

OPTOMETRY  
GRADUATES:  
CONFIDENT IN THEIR  
FUTURE

Volume 10, Number 2  
Fall 1984

# JOURNAL OF OPTOMETRIC EDUCATION



# Association of Schools and Colleges of Optometry

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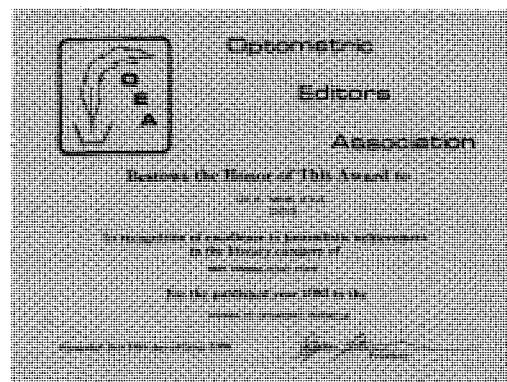
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The **JOURNAL OF OPTOMETRIC EDUCATION** is published by the Association of Schools and Colleges of Optometry (ASCO). **Managing Editor:** Patricia Coe O'Rourke. **Art Director:** Dan Hildt. Graphics in General. Business and editorial offices are located at 600 Maryland Ave., S.W., Suite 410, Washington, D.C. 20024 (202) 484-9406. **Subscriptions:** JOE is published quarterly and distributed at no charge to dues-paying members of ASCO. Individual subscriptions are available at \$15.00 per year, \$20.00 per year to foreign subscribers. Postage paid for a non-profit, tax-exempt organization at Washington, D.C. Copyright ©1984 by The Association of Schools and Colleges of Optometry. Advertising rates are available upon request.

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## Commencement to What?

Optometric educators are interested in the future of their students long past the actual graduation day. This day is appropriately designated "commencement." All the knowledge and skill obtained over four years of intense study and practical experience must now be channeled to the service of people and thus the betterment of society. The true success and satisfaction of being an educator rests with the success of the product—the graduate optometrist. Have I prepared him or her adequately to achieve state licensure? Have I prepared him or her to undertake the challenge of establishing an ethical practice? Have I prepared the student to provide high quality professional services to his or her patients? All are appropriate questions for faculty to ask.

Word of mouth has frequently been the identifier of successful graduates. They return to the school to visit professors, classmates, etc., and are seen at optometric meetings. Membership in the alumni association is also another indicator of success. Since only a small portion of the graduates are followed in this way it is possible to bathe ourselves in a false sense of achievement. It is unlikely that the unsuccessful graduate hurries back to proclaim his or her failure, except in a few cases where he or she places the blame on inadequate instruction.

The three articles appearing in this issue of the JOURNAL OF OPTOMETRIC EDUCATION report on surveys of the outcome of graduates of the schools and colleges of optometry. The data reported should in general be most satisfying to the schools and colleges of optometry and to their faculties. The majority of graduates met the challenge of national board examinations and state licensing requirements in spite of the frequently expressed anxiety from students. They also moved forward to establish a private practice, either independently or as an associate, in overwhelming numbers and with apparent minimal problems. Within a two to three year time span they had established themselves and effectively developed professional relationships with fellow optometrists and other health care providers.

A few commonly held myths may well be dispelled by these reports as well. Large numbers of graduates are not entering commercial practice. Women graduates are performing in the profession to the same extent as their male counterparts. The licensing process in optometry is not excluding large numbers of graduates from entering the practice of the profession.

Please don't stop reading at this point. All is not quite as positive as it seems, and as educators, we are not yet able to rest on our laurels. The reports also provide the educational community a few clues as to where to improve. Significant comment lends credence to the often heard complaint of inadequate preparation for the business aspects of the profession. Some graduates are, in their opinion, overtrained for what is authorized under restricting state laws while others express concern that they could not be fully trained for full-scope optometry authorized in other states. For the profession, in general, these articles also contain at least one message. The new graduates do not generally find a helpful reception from either existing practitioners or state associations in establishing contact for associateships or in beginning a practice. Commercial employers for new graduates with high educational indebtedness are waiting in the marketplace. The graduates do not leave school intending to commence corporate practice so professional and economic support must be provided by the schools and the organized profession.

On balance, the graduates reported on in articles in this JOE issue would award the faculty and the schools a high passing grade. They are commencing toward a satisfying professional career.



