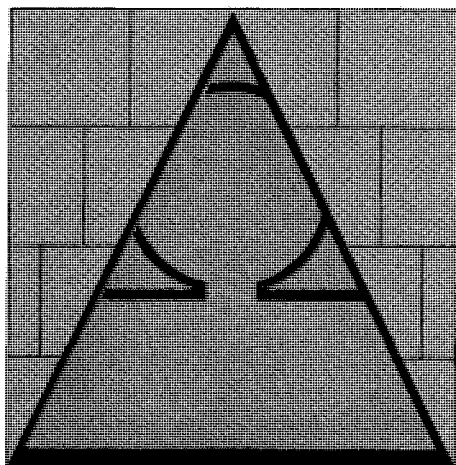
Internal Uses

1. Identifying an institution or program as having met established standards
2. Assisting institutions in the determination of acceptability of transfer credit
3. Encouraging the involvement of faculty and staff in study and planning
4. Stimulating self-improvement and thereby generally enhancing quality

External Uses

1. Assisting potential students to select institutions
2. Helping in the identification of institutions and programs for the investment of funds
3. Providing one basis for the determination of eligibility for federal funds
4. Serving as an instrument for the enforcement of social policy

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Professional Uses

1. Acting as one source of criteria for professional certification and licensure
2. Serving as a lever to gain increased support for a program or programs

Societal Uses

1. Protecting postsecondary institutions from harmful external or internal pressures
2. Serving as an integral part of the governance of postsecondary education

There are two major types of accreditation—institutional (sometimes called regional) accreditation, and specialized (or program) accreditation (see Table 1, "Characteristics of Two Types of Accreditation"). Institutional accreditation is intended to deal with the entire institution and is administered through six accrediting associations, regionally located. Professional accreditation agencies are responsible for specialized accreditation. They are generally national in character. The AOA Council on Optometric Education, optometry's official educational accrediting body, is recognized like some forty other specialized accreditation agencies by the Council on Postsecondary Accreditation and by the U.S. Commissioner of Education. Historically, self-study has been used as a pre-visitation accreditation requirement of educational institutions. It also has proven useful to optometric clinical facilities in preparing status reports and planning documents to fulfill one of the requirements in the standards of the AOA Council on Clinical Optometric Care.

Although accrediting agencies differ among themselves, as described above, all follow the same process: (1) the institution or program is described and analyzed in a self-study; (2) an evaluation team of peers visits the institution or program and evaluates it in the light of its self-study and other documents as well as the site visitation findings; the stated standards of the accrediting agency serve as a frame of reference; (3) the site visitation team presents a formal report of its findings to the institution and to the accrediting body; (4) the institution responds formally to the report of the team; and (5) the accrediting council or commission decides whether to grant, deny, or reaffirm accreditation in the light of the self-study document, the visitation team report, and the institution's response.

Both types of accreditation agencies place increasing emphasis on institutional improvement and its achievement

through the establishment of ongoing capabilities for institutional self-study and research and for institutional planning and improvement. Institutional or regional accrediting bodies often provide for interim reports within the normal ten-year cycle of self-study and team visitation. The American Optometric Association's Council on Optometric Education and its Council on Clinical Optometric Care have established five-year and three-year cycles, respectively.

Purposes and Values of Self-Study

The purposes of self-study can be described in two ways—those relating to the life of the institution or its programs; and those having to do with the use of self-study results in an accreditation review.

Institutionally related purposes of self-study identified in the literature include:

1. The use of self-study can help institutions and programs improve by clarifying goals; identifying problems; studying goal achievement; reviewing and assessing programs, procedures, and resources; and identifying and introducing needed changes during and as a result of the self-study. For example, deficiencies in the optometric curriculum may appear, librarians and staff may identify serious omissions in audio-visual resources, etc.

2. The utilization of self-study can serve as a firm foundation for and the basis of all planning efforts. Plans should be based upon a clear sense of strengths and weaknesses. Honest self-

analysis provides the confidence for an institution to project newly clarified goals and the means for their attainment. For example, if an optometric institution finds that the scope and depth of its patient care training are inadequate for the goals of the institution, self-study can point to solutions through off-campus affiliations, preceptorships, and remote site clinics.

There are other purposes of self-study that are more related to the accrediting process. The first purpose, especially important in program accreditation, is the opportunity the self-study provides for thoroughly assessing the extent to which the institution or program meets accreditation standards. The other purpose is to provide, as a pre-visitation requirement, a factual, analytical status report for the visitation team's on-site review. Definitive statements of the relationship of the self-study to the entire accrediting process are given in the Council on Optometric Education's *Manual of Evaluation Requirements and Guidelines*³ and the Council on Clinical Optometric Care's *Manual of the Counseling and Accreditation Program*.⁴

Nine Key Attributes of Self-Study

To ensure that the self-study is a worthwhile endeavor, one that not only meets accreditation specifications but also leads to significant improvement in the institution, Kells¹ has enumerated nine attributes of a self-study process:

1. The process should be internally

TABLE 1
Characteristics of Two Types of Accreditation

Institutional	Specialized
Deals with entire institution.	Deals with programs.
Organized by regions.	Organized nationally.
Focuses somewhat on general, qualitative standards.	Relies heavily on standards—some of which may be quantitative.
Heavily emphasizes ascertaining whether institution appears to be achieving its goals and is functioning in a way that will permit it to continue to do so.	Focuses somewhat on goal achievement. Emphasis is more on ascertaining which programs meet standards of good practice in the field.
Relies heavily on institutional self-study.	Increasingly emphasizes self-study.

SOURCE: Kells, H.R. *Self-Study Processes: A Guide for Postsecondary Institutions*. Washington: American Council on Education, 1980.

motivated. If the study is merely a response to an outside agency, few of the goals for self-study will be achieved and the participants will resent the time and effort involved in carrying out the tasks. Seen as a way to improve the institution or the program, the self-study is more likely to be effective.

2. The top leadership must be committed to the process. They must express this commitment formally, in writing and orally, to demonstrate that they believe the process can be useful. Although the actual preparation of the sections of the study should be widely delegated, the administrative head should emphasize constantly the importance attached to the study. To simply ask for reports by a prescribed date from reluctant faculty and staff will produce uninspired and superficial results, as subordinates reflect the enthusiasm communicated from the top.

3. The design of the self-study must be appropriate to the circumstances of the institution.

4. The process should contain an informed attempt to clarify goals and to assess achievement of the goals (to study "outcomes") for purposes of improvement.

5. There should be representative, appropriate, and useful participation by members of the various segments of the academic community. These should include students, parents and alumni. Even though the process may take longer, experience at ICO shows that benefits can be gained from their active involvement.

6. The ability of the organization to function effectively should be studied and enhanced. If certain problems are "tabled" while others are talked about ad infinitum, the staff will be less eager participants.

7. Some improvement should occur both during and as a result of the process.

8. A readable report, potentially useful to several audiences, should result from the process.

9. A better system of ongoing institutional research, self-analysis, and self-improvement should be a major product of the process.

In addition, Kells notes that through one type of design or another, it should be possible to achieve all or most of the nine desired attributes of self-study listed above. Most designs seek answers to the following questions:

1. What are the institution's goals? Are they clear, appropriate, and useful?

Are they understood? Is there a consensus on them?

2. Are the programs and services consistent with the goals? What are the problems? How can they be solved?

3. Are the resources (human, fiscal and physical) available to carry out the programs and services? Will they continue to be available?

4. Are the goals being achieved? How can evidence systematically gathered about the extent of achievement be used to improve the institution?

General Procedures for Self-Study

The self-study process should be organized within a time frame that reconciles the conflicting criteria of thoroughness versus timeliness. The period of time usually recommended is one year. A longer period risks obsolescence; a lesser one risks hastiness and lack of deep thought.

The scope of the self-study includes everything concerning the institution considered pertinent by either the institution or the accrediting body through its published standards and guidelines. An important consideration is that the critique be constructive, in good taste and balanced in its identification of accomplishments as well as deficiencies.

Format and content of the self-study are flexible; they can be adapted to the particular needs and situation of any institution according to that institution's organizational structure (i.e., affiliated or free-standing), educational goals, age and stage of program development, and other factors which may be unique to each school or program.

