

Editorial

The Four-Year Optometric Education Program: Something's Got to Give

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Optometric scope of practice has evolved significantly in the past 46 years. Originally limited to refractive and binocular conditions,¹ the scope expanded by the mid-1970s (when the first four states had granted optometrists the authority to use diagnostic drugs²) and broadened again with the addition of prescribing privileges for therapeutic drugs. Today, optometrists are primary eyecare professionals¹ with significant responsibilities in diagnosis and treatment of many ocular conditions and diagnosis of some systemic diseases as well as timely referrals, follow-up care and patient education. In 2021, scope of practice includes topical treatment of glaucoma in all 50 states, use of oral steroids in 39 states, use of lasers to treat ocular conditions in eight states, and use of injectables in 20 states.³

The seismic changes in the scope of optometric practice have been accompanied by additional obligations to practice evidence-based medicine and continuously acquire new knowledge about diseases and diagnostic and treatment technologies. Despite this staggering amount of new information and increased responsibility, the education of optometrists has remained a four-year postgraduate program. Is this sustainable given that scope of practice will continue to expand and new information and technology will continue to emerge? How can we achieve in four years the goal of a high-quality, relevant education that is not mentally overloading for students?

The Solution May Lie in Letting Go

To effectively prepare future optometrists via the current four-year postgraduate program, educators will have to let go. Perhaps we start with eliminating some course material. Is there any course material that could be taught before entry into optometry school, for example in undergraduate courses (prerequisites) or a brief virtual summer curriculum completed independently before matriculation?

We must also acknowledge that the optometrist's role has evolved from primarily gathering data to primarily exercising analytical skills. Should we let go of teaching some data-gathering technical skills and focus on critical-thinking and analytical skills? Do we need to teach binocular indirect ophthalmoscopy if a widefield scanning laser ophthalmoscope is available? Students may be better served by faculty teaching the skills involved with interpreting the images. In didactic teaching, a shift away from specific information and toward key concepts may be helpful. Key concepts provide a broader understanding of material, which can then be applied to different scenarios.

Students may need to play a role, too. They may need to change their perceptions and expectations of optometric education. The current expectation is that the curriculum and faculty will provide all the information necessary for success in practice. This sets up a passive system of learning in which students receive and internalize the instructor's knowledge. Instead, optometric education should provide students with the skills, tools and knowledge they need for lifelong independent learning. This would

require students to assume responsibility for their learning and take charge of learning in an active manner. It would free up time in the curriculum and give students the skills needed in the real world.

Change is Difficult; Collaboration Can Help

The response to optometry's challenge of how to provide a relevant education in a reasonable amount of time is not straightforward. The idea of not teaching skills that have been the foundation and identity of our profession for years is mindboggling. Lecturing and not providing every bit of information on a particular subject is scary. All healthcare professions are facing these issues. Therefore, we should collaborate with them to develop evidence-based solutions. We should also strive to conduct well-designed studies to contribute to the literature to help guide all educators.

References

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