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

# ANNOUNCEMENTS

## The Optometric Extension Program announces upcoming seminars:

December 2, 1984: Regional Clinical Seminar (OEPP), Proven Public Relations for Building a Visual Training Practice. Lecturer: Paul Freeman, O.D. Will be held in Boston, MA. Contact: Catherine Kennedy, O.D., 2 Richardson Rd., Burlington, MA 01803. (617) 229-2041 or 2247. Attendance credit—6 hours.

January 26, 27, 28, 1985: Invitational Skeffington Symposium on Vision (OEPP). Arlington Hyatt House, Rosslyn, VA. Contact: Robert A. Kraskin, O.D., 4600 Massachusetts Ave., N.W., Washington, DC 20016. (202) 363-4450. Attendance credit—19 hours.

## Optometry Ranked in 'Top Ten'

Anita Gates, author of the recently published *90 Highest Paying Careers for the '80s* (Monarch Press) includes optometry as one of the top ten occupations, financially speaking (average annual salaries, including bonuses). The list was based on data from the Bureau of Labor Statistics and surveys by professional associations. Also listed in the "top ten" were investment banker, physician, securities trader, securities salesperson, osteopathic physician, airline pilot, dentist, financial planner and lawyer.

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## UNIVERSITY OF HOUSTON

A position for an optometrist with post-doctoral Residency Training in ocular disease (should be license eligible in Texas) is available as a tenure-track faculty appointment. Rank and salary commensurate with experience. Teaching duties will be in the ocular pathology courses and/or supervision of students enrolled in the honors pathology program. Clinical duties will be in the Ocular Diagnostic Service and/or in Special Vision Functions Clinic. Deadline for applications is December 15, 1984.

Send inquiries or applications to:

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Ph.D., O.D.  
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College of Optometry  
University of Houston-  
University Park  
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## Feinbloom Center Accredited by NAC

The William Feinbloom Vision Rehabilitation Center, a patient care unit in the Pennsylvania College of Optometry's Eye Institute, has been awarded status by the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped (NAC), the standard-setting and accrediting body in work with the blind and visually handicapped. Dr. Melvin D. Wolfberg, O.D., President of PCO, and the Feinbloom Center's director, Richard Brilliant, O.D., emphasized the significance of accreditation as assurance of quality to the general public, to state and federal agencies providing funding, to contributors and to visually handicapped persons using Feinbloom Center services. The Feinbloom Center is the first clinical center to be accredited by NAC.

The Feinbloom Center was founded in 1978 when Dr. William Feinbloom, a pioneer in vision rehabilitation for over 50 years, donated his practice to the Pennsylvania College of Optometry's Eye Institute. The Feinbloom Center helps patients from all around the world who have inoperable conditions of impairment.

The NAC team commended the Feinbloom Center for excellence in several specific areas. These included the Center's providing extensive individualized patient training and expanding its services to meet the needs of its patients. The Center was also commended for the effective interplay of its staff in patient treatment. The Feinbloom Center staff is comprised of health professionals from many fields, including optometry, ophthalmology, rehabilitation and social services.

## Tribal Indians are Newest Patients at Houston Optometry Clinic

Twenty-eight members of the Alabama-Coushatta Indian tribe from the Livingston reservation visited the College of Optometry at the University of Houston-University Park recently to receive comprehensive eye exams. Last July more than 40 Coushatta Indians from a reservation in Elton, Louisiana came to the clinic for eye examinations, according to Dr. Diane Walters, one of the optometrists coordinating the program.

The current arrangement is a result of a series of meetings between the tribal superintendent, Tony Byars, and the College. Byard was seeking quality eye care for tribal members who have "never really had an effective vision program before—at least not since 1954 when the reservation was acceded to state jurisdiction from federal control."

## NEWENCO Aids SUNY With DPA Course

The State College of Optometry (SUNY) is currently presenting a 55-hour lecture and clinical laboratory course in the use of Diagnostic Pharmaceutical Agents (DPA) to allow licensed optometrists in New York State to be certified in their use.

The New England College of Optometry, in a spirit of mutual cooperation and support, loaned a faculty team coordinated by Dr. Matthew Garston, Director of Continuing Education at NEWENCO, to help SUNY present its DPA course at multiple sites throughout New York State. According to Dr. Edward Johnston, President of the New York State College of Optometry, "the faculty from both SUNY and NEWENCO offer not only the necessary expertise but the broad experience to guarantee a clear and practical presentation of this material. This collaborative effort reflects positively on both colleges of optometry."