There are five steps that serve as necessary, sequential elements which must be present in any self-study process if the self-study's purposes are to be realized:

I. Preparation and design

- A. Appoint leadership
- B. Enkindle internal motivation among staff
- C. Identify local needs
- D. Design the study

II. Organization of study process

- A. Define tasks and roles
- B. Establish a means for guiding the study
- C. Select people; orient and train them
- D. Obtain resources
- E. Establish work groups
- F. Define the sequence of events

G. Establish coordination and communication mechanisms

III. Mechanics of the self-study process

- A. Obtain input from the community, personnel and the educational program
- B. Use survey instruments
- C. Set deadlines
- D. Analyze results
- E. Plan and implement changes

IV. Use of peers

- A. Consultants
- B. Team visitors
- C. Outside agencies

V. The legacy: cycles of study in planning

- A. Use self-study as a basis for planning
- B. Increase ongoing institutional research

If these steps in the self-study process are carried out effectively, the staff will collect data, assess strengths and weaknesses, reexamine goals, and analyze present and needed resources in each of the following categories.

Key Elements of the Institutional Self-Study⁵

1. Definition and clarification of goals
2. Examination of the adequacy of physical and financial resources
3. Study of the effectiveness of the governance and decision-making process, including roles of various groups therein
4. Appraisal of the quality, morale and activities of the faculty, support staff and administration
5. Review of the strengths, weaknesses or current curriculum organization, instructional methods and clinical services
6. Consideration of the campus climate and environment—the role of students, their satisfactions or dissatisfactions with programs and services
7. Collection of evidence on the effectiveness of the educational and patient care programs and the educational processes in fostering student development

In his questionnaire analysis of the self-study process, Saisi⁶ perceived various factors that either enhanced or impeded the process of self-study. These are listed in Tables 2 and 3.

TABLE 2
Factors Perceived by Respondents as Having Been Most Influential
in Aiding the Self-Study Process in Their Schools (N = 266)

Factors	Number of Responses		
	Total	Regional	Urban
1. Faculty committee re importance of self-study	45	21	24
2. Effective intracommittee interaction and cooperation	32	14	18
3. Effective guidelines (<i>Evaluative Criteria</i>)	28	17	11
4. Atmosphere conducive to sharing (trust)	21	15	6
5. Interdepartmental committee assignments	16	1	15
6. Prior visiting committee experience (faculty)	14	6	8
7. Effective leadership: principal	13	8	5
8. Released time for self-study (half days)	9	2	7
9. Effective leadership: committee chairpersons	7	3	4
10. Belief by faculty that self-study recommendations would be implemented to improve school	7	5	2
11. Involvement of students on self-study committees	7	2	5
12. Involvement of community members on self-study committees	6	1	5
Remaining 61 responses distributed over 23 additional factors.			

SOURCE: Saisi, Robert. "Factors Perceived to Aid or Impede the Process of Self-Study." *North Central Association Quarterly* 50(4): 375-376. Spring, 1976.

TABLE 3
Factors Perceived by Respondents as Having Been Most Influential
in Impeding the Self-Study Process in Their Schools (N = 231)

Factors	Number of Responses		
	Total	Regional	Urban
1. Self-study interfered with teacher's professional duties: class preparation/extracurricular	41	17	24
2. Insufficient released time for self-study	30	1	29
3. Ambiguous guidelines (<i>Evaluative Criteria</i>)	23	13	10
4. No released time for self-study	21	17	4
5. Self-study as exercise in futility: nothing would come of it	19	8	11
6. Self-study completed to satisfy visiting committee and not to develop quality education	13	4	9
7. Lack of visiting committee experience (faculty)	7	4	3
8. Lack of understanding of the individual's role in self-study	7	3	4
9. Insecurity concerning use of self-study data (lack of trust)	7	1	6
10. Ongoing conflict between faculty and administration	6	0	6
11. Lack of intragroup cooperation and interaction	6	1	5
12. Duration (12 months) of self-study too long	5	2	3
Remaining 46 responses distributed over 29 additional factors.			

SOURCE: Saisi, Robert. "Factors Perceived to Aid or Impede the Process of Self-Study." *North Central Association Quarterly* 50(4): 375-376. Spring, 1976.

Relationship of the Self-Study Process to Institutional Effectiveness and Accreditation

Kells¹ uses the general linear systems model (Figure 1) of a program self-study process. He identifies the external and internal forces and their dynamic interplay in goal achievement and problem solving.

The diagram seeks to present a schematic representation of the relationships of the various forces at work in the self-study process. The internal forces include all individuals involved in the functioning of the institution, including faculty, administration, students and patients. The external forces include the entire environment of the institution.

Many of these forces cannot be either controlled or significantly influenced by the institution. They are also frequently unpredictable; one can predict only that they will change over time. This constant environmental flux makes it necessary that self-study be a continuous, as well as a cyclical process.

In Figure 2, Kells¹ presents another approach to the identification of self-study elements—the comprehensive self-study approach. In this model every major aspect of the program—governance and supporting structures, academic program, resources and services, educational outcomes—is evaluated in relation to the institution's self-defined mission and goals. In summary, the self-study process can be an integrating

force for the institution. It can provide a focus for all efforts to improve the institution and its program. Therefore, the self-study must be managed, planned, organized, staffed, directed, studied and controlled.

Reflections on the ICO Experience

The Illinois College of Optometry's initial self-study effort began in the early 1960's when the college was a candidate for membership in the North Central Association. Because Illinois College of Optometry was the first non-affiliated school of optometry to apply for North Central Association accreditation, the association required a prolonged and detailed self-study. To

Linear Systems Model for Self-Study Process

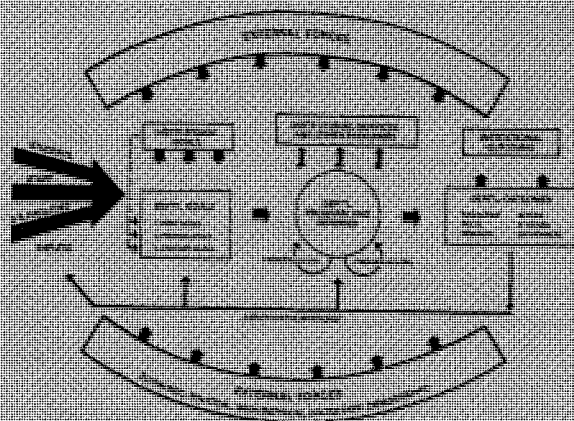


FIGURE 1

Adapted from H. R. Kells, *Self-Study Processes: A Guide for Postsecondary Institutions*, Washington: American Council on Education, 1969.

Diagram of the Comprehensive Self-Study Approach

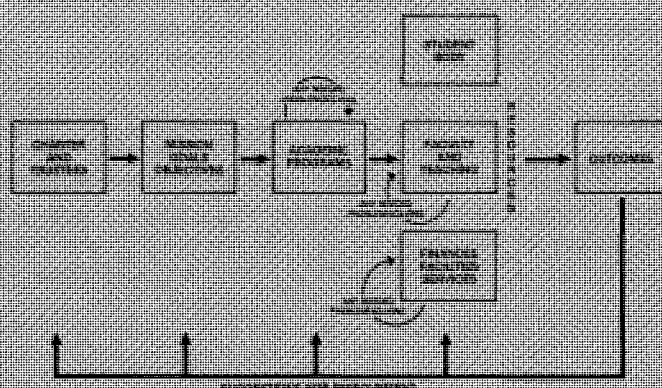


FIGURE 2

From H. R. Kells, *Self-Study Processes: A Guide for Postsecondary Institutions*, Washington: American Council on Education, 1969.

supervise and counsel Illinois College of Optometry, the North Central Association assigned an educational consultant. This early effort identified a number of weaknesses which could be corrected. It culminated in a team visitation in 1968 and in the awarding of full accreditation, the first independent health care institution to be so recognized by the North Central Association.

Two subsequent self-studies were made as part of the reaccreditation cycle, one in 1973 and the most recent in 1979. These produced increasingly sophisticated planning efforts and an ongoing capacity for goal setting and goal achievement.

The organization of the Illinois Col-

lege of Optometry self-study began with defining the areas into which the self-study would be divided (i.e., chapters of the written study). The administrative head assigned overall supervision and coordination to a planning committee with members representing the various college constituencies. This committee then assigned responsibility for each chapter to a specific individual or group (usually those responsible for the day-to-day functioning of this aspect of the institution). The planning committee indicated what kind of information was needed and where appropriate, and recommended modes of procedure in data collection and analysis. Each chapter was planned to include the

development of appropriate data bases and feedback mechanisms as an organizing approach for data collection and interpretation. For example, broadened input was obtained through the use of questionnaires carefully designed to elicit from each group surveyed its perception of the adequacy of various phases of institutional operations from its particular point of view. Groups surveyed included students, faculty, clinic patients, support staff, alumni and board of trustees. Where appropriate, outside consultants were used for analyses.

Data gathered for each chapter was presented to the planning committee which reviewed it for adequacy and recommended supplemental reports if needed. The planning committee interpreted each report in the light of the overall institutional mission, and noted strengths, weaknesses, improvements and continuing problems. These elements were then woven into an ongoing master plan which was reviewed thoroughly by the faculty, administration and board of trustees. It was necessary to plan the entire process sequenced by section within a one-year time frame set by the administrative head and as required by the accreditation body.

Our overall experience with the last two self-study efforts has resulted in improved preparation and design by the pre-study planning committee. There existed strong direction and positive support by the administrative head, as well as an internally motivated and committed planning group working with an appropriate and comprehensive design. To an increasing extent the self-study process has been perceived as springing from, and being responsive to, institutional needs rather than to an outside agency.

In addition, the extent and quality of participation in the Illinois College of Optometry self-study process has been high. The positive leadership and internal motivation stimulated the process. Data collection and analysis were systematically carried out, problems were identified and some changes or other appropriate responses proposed, and ongoing institutional research and decision making were achieved. Through broad participation by all segments of the Illinois College of Optometry community, the prognosis was good for additional benefits through ongoing planning for improvement.

More specific results can be cited:

1. Improved data bases resulting

from directed institutional research studies

2. Development of feedback mechanisms involving questionnaires and personal contact with students, faculty, administration and alumni on problem identification and problem-solving

3. Continuing review and refinement of institutional and curricular goals in the light of emerging trends in optometric science, clinical methods and health care delivery trends

4. Planning involving the appointment of several educational consultants, one for academic reorganization planning and another for a comprehensive evaluation of the library—its resources and its place in the structure and programs of the college. Needs identified in the 1973 self-study resulted in the hiring of an educational consultant who made recommendations concerning faculty and institutional organization, faculty promotion policies, and academic salary schedules. Similarly, recommendations of a head librarian of an area health care institution resulted in many improvements in library service. The use of educational consultants provided fresh insight to problem-solving. This supplemented the more subjective input from faculty and administrators who were involved so intimately in the day-to-day activities of the institution.

5. A strengthened board of trustees that has increased in numbers of qualified members including a greater number of non-optometric professionals to provide diversity and expertise for the board's role in policy formation. Faculty members, however, continue to serve on many of the standing board committees.

6. Board-administration study of college functioning expressed through services and governance, resulting in the establishment of new administrative positions (e.g., an executive vice-president, vice-president for academic affairs/dean, and an executive director of clinics)

7. Reviewing the curriculum, its course objectives, content and sequence for consistency and agreement with institutional goals, as well as the ASCO curriculum model and role/scope definition of an optometrist

8. Consolidation of recruitment/admission functions and student services into one central administrative unit

9. Improvements in instructional methods through the formation and expansion of a learning resources department

10. Strengthening the patient care program through an improved organizational structure, appointment of new faculty with needed specialized professional qualifications, development of new on-campus and affiliated clinics consistent with the patient care goals of the institution

11. Improved organization to encourage and support research by both faculty and students

12. Increased refinement of a master plan as a formalized planning guide to institutional growth and development

The most recent self-study also reflected an increasingly sophisticated approach to the identification of strengths and problem areas and the development of "strategies for change." At Illinois College of Optometry the self-study is being viewed increasingly as a prelude to planning, as well as a spur to improvement.

Maximizing the Impact

No self-study can be regarded as effective if it fails to stimulate critical analysis and produce change. Its impact depends importantly on the institution's organization and the state of readiness, the commitment and leadership of the administrative head and responsiveness of the planning committee, the cooperation and quality of staff assistants, and the continuing communication among committee members, faculty and students.

The duration of the self-study and implementation of its recommendations are additional considerations. The duration of the study depends in part on the extent of diverse opinions, with the related need for the collection of more data and critical analyses. Implementation of the recommendations is best accomplished when the educative functions of the self-study have been effectively carried out and opinions crystallized which are congruent with the recommendations. At times there are meritorious ideas for which the time has not yet come; e.g., the need for physical plant expansion may be readily identifiable, yet lack of capital and other complications make the improvement infeasible. Nevertheless, a need once having been identified can in and of itself establish a program to meet those needs given the highest priority. Dressel⁵ comments that any appraisal of the effectiveness of a self-study must be partially based both on the immediate adoption of certain recommendations and on a more sensitive evaluation in

two or three years to determine if: (a) practices have been gradually modified to agree with the recommendations, even though the recommendations were never formally accepted; (b) recommendations, perhaps somewhat modified, have been adopted at a later date with or without reference to the self-study report; and (c) changes in policy and in practice have been made which differ from the self-study recommendations, but which emerged as a result of the continuing ferment induced by the study.

The self-study document should become a reference base for future curriculum and administrative committees and for all future institutional planning committees. Once completed, an abstract summary should be prepared for future reference. Indeed, future self-studies should be based on the last self-study. It must not be a document of wasted time and effort to be filed away and forgotten in the shortest possible time.

A successful professional program, as seen by the AOA Council on Optometric Education and the AOA Council on Clinical Optometric Care, results from a combination of talent, training, resources, and commitment directed toward values and goals that are agreed upon by all and diligently pursued. Within this pattern, the self-study exists as a responsible educative and managerial practice. To this end, effective managing of the process and not the people is the key. Clearly, the well planned, carefully administered self-study is a vital element in our profession's overriding goal of excellence in education and patient care. The Illinois College of Optometry experience confirms this. □

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A Primary Health Care Model

William R. Baldwin, O.D., Ph.D.

Curative medicine has improved and expanded at a rapid pace. Almost all plaudits earned by the health care establishment come from applications of new knowledge which are curative or which hold the line against further damage. With the exception of vaccines, virtually no preventive sophistication has developed from application of new knowledge, and increasing specialization in health delivery has in fact done severe damage to what will be called here, primary health care.

Primary care is defined here as that delivered at first contact between patient and the health care system, in an ambulatory setting, at which resources are sufficient to provide significant general health assessment and counseling, and which has direct access to all other aspects of the system. For purposes of convenience, reduced cost, and greater efficiency, most health problems can and should be dealt with in facilities geared to this full and exclusive mission. The fading image of the community physician of a generation ago is the last reminder of a well developed—if poorly articulated—system for rendering full primary care. The country doctor had to disappear; in part, economics caused his demise. But the major influence that has made his role less and less significant is the accumulation of knowledge and the consequent accumulation of health personnel equipped to practice a limited series of services. This explosion of people, roles, cadres, postures, and specialization in health care delivery will lead, if unchecked, to a severe crisis in primary care in which only people with serious disease can have any justifiable hope to be restored to good health expeditiously, while those with early problems or relatively minor problems must too often suffer the consequences of their afflictions until they lead to more serious effects.

This is not to say that all aspects of primary care are neglected—it is the whole which lacks any rational system. There are several specific primary health problems which are addressed by certain groups of health professionals whose education, training, and experience traditionally have been designed to prevent, diagnose, and treat problems within well-defined limits. Among these groups are clinical psychology, dentistry, optometry, podiatry, family counseling, physical therapy and others.

Effective and efficient primary care suffers seriously if the full-range of primary services is not available and significantly if practitioners with specialty interests and competencies are isolated from primary care resources.

Solutions to the problem of disintegrative expansion of primary care resources include three imperatives:

1. Education appropriate to model primary care roles must be initiated.
2. Comprehensive primary health care should be available to every citizen. The now isolated primary practitioners offering specific health services must come together.
3. Widening gaps between capacity for rendering good primary care and failure to do so because of acquired deterrents must be eliminated.

If comprehensive health care of good quality is indeed a right rather than a privilege, there is a series of inarguable conditions which must be met (not that they won't trigger arguments concerning how they are to be implemented). Health care must become less expensive, more readily, widely, and appropriately available, and more to the point of preventing as well as solving individual health problems.