## ICO Faculty Aid Program for Continuing Support

In a show of support for the Illinois College of Optometry, more than 95.0% of the College's full-time faculty are participating in the Program for Continuing Support. The Program is designed to provide resources for construction already underway, renovation of facilities, student and faculty procurement and research and expanded patient services to advance ICO and the profession of optometry. More than \$70,000 has been pledged by 33 faculty members according to Donald Mazzulla, O.D., M.S., faculty development committee chairman.

## Nikon Supports New Optometry Recruitment Poster

A new optometry student recruitment poster has been designed by an advertising agency associated with Nikon,

Inc. The recruitment poster will be included in the annual fall mailing sent by ASCO to members of the National Association of Advisors for the Health Professions. Posters also are sent to admissions officers at all schools and colleges of optometry. Meeting recently in St. Louis, the ASCO Board of Directors passed a resolution expressing "its sincere gratitude and appreciation to the Nikon Ophthalmic Division and Mr. James Vilardi for their assistance in the design and development of the new ASCO student recruitment poster."

## Scholarship Program Established at SCCO

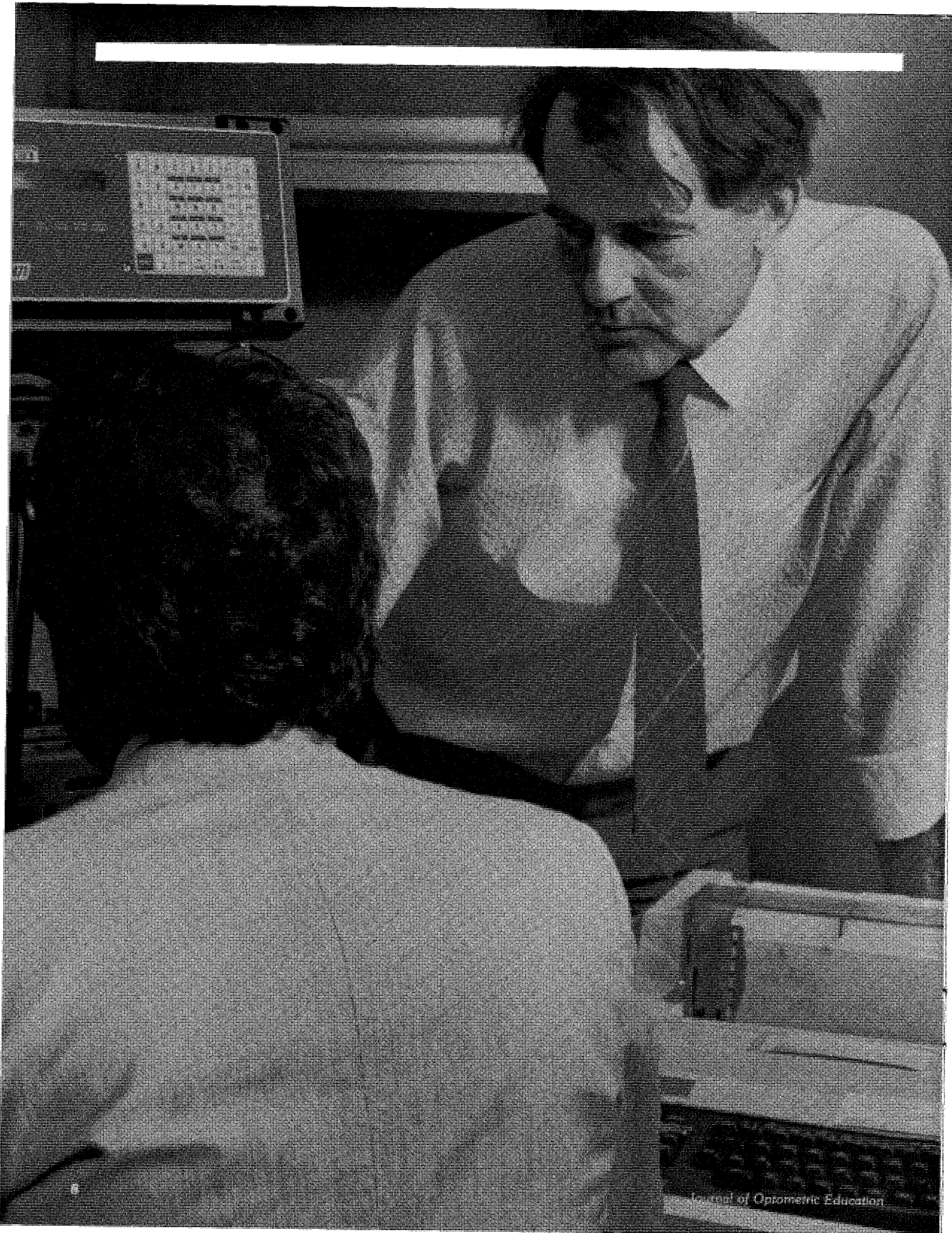
The "Dr. Herbert McCracken Dixon Scholarship Program," designed to reward academic excellence, has been established at the Southern California College of Optometry (SCCO), from a \$543,000 bequest from the estate of Dr. Herbert M. Dixon. Twenty-four Dixon Scholarships of \$1,000 each have been given to SCCO optometry students who have demonstrated high academic achievement in an effort to aid them in meeting their educational objectives. The scholarships will be based on academic excellence, not financial need.