A model which should be tested is this: all first contact health provider groups who meet specific and well-defined health needs should be *identified*; then representative personnel should be *brought together* in a primary care center. If gaps exist in providing a total range of primary care, *new roles* should be created to fill those gaps. All primary health personnel involved should be *trained* in appropriately selected areas of *health assessment* and *health counseling*. They would then be prepared to identify early signs of health problems which have high prevalence and which are subject to early diagnosis in an ambulatory care setting.

Expertise would be required to determine the full-range of primary care services to be included and to distribute them wisely among the various providers identified. The following service areas might serve as a base for discussion:

- | | |
|-----------------------|--------------------|
| • audiology | • optometry |
| • clinical psychology | • obstetrics |
| • dentistry | • pediatrics |
| • dermatology | • physical therapy |
| • family practice | • podiatry |
| • gerontology | |

The core curriculum for all students in training in each of these categories also would require special expertise to combine optimum relevance with feasibility. These subject divisions might be representative:

- | | |
|---|---|
| • physical examination | • neoplasia |
| • case history | • nutritional counseling |
| • cardiovascular diseases | • genetic counseling |
| • neurological diseases | • health education/
health promotion |
| • digestive, metabolic,
endocrine diseases | |

Effective application of this model would lead eventually to improved cost efficiency, I think, because most patients would, by self-diagnosis, present themselves at the appropriate entry point without unproductive intermediate steps. Direct referrals to appropriate secondary and tertiary health personnel would be made as needed. Whatever else we hope to emphasize in a new and ideal system, we can only realize implementation of the concept that good general health care is a social right, if we can make good general health care affordable.

The key to success of this system in terms of quality is whether the various health education programs can produce efficiently such diverse outcomes coordinate with a common one: primary health assessment and counseling. I believe they can, but only if their educational programs are coordinated on academic health center campuses from the beginning of their training.

William R. Baldwin, O.D., Ph.D., is dean of the College of Optometry at the University of Houston, Texas.

Profile:

School of Optometry at Inter American University

Henry W. Hofstetter, O.D., Ph.D.

The newest optometric addition to the American academic scene is the Escuela de Optometría de la Universidad Interamericana de Puerto Rico.

Prompted by the optometrists of Puerto Rico, El Colegio de Optometras de Puerto Rico, and the evident lack of adequate supply of optometrists in the Commonwealth, the university submitted formal application to the Puerto Rican Council for Higher Education in October, 1979, for authorization to establish the school. Approval was granted on June 13, 1980, but the need to obtain and organize staff and equipment delayed the enrollment of the first class of 27 students until the beginning of the second semester of the academic year on January 7, 1981. Courses for this class will continue through the summer months of 1981 to enable this class to start its second year courses in phase with the regular academic year in the fall of 1981. Future classes will be limited to 32 per year.

Inter American University of Puerto Rico (IAUPR) was founded in 1912 as a corporation under the laws of the District of Columbia, and it was for many years affiliated with the United Presbyterian Church. In 1976 a transfer of corporate registration was made to enable the university, a private institution, to operate more appropriately under the laws of the Commonwealth of Puerto Rico. It presently consists of several institutional units throughout the island, with

a total student body of more than 32,000 students. Though the university is bilingual, Spanish and English, in its mission and has traditionally catered to the higher education needs of the whole Caribbean area, its current student body is overwhelmingly Puerto Rican. Equally overwhelming is its high proportion of undergraduate students. It now embraces a large and well established School of Law as well as a School of Optometry, and it offers a wide variety of baccalaureate programs in the liberal arts and sciences, plus several programs leading to the master's degree. In many convenient respects it enjoys a cooperative relationship with the University of Puerto Rico (UPR), a large land-grant, Commonwealth-financed institution with numerous programs, facilities, and features which complement those of Inter American University.

The admission requirements for the School of Optometry are essentially parallel to those of the other schools in the U.S.A.; namely, a year each of biology, Spanish, English, mathematics, physics, the humanities and social sciences, a year and a half of chemistry, and a semester each of

Henry W. Hofstetter, O.D., Ph.D., former Rusty Professor of Optometry of Indiana University School of Optometry, is now retired and living in Bloomington, Indiana. At the time this paper was written, Dr. Hofstetter was serving as acting dean of the School of Optometry at Inter American University of Puerto Rico.



Street view of the Bernardino Building, presently a classroom building, to be refurbished in 1982 to accommodate the School of Optometry.



Front view of the building in which first year optometry is temporarily housed at 463 Calder Street.

"Preliminary discussions of the development of the school's eventual clinical program suggest some prospects of regional clinics around the island so located as to accommodate very different population categories."

psychology and statistics, with a minimum total of 90 semester credit hours of grade "C" or higher. All of the members of the first class have baccalaureate degrees, and all but one are Puerto Ricans. It is anticipated, and intended, that as soon as the school becomes more known a larger share of each class will derive from other areas of the Caribbean, Central America, and the Hispanic-American population elsewhere, including that of the states. It is planned that the instructional medium will be English, but the prevailing language of the environs is nevertheless Spanish. Bilingual students therefore will adapt much more comfortably as ordinary conversation shifts frequently back and forth between Spanish and English.

The present temporary quarters for the first year of the School of Optometry are in the Hato Rey district of San Juan at 463 Calle Ing. Fernando Calder Ortiz (463 Calder Street) in a three-story building which houses several university instructional activities. The refinished air-conditioned rooms for optometry include laboratories for geometric optics, anatomy, and physiology, a library, a classroom, and offices for the dean and executive secretary. The building is located directly across the street from a very small municipal park, Roosevelt Plazita, about a half mile from the present San Juan campus of IAUPR and about a mile and a half from the UPR campus. The postal address is School of Optometry, Inter American University of Puerto Rico, G.P.O. Box 3255, San Juan, Puerto Rico 00936 (telephone 809-754-6690).

The permanent quarters for the School of Optometry will be in the Bernardini Edificio at 118 Calle Eleanor Roosevelt (118 Eleanor Roosevelt Street), a five story classroom and office building more centrally located on the present San Juan campus of IAUPR. The first three floors will be remodeled and refurbished to provide a virtually totally contained operation of the school under one roof. This move will be made early in 1982 pending completion of the major university building now under construction at a new campus site near the southern edge of the Rio Piedras section of the greater San Juan metropolitan area.

The optometry faculty consists presently of Professors Arthur J. Alanador, O.D., Ph.D. (dean), Raymundo P. Bobea, D.M.D., Cesar Cordero, Ph.D., Patricia Meneses, Ph.D., and Carmen Ines Rivera, Ph.D., with Maritza Garcia-Yumet, M.S. as the optometry librarian. The president of the university is Ramon A. Cruz, Ed.D., and the executive secretary of the School of Optometry is Evelyn R. Pumarés, M.A. The international character of the five optometry faculty members is evident from the fact that four different countries—Chile, Santo Domingo, Spain, and the

U.S.A.—including three states as well as Puerto Rico, are represented in their educational qualifications. Serving on the admissions committee with the dean and two professors are two optometrists nominated by the Puerto Rican Optometric Association (El Colegio de Optometria de Puerto Rico) and the licensing board: Ivette Morales, O.D., and Luis Garcia-Marganda, O.D., respectively.

The projected four-year curriculum is essentially a blend of the curricula of several stateside schools. In its present state of formulation it offers no innovations outside of the fact that the overall program will emphasize bilingual applications and reflect the Hispanic-American culture. Preliminary discussions of the development of the school's eventual clinical program suggest some prospects of regional clinics around the island so located as to accommodate very different population categories. The almost rectangular shape of the approximately 100 x 40 mile island, the extensive highway system serving every community, and a variegated population of over three million—one of the most densely populated areas of the world—offer the possibility of a potential system of easily monitored teaching and research clinics all within a couple hours of driving distance from the school.

The research potential in the more traditional areas of physiological optics would not appear to be easily nurtured in this setting until such time as the university itself assumes a more vigorous graduate research dedication or can even afford to do so. The circumstances mentioned in the preceding paragraph, however, do suggest possible biometrical, biostatistical, epidemiological, and environmental optical studies that might be pursued here most favorably and economically. Such research can be quite rationally identified with any of several different disciplines, including physiological optics, for which existing graduate academic mechanisms are easily adapted. In other words, the prospect of optometrically related research at this institution awaits only a bit of determination and initiative.