One component of the scholarship program is the inclusion of a "moral obligation factor." SCCO President Richard L. Hopping, O.D., D.O.S., noted that "this means that the College and donors to the endowment fund have faith that the student recipients will, when they become alumni, recognize their moral obligation to the College and to future optometry students and will, in that spirit, make their own gifts to the College through this scholarship program. There is, however, no legal obligation for the student recipient to repay the scholarship, and no papers are signed."

"Instead of repaying loans," said Dr. Hopping, "students would be making tax-deductible gifts to the College's 'Dr. Herbert McCracken Dixon Scholarship Program.' We believe that recipients will continue giving to the College long after they have repaid their moral debt, thereby increasing the principal of the fund and the annual amounts which in turn will be awarded to students of academic excellence. Students would not

(continued on page 31)

[Redacted text]



# The University of Montreal School of Optometry

Claude Beaulne, L.Sc.O., M.Sc.

## History

The idea of offering courses in optometry arose in the minds of our founders in 1906 and the official opening was in 1910. A few years later, clinic facilities were added to the school.

At this time, the main objective was to set high standards for the profession in affiliating the School of Optometry to the University of Montreal, and this was finally realized in 1925. Administratively, the school was independent but its programs were under the responsibility of the university and the degrees were granted by the mother institution.

The school moved to the main campus in 1945, and to the site it now occupies in 1967. Three other events and dates are worth mentioning: its full integration within the University of Montreal (1969), its first graduation of O.D.'s (in 1980) and its full accreditation by the Council on Optometric Education in 1983. This evolution of the School of Optometry took place during a period when the enrollment at the University of Montreal expanded from 6,000 students to over 40,000 at the present time.

## The School in 1984

The University of Montreal School of Optometry is the only French-speaking school following the North American model. In fact, it probably is the only French-speaking optometry school in the whole world operating under the North American way of considering optometry.

With this in mind, we have defined a number of objectives: first, we are committed, within a four-year program, to train professionals capable of utilizing scientific clinical methods to provide complete primary optometric care with a dedicated and humane attitude. The students are also made well aware of the necessity of self-discipline and self-education.

It is our duty to promote and enhance our body of knowledge on visual sciences by means of research; and it is equally true for clinical sciences.

Another objective is to offer graduate programs. We presently have an M.Sc. program in physiological optics, which helps in the training of faculty both for research and theoretical and clinical teaching in optometry. The school also

has to get involved in continuing education to allow its graduates to maintain and improve their knowledge and skills, in order to keep up with the evolution of visual science.

These are general objectives and it is interesting to come down to more specific ones, especially as far as clinical education is concerned.

First, we have to provide some facilities for patient care in all aspects of optometry, in accordance with the highest standards of practice, the most up-to-date body of knowledge in vision science and the most recent technology, and along with the resources that are available and that are becoming more and more difficult to obtain.

We also have to provide to the students, the alumni, the other health



*Claude Beaulne is presently serving the last year of his second four-year term as Director of the University of Montreal School of Optometry.*

professionals and the public all the knowledge about what is the real nature of optometric practice, the standards of practice in meeting public needs in terms of vision care. It also is very important to identify those needs for various groups of the population (locally and generally, for people of other countries or having a different socio-culture background).

As far as possible, the orientation and activities of the clinical program must be based on epidemiological studies. It also must provide the students with a sufficient number and variety of clinical exposures. This will allow them to get acquainted with the various types of problems they might encounter in private practice, but most of all, it will give them the opportunity to develop and improve their knowledge and skills in patient care.