The administration of the university has not taken its involvement in optometric education lightly. It has laid out a budget for the first four years and projections for several subsequent years which seem very realistic. The immediate tuition cost to the first year optometry student is \$7,000 per year, but the current cost of laboratory equipment, journals, books, construction, remodeling, salaries, wages, travel, supplies and promotion more than justify this figure even with the most cautious purchasing policies. There is an obvious intent to make this a quality school which can in its own way make a unique contribution to optometric education and professional advancement.

1980-1981 ANNUAL REPORT

Report of the President

A review of this year's activities shows progress in many areas: completion or partial accomplishment of major council activities, identification of critical issues for legislative planning, formulation of goals as a guide for future ASCO development, establishment of a unique endowment fund for student support, and continuing dedication and accomplishment of our National office and its staff. Important steps also have been taken to ensure increased visibility of optometry in the mainstream of health care delivery and to address concerns of practitioners and educators alike. Important among these are the supply and utilization of optometric manpower and the declining student applicant pool in the schools and colleges of optometry.

Now, with the achievement of an appropriate fiscal base upon which to assure financial stability over time, the association is in an even stronger position to share a leadership role in the resolution of important issues facing the profession.

One of these is the continued fiscal stability of all schools of optometry, whatever their administrative organization might be. Schools need assistance not only in securing state and federal support, but also in actively seeking ways to work collectively for the common good of all institutions. In addition, the shrinking applicant pool has become an increasingly threatening problem for optometric education. ASCO, through its Council on Student Affairs and member institutions, must continue to work in close cooperation with the AOA and other professional organizations to develop viable programs for recruiting students.

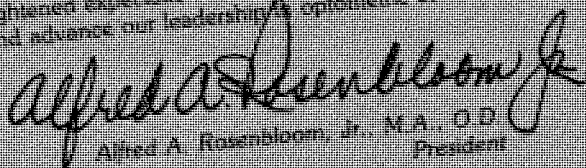
Along with these concerns is the need to improve the transition of new graduates into professional practice. This could be accomplished through several effective mechanisms:

- Improve the scope and depth of instruction in practice administration.
- Provide learning experiences throughout the curriculum that foster professionalism.
- Encourage faculty and practitioners to serve as counselors and role models for students.
- Strengthen and improve existing placement services, both at the schools and AOA levels.
- Increase awareness of established practitioners of the need to provide affiliation opportunities for new graduates in ethical practice.

In addition, curriculum planning conferences should be continued to develop the content and sequence of present educational curricular elements as guides to the further refinement of ASCO's curriculum model and as a reference resource for the National Board of Examiners in Optometry (NBEO). Moreover, the formulation of accrediting standards and criteria requires a continuing close working relationship between ASCO and the Council on Optometric Education (COE). ASCO should encourage the COE to undertake periodic reviews of accrediting standards, criteria, and procedures, with ASCO offering counsel and assistance when requested.

Finally, improvement is needed. Increased participation of optometric educators in key posts on all levels and the excellent communications media offered by the *Journal of Optometric Education* should be developed more fully.

In this brief report, I cannot express adequately my thanks or give sufficient credit to the many individuals whose abilities, dedication and constant support have made the difference between stagnation and realization these past two years. I only can state my deep and sincere gratitude and appreciation for the competence and accomplishments of our officers, council chairpersons and members, and of our administrative staff. As we express pride in the past achievements of ASCO, we may look to the coming year with heightened expectations. ASCO truly has the leadership, resources and commitment to maintain and advance our leadership in optometric education.


Alfred A. Rosenbloom, Jr., M.A., O.D.
President

Intra-Professional Development

Curriculum Examination

Under contract with the Health Resources Administration, Department of Health and Human Services, ASCO undertook in September, 1979, a fifteen-month project to determine within a sample of optometry schools the present educational curriculum in rehabilitative optometry and to develop an educational plan for rehabilitative optometry. The report was completed in December, 1980, and issued subsequently in two volumes.

Although considerable expectation existed that ASCO would have the opportunity to acquire a contract to carry out the next stage of the project, changes in legislation and appropriations have made that very unlikely. At ASCO's recent annual meeting, a plan for implementation in the absence of federal funding was presented. A summary publication of the outcome of the contract also is planned.

Also this year, agreement was reached among participants of the annual tripartite meeting of the International Association of Boards of Examiners in Optometry (IAB), National Board of Examiners in Optometry (NBEO) and ASCO that the ASCO curriculum model would be used as a guide to curriculum development within the schools rather than as a mandate and that the NBEO examination would be developed in accordance with the present curricula of the schools. In addition, ASCO's Council on Academic Affairs organized a conference to consider elements of the optometric curriculum that represent common educational practice among all optometric schools. It is hoped that this activity will assist faculties in curriculum evaluation and also serve as a reference to the NBEO in building an examination representative of core content and sequence.

Long-Range Planning

At a joint planning session held in January of this year, the Board of Trustees of the American Optometric Association (AOA) and the ASCO Board of Directors discussed at length issues of concern to both organizations. As a result of this meeting, the following actions took place:

1. Appointment of a joint AOA/ASCO committee to develop strategy for planning a new long-range study of the future of optometry and optometric education
2. Acceptance and referral to the respective organizations of recommendations regarding the use of drugs in optometric practice for therapeutic purposes
3. Presentation of a three-phase action program to deal with the declining student applicant pool
4. Identification of optometric manpower requirements and optometric practice issues relating to placement and utilization (mode of practice)

On other matters, a review of the COE space standards was conducted by an ad hoc committee of the association. Recommendations of the Association of Optometric Educators (AOE) regarding faculty issues were accepted for possible incorporation into ASCO program plans for 1981-82. In addition, consultants were appointed to assist with review and establishment of a new school of optometry at Inter-American University of Puerto Rico.

An ASCO endowment fund in excess of \$100,000 also was established in 1981 for student support programs. ASCO further pledged its support and assistance to the Association of Visual Science Librarians (AVSL) in promoting the establishment of an adequate indexing of the visual science literature.

Inter-Professional Development

Government Relations

During the 96th Congress, ASCO, directly and in cooperation with the Coalition for Health Funding, evaluated and testified on health professions education legislation in both the House and the Senate. Even though it was obvious that, during an election year, the bills would die in committee, the ground work was laid for a starting point in the 97th Congress, and a great deal of success was achieved in establishing cooperative relationships which would be beneficial to optometry.

The 97th Congress opened in January, 1981, with a wave of conservatism represented by recommended budget reductions and withdrawal of federal support for many health programs. Of significance to ASCO, of course, was and continues to be proposals to reduce or terminate many of the health professions education support activities.



Willard B. Bleything, O.D., was elected president of ASCO for a two-year term at the Annual Meeting in June.

Inter-Professional Development (continued)

ASCO has testified this year in both the House and the Senate in behalf of health professions education encouraging continued student support and curriculum/faculty development grants and contracts at the federal level. While much has been lost, some success has been achieved in influencing Senate committee action. This legislation and its funding will be a major element of continuing activity in the upcoming year with the hope of seeing new legislation by FY 1982.

Allied Cooperation

Relationships with other health associations also have been strengthened during this past year. ASCO continues its liaison with such groups as the Association for Academic Health Centers, the Coalition for Health Funding and the Federation of Associations of Schools of the Health Professions. Lee W. Smith, executive director of ASCO, recently served as chairman of the Federation and has prompted ASCO in taking an active role in activities of the Coalition for Health Funding and the National Health Council.

Continuing support of the Association for Academic Health Centers also led to the development and presentation of a "critical issues" paper on optometry, along with similar papers from other health professions, at a recent meeting of the AAHC. Dr. Henry Peters, dean of the School of Optometry, University of Alabama in Birmingham, was instrumental in preparing and delivering the paper.

ASCO also supported two participants for a Mini White House Conference on Vision and Aging in January, 1981. A final report containing recommendations from the conference will be submitted for consideration at the White House Conference on Aging in December.

Internal Activities

Efforts to increase the fiscal stability of the association have led to the development of refined financial planning and systematic investment and cash management procedures. Establishment of a preliminary budget, maintenance of an adequate reserve fund and provision of a means to adjust the income base of the association through planned dues increases and expanded membership categories have contributed toward this end.

New membership categories which expand the number and types of groups participating in optometric educational activities were added by ASCO this year. Manufacturers or distributors of ophthalmic or related equipment and supplies, para-optometric education institutions, and non-profit agencies or institutions carrying out an affiliated optometric education program are now eligible to apply for membership in the association.

Increased distribution, timeliness and quality of the *Journal of Optometric Education* has resulted in further recognition for this publication. Various approaches to enhancing visibility and effectiveness through wider circulation and advertising also have been under development.

The preparation of a policy manual outlining all actions and recommendations of the ASCO Board of Directors from inception to present is expected to be completed sometime during the coming year.



Alfred A. Rosenbloom, Jr., O.D. (left), accepts the past president's award from Dr. Willard Bleything at ASCO's recent Annual Meeting.

Council Activities

Council on Academic Affairs

An ad hoc committee of the Council on Academic Affairs met in June, 1980, to work on a curriculum guide in optometric personnel management. A written report subsequently issued in October was distributed to instructors in practice management courses at the schools and colleges to incorporate the information and resources in whatever way they felt appropriate.

The possibility of an in-depth study of specific areas of the curriculum also was explored by the council. One particular area of interest was geriatric vision care. However, following discussions with individuals working under grants for curriculum development in this area, it was decided that such a study would be more valuable in one to two years when the current grant supported studies are completed.

The possibility of a curriculum study of visual science also was examined. Changes in NBEO procedures, however, provided the mechanics for a wider evaluation and update of the curriculum model.

Also this year, representatives of the schools and colleges met to consider use of Pacific University College of Optometry's system for analyzing curriculum in light of the ASCO curriculum model on a school-wide basis. The purpose of the program was to help institutions compare their curriculum to what is being taught at other institutions and to the curriculum model. This will allow update of the model and will provide ASCO with valuable data for legislative purposes and to aid new programs.

Council on Institutional Affairs

A project to develop data information relative to optometric education has been the major focus of the Council on Institutional Affairs. The purpose of this project is to develop a standardized clinical data base for optometric education and a non-clinical data base focusing particularly on resource requirements for and costs of optometric education.

Council Activities (continued)

The standardized clinical data base is planned to encompass a standardized patient education classification system that could be adopted and utilized at all the schools and colleges of optometry. It also would define a minimum data base in clinical education that would be common to all the schools and, at the same time, allow sufficient flexibility to be adapted to the unique needs of each institution. Lastly, it would develop a standard definition of student patient care "encounters."

The non-clinical data base is intended to develop a low-cost, computer-based system for gathering, analyzing and reporting information relevant to determining the present and future resource requirements and costs of a variety of educational programs within the schools. This information would contribute to the efficient management of the schools' existing resources and to effective planning for the future. In addition, it would aggregate data on a national level that would make it compatible with other associations of health professions schools and represent ASCO member needs at both the federal and state levels.

During this past year, the council has concentrated primarily on developing a data collection format, related costs and time frames for completing the project. It also has gathered information from each of the schools with regard to the specific types of computer systems they are using or have access to.

Council on Student Affairs

The Council on Student Affairs' activities this year have been directed largely at the problems of student recruitment and financial aid. These have been carried out by a variety of ongoing and ad hoc groups within the council, and participation by individual schools' representatives has been excellent.

The Project Team on Recruitment completed the pamphlet, *Career Opportunities in Optometry*, which serves as an initial contact piece for

recruitment purposes. Added to the *Information for Applicants* booklet and a poster campaign to be completed in 1981-82, ASCO now has a very effective array of recruitment materials for use on national and local levels. The project team's work is continuing with the development of model recruitment programs for use by individual schools and the updating of information about optometry in general career publications and commercial computer-operated career guidance systems.

The council's relationship with the National Association of Advisors for the Health Professions (NAAHP) has been very productive this year. On the national level, optometry was represented on the program of the annual NAAHP meeting in Chicago in March and also was represented on the program at each of the four spring meetings of the regional NAAHP groups. The visibility of optometry within this advisors' group has become greater each year as a result of ASCO's participation at these meetings.

A decline of 13.6 percent in OCAT takers this past year probably was as much attributable to the continuing decline of applicants to all health profes-

sions as it was to the elimination of one of the OCAT testings. The mailing of the OCAT and career guidance materials to undergraduate colleges, which was accomplished much earlier this year, was much more effective in reaching advisors directly as a result of a list obtained from the NAAHP.

A financial aid survey of optometry schools was completed and is now in first draft. Although a survey such as this is difficult to structure with regard to uniform reporting of data as well as comparing one school's data with another, the information is expected to prove useful in gaining some perspective on the financing of optometric education.

A meeting of the admission officers of the schools and colleges also was held this year in conjunction with the American Association of Collegiate Registrars and Admissions Officers (AACRAO). The meeting was well attended and an important outcome of the meeting was the recommendation that final details concerning utilization of ASCO's student endowment fund be postponed until pending major changes in federal financial aid legislation are resolved.



This year's Annual Meeting attendees received an update on federal legislative priorities at an awards luncheon held immediately following the meeting.

The *Journal of Optometric Education* (JOE) has reached a major milestone this year with the acquisition of a sufficient number of high quality, refereed manuscripts to fulfill publication requirements for the next year in advance. This is a particularly significant accomplishment in view of the fact that the *Journal* was six months behind in publication a little over three years ago.

The editors are proud of the dramatic improvement that has occurred and are especially encouraged by the support and encouragement accorded by the optometric educational community. Tremendous effort and assistance have gone into making the *Journal* the best possible quality educational journal for the profession, and we are deeply grateful to those who have offered their assistance.

Editorial Summary

A total of 19 papers were published in JOE over the past year. These included: "Pharmacy and Optometry: An Opportunity for Cooperation," "The University of Houston Infant Vision Clinic," "An Analysis of Optometric Practices in Rural Alabama," "A Survey of Research Projects in Schools and Colleges of Optometry," and "A Survey of Hypertension Curriculum in Schools and Colleges of Optometry." Also published were three specific papers relating to teaching methodology.

Five ASCO reports were published: a summary of the COE annual survey, an analysis of federal program support of optometric education, reprint of ASCO's position paper on health professions education legislation, and an interview with Dr. Russ Dorland, immediate past president of VOSH International.

In addition, ASCO's annual report was featured for the first time in the Summer, 1980 issue, and an annual review of international optometric activities was initiated which will be continued on an annual basis. "Newsampler" was expanded with the addition of "Keeping Up With People," and two new departments were added: "Face to Face" and "Comment."

Finally, a readership survey was conducted to assess reader opinion and comment about JOE's editorial content and format and to obtain information for advertising purposes. Results of the survey will be published in an upcoming issue of the *Journal*. Overall, many good comments and suggestions were received, and it is hoped they will be instrumental in making JOE even more responsive to reader needs in the future.

Recognition

An award for excellence in optometric journalism was received from the Optometric Editors Association in 1980. Capturing the honor of "Best National Optometric Journal," JOE has won two consecutive awards in the OEA annual publications contest.

Also in 1981, an agreement was signed with University Microfilms International to reprint and reproduce JOE in microform edition. Additionally, reapplication was made to the National Library of Medicine for consideration of JOE for indexing in *Index Medicus*. It is expected that notice of the outcome of this application will be received sometime in November, 1981.

Many important challenges and opportunities lie ahead for the association in the next few years. These will require patience, determination and directed effort to meet the most pressing needs of optometric education and the profession. In order to address these issues and to utilize resources and energies in an effective manner, the following goals have been codified, refined and adopted by the Board of Directors of the association to guide activities over the coming years.

1. To produce an adequate supply of student applicants including minority student applications
2. To identify and develop means of increasing to a satisfactory level funding support, including sources, for optometric education
3. To identify and develop personnel and training programs for faculty and administrators in optometric education
4. To develop management data information relative to optometric education
5. To develop means of educating higher education, federal and state government, other professions and the public in general relative to the length, comprehensive nature, curricular demands and student profile—the general nature of optometric education

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G.P.O. Box 3255
San Juan, Puerto Rico 00936

Member Institutions (continued)

University of Missouri-St. Louis
School of Optometry
8001 Natural Bridge Road
St. Louis, Missouri 63121

The New England College of
Optometry
424 Beacon Street
Boston, Massachusetts 02115

Northeastern State University
Division of Optometry
College of Arts and Sciences
Tahlequah, Oklahoma 74464

State University of New York
State College of Optometry
100 East 24th Street
New York, New York 10010

The Ohio State University
College of Optometry
338 West Tenth Avenue
Columbus, Ohio 43210

Pacific University
College of Optometry
Forest Grove, Oregon 97116

Pennsylvania College of Optometry
1200 West Godfrey Avenue
Philadelphia, Pennsylvania 19141

Southern California College of
Optometry
2001 Associated Road
Fullerton, California 92631

Southern College of Optometry
1245 Madison Avenue
Memphis, Tennessee 92631

University of Waterloo
School of Optometry
Faculty of Sciences
Waterloo, Ontario, Canada N2L 3G1

University of Montreal
School of Optometry
3333 Queen Mary Road #350
Montreal, Quebec, Canada H3C 3J7

ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY, INC.