It also is necessary to give to the patients the proper care and to the students, a sound clinical experience based on the highest standards and the most recent developments in many areas. These include low vision, orthoptics, aniseikonia, electrophysiological diagnosis, children's vision, geriatric vision, contact lenses, industrial vision, vision of the hearing impaired and of the intellectually impaired.

We need to provide training and to keep up-to-date the knowledge of optometric services oriented toward the prevention of problems such as amblyopia, strabismus, myopia, binocular vision anomalies, ocular pathology,

ocular traumas and the loss of visual efficiency due to environmental conditions.

We must provide the public with the requested protection by orienting them toward specialized care. Our students then must have the proper knowledge, training and skills to detect systemic and ocular health problems by gathering the proper clinical data.

The program must favor all learning situations within a multi-disciplinary context.

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*"Our students then must have the proper knowledge, training and skills to detect systematic and ocular health problems by gathering the proper clinical data."*

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In our clinical program we stress the following in the interrelation of students with patients:

a) the application, integration, synthesis and evaluation of all theoretical concepts;

b) the development of communication and interpersonal relations skills as well as the capability of observation, of measuring, of analyzing and decision making, after the collection of precise data; and

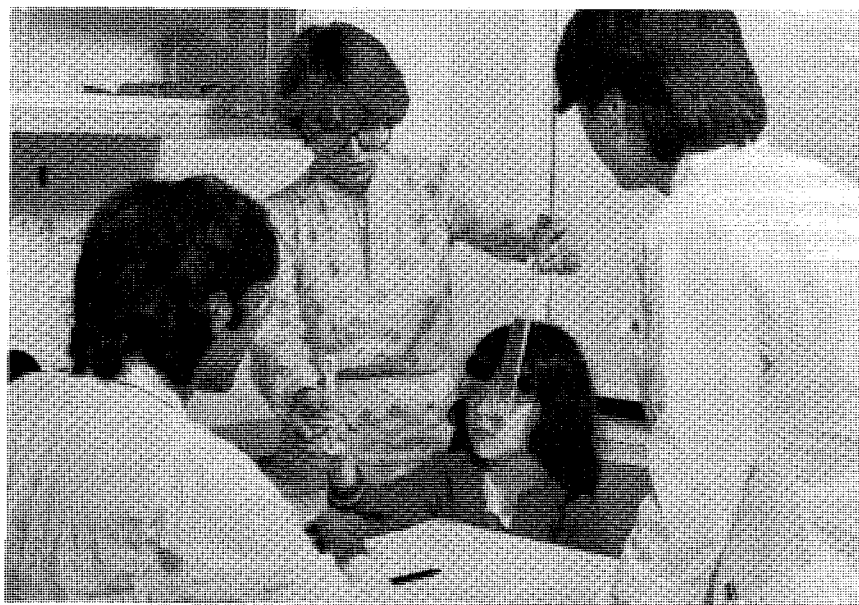
c) the acquisition of the skills to render personalized optometric care and to accept the responsibilities that go along with good care for the patient and his welfare.

### **Clinical Activities**

On campus, the school provides a number of clinical services four full days every week, including the summer (except for the two weeks between terms): general clinic, special clinic (for pathology), aniseikonia clinic, orthoptics' clinic, and contact lens clinic. We also developed a few years ago a program of some kind of "specialization," allowing the students to gain more knowledge and skills in their area of interest. Some of them were interested in learning "sign language" to communicate with the hearing impaired and this motivated the opening of a clinical program for patients (mainly children) after discussions with "l'Institut des Sourds de Montreal," which is an institution for hearing impaired people. The school also set up a clinical program for infants and young children (up to four years of age).

The school also has a contract with "l'Institut Nazareth & Louis Braille" located in Longueuil, south of Montreal across the St. Laurence River. The third and fourth year students rotate through this outreach clinic where the low vision patients are taken care of in a multidisciplinary context. The chief of this low vision clinic is an optometrist—Dr. Johanne Murphy; the coordinator of the clinical program for students is also an optometrist—Dr. Jacques Gresset. The students can accumulate more encounters with low-vision patients while going to the Montreal Association for the Blind (MAB), where some of our faculty and clinical instructors are involved.

The students and faculty are also involved in visual screening at various schools in the city. Another area of interest is the involvement of students in some kind of training as consultants for industries, factories, shops, etc. to study the environment of the workers to