FINANCIAL STATEMENT

June 30, 1981 (UNAUDITED)

ASSETS

Cash—Checking		\$ 5,830.16
Intercapital Liquid Asset Fund		153,821.32
Furn., Fixtures & Equip.	\$5,407.40	
Less Accu. Dep.	3,146.08	2,261.32
Automobile	8,396.28	
Less Accu. Dep.	5,598.76	2,797.52
Prepaid Insurance		624.47

TOTAL ASSETS

\$165,334.79

LIABILITIES AND FUND BALANCE

Payroll Taxes and Benefits Payable	\$ 44.48
Fund Balance	<u>\$165,290.31</u>

TOTAL LIABILITIES AND
FUND BALANCE

\$165,334.79

ASCO Meeting Schedule 1981-82

September 21-23, 1981

Washington, D.C.	
September 21, a.m.	Executive Committee Meeting
September 21, p.m.	Board of Directors Meeting
September 22	Congressional visitations
September 23	Board of Directors Meeting

December 11, 1981

Orlando, Florida	
December 11, p.m.	Executive Committee Meeting
December 12, a.m.	Executive Committee Meeting

April 21-23, 1982

Washington, D.C.	
April 21, a.m.	Executive Committee Meeting
April 21, p.m.	Board of Directors Meeting
April 22	Board of Directors Meeting
April 23	Joint Session with AOA

June 17-19, 1982

Boston, Massachusetts	
June 17, p.m.	Executive Committee Meeting
June 18	Annual Meeting
June 19	Annual Meeting

About the Association

National Office Staff

The Association of Schools and Colleges of Optometry (ASCO) is a non-profit, tax-exempt professional educational association representing the professional programs of optometric education in the United States and Canada. Continuously training nearly 4,000 students, the schools now graduate upward of 1,000 qualified doctors of optometry per year.

ASCO incorporated in 1972 and established a National Office in 1974. The National Office provides a wide range of services to the schools and represents optometric education to the public and the health community. In addition, it maintains cognizance over legislative and national affairs and provides counsel and comment to policies and programs affecting optometric education.

The association has established three major councils in the areas of Academic Affairs, Student Affairs and

Institutional Affairs. These councils review and recommend policy decisions concerning issues of importance to the Board of Directors. In addition, they maintain ongoing activities in their respective areas of responsibility.

In 1975, ASCO spearheaded the publication of the *Journal of Optometric Education*. Now entering its seventh year of publication, the *Journal* is the only publication in the U.S. today devoted entirely to the educational concerns of the profession.

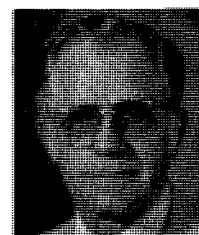
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600 Maryland Avenue, S.W.
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Washington, D.C. 20024
(202) 484-9406

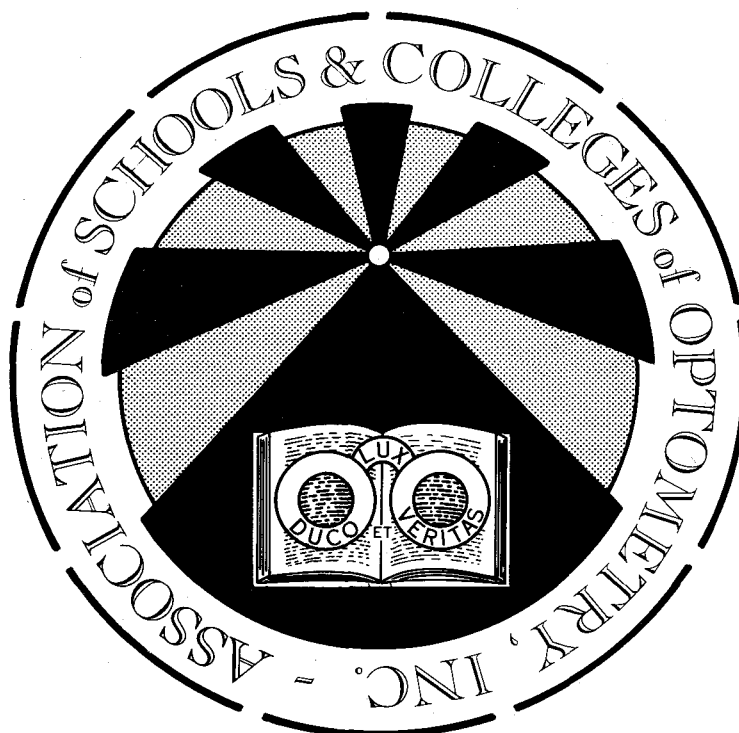
Lee W. Smith, M.P.H., Executive Director

Harriet E. Long, Assistant to the Executive Director and Managing Editor, *Journal of Optometric Education*

Charlotte M. Ahrendts, Secretary to the Executive Director



Lee W. Smith

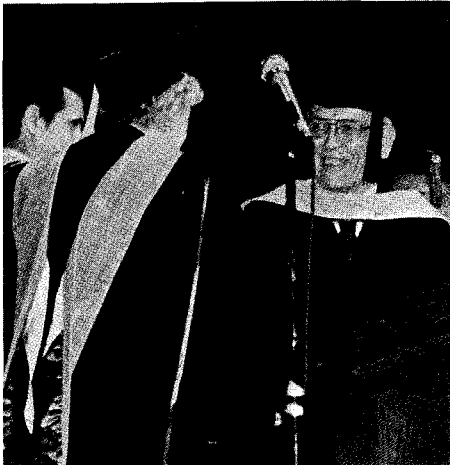


NEWSAMPLER

Keeping Up with People...

Three students at UAB's commencement received two advanced degrees. **Paula R. Newsome**, **Frederick S. Vihlen** and **Kim L. Goldner** received both the O.D. degree and the M.S. degree in physiological optics.

The honorary Doctor of Science degree was awarded to Regents Professor Emeritus **Glenn A. Fry**, former dean of the Ohio State University College of Optometry, at the SUNY College of



Dr. Glenn A. Fry receives the honorary Doctor of Science degree at SUNY's June commencement.

Optometry commencement this June. Dr. Fry was one of only fifteen persons so honored by the university this year.

Dr. Robert L. Yolton, director of research at Pacific University College of Optometry, was one of eighty fellows selected nationally to spend ten weeks this summer as a Summer Faculty Research Program Fellow with the U.S. Air Force in a program co-sponsored by the Southeastern Center for Electrical Engineering Education and the Air Force Office of Scientific Research.

The University of Houston College of Optometry has nine new faculty members for the 1981-82 academic year, eight of whom are visiting professors. They are: **Dr. J. Patrick Fitzgerald**, visiting assistant professor; **Dr. David Jacobson**, visiting assistant professor; **Dr. Michael Keating**, visiting professor; **Dr. Stanley Klein**, visiting professor; **Dr. Ruth Manny**, assistant professor; **Dr. Robert Rice**, visiting associate professor; **John Ross**, visiting assistant professor; **Dr. Diane**

Steady, visiting assistant professor and **Dr. Andrea Moorehead**, visiting assistant professor.

The college also has appointed twenty-two adjunct faculty members at affiliated clinics including military base hospitals, Indian Health Service hospitals, Veterans Administration hospitals, and geriatric centers. Two or three fourth professional year students spend sixteen weeks working in patient care under the supervision of adjunct faculty members at various sites.

Dr. Douglas H. Poorman, dean of academic affairs of the Southern California College of Optometry (SCCO), has been named chairman of the Council on Academic Affairs of the Association of Schools and Colleges of Optometry (ASCO). In his new role, Dr. Poorman will lead the council in a study of the projected needs for faculty and administrators up to the year 2000.

Dr. Jerome Sherman, chief of the Ocular Disease and Special Testing Service at the University Optometric Center, clinical facility for the State University of New York (SUNY) State College of Optometry, chaired a conference session on "Visual Evoked Potentials in Ophthalmic Practice" at an international symposium on Evoked Potentials in New York City in June. Dr. Sherman also delivered a paper entitled, "Simultaneous Pattern Reversal Electroretinograms and Visually Evoked Potentials in Patients with Macular and Optic Nerve Disease" at the conference.

Dr. Dean Yager, a N.A.T.O. scholar and past chairman of the Department of Behavioral Sciences at SUNY, has been elected a fellow of the American Academy of Sciences.

Six Illinois College of Optometry (ICO) faculty members have been promoted. **Dr. Yuzo Chino**, associate professor of neurosciences, was granted contract tenure. Five other faculty members were promoted from instructor of optometry to assistant professor of optometry. They are: **Dr. Dominick Maino**, **Dr. William McAlister**, **Dr. Sunny Sanders**, **Dr. Dale Stewart** and **Dr. Bruce Teitelbaum**. All are members of the Division of Patient Care at the college.

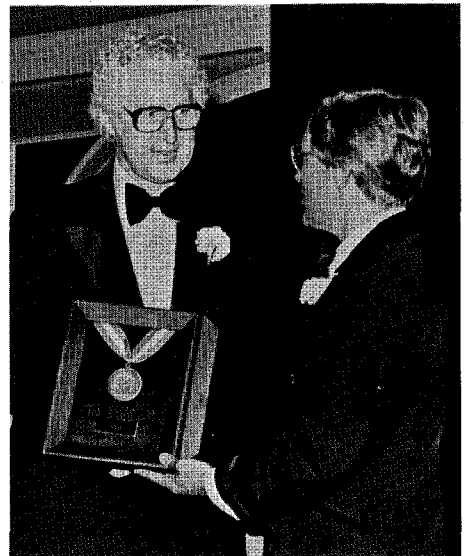
Dr. Morris Berman, associate professor of optometry, has been appointed assistant dean for education at ICO. Two other faculty members have moved from part-time to full-time status. **Dr. Neil Gailmard**, former part-time clinical assistant professor, is now an assistant professor in the Division of Patient Care; and **Dr. Tracy**

Williams, former part-time clinical instructor, now serves as an instructor in the Division of Patient Care. Also at the college, **James O. LaMotte, O.D., Ph.D.**, has joined the faculty as an assistant professor in the Division of Basic Sciences.

Dr. Alfred A. Rosenbloom, Jr., president of the Illinois College of Optometry, is the author of a major chapter in a new ophthalmological text, *Principles and Practice of Ophthalmology*. The chapter, titled "Low Vision," is the first inclusion of an optometrist's work in a major text on ophthalmology.

Dr. Jonathan S. Goldman, assistant professor of optometry at ICO, was one of three optometrists to attend the American Public Health's Association's Leadership Conference in June. Dr. Goldman is also director of the college's Affiliated/Outreach Clinic Program.

Henry B. Peters, O.D., dean of the School of Optometry at the University of Alabama in Birmingham (UAB), has been named the first recipient of the



Dr. Henry P. Peters (left) accepts the first AOA Distinguished Service Award from outgoing AOA President Dr. Jack Von Bokern.

American Optometric Association's Distinguished Service Award. The high honor, presented for the first time this year, recognizes a doctor of optometry for unusually significant contributions to the profession of optometry.

Dr. Jimmy D. Bartlett, associate professor of optometry, has been named director of continuing education at the UAB School of Optometry.

The first Ph.D. degree in physiological optics at UAB was to **Dr. David Lee** at the university's June 7 commencement exercises. Also receiving the M.S. degree in physiological optics at the June 7 commencement was **Dr. Michael D. Wesson**.

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 and Canada. ASCO is a non-profit, tax-exempt professional educational association with national headquarters in Washington, D.C.

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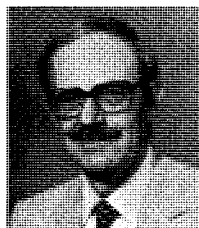
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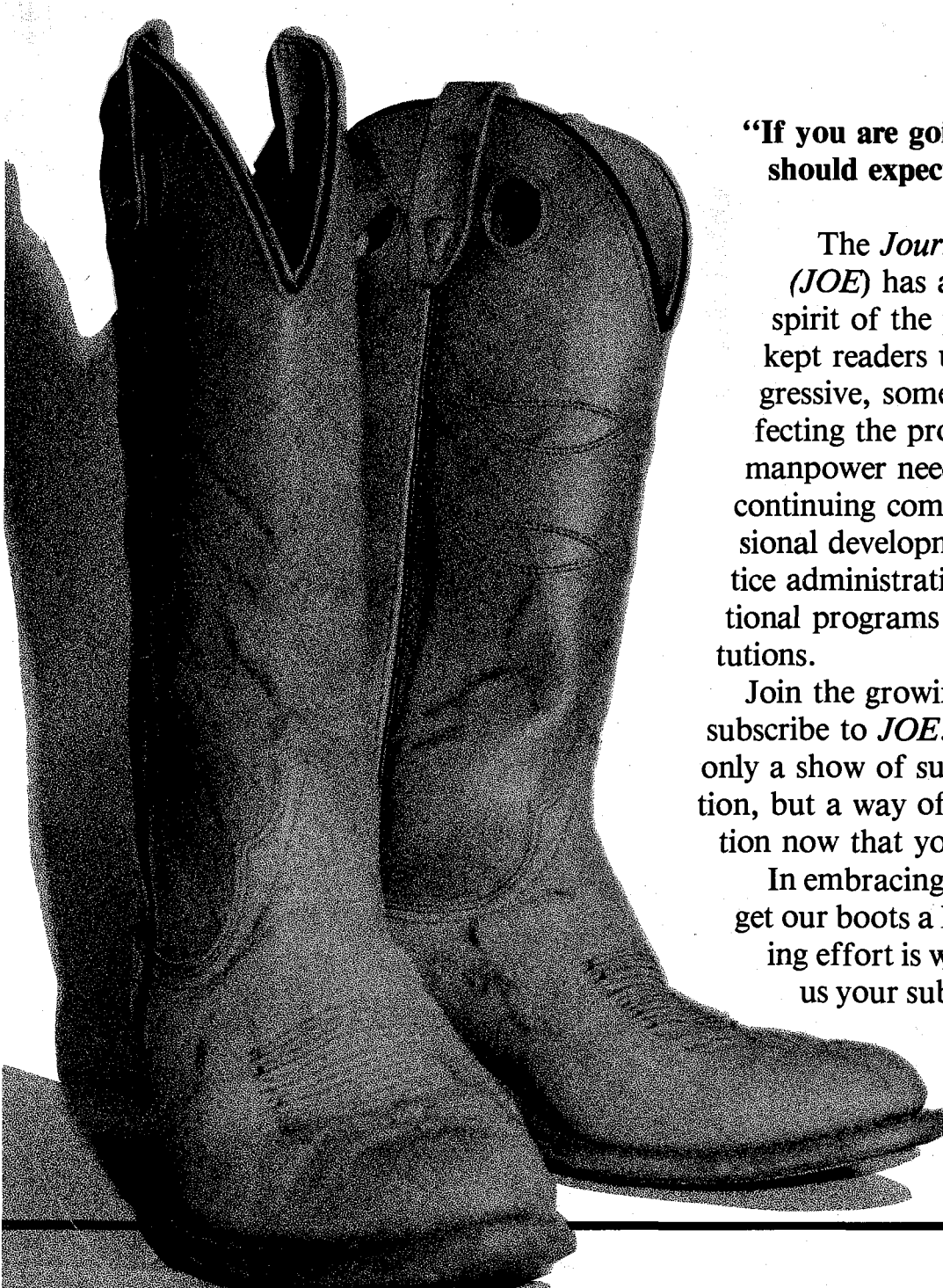
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College of Optometry



“If you are going to be a pioneer, you should expect to get your boots dirty.”

The *Journal of Optometric Education (JOE)* has always reflected the pioneering spirit of the profession. Our articles have kept readers up to date on the most progressive, sometimes controversial, topics affecting the profession. We have assessed manpower needs and resources, examined continuing competency, investigated professional development and its impact upon practice administration and featured unique educational programs and concepts within our institutions.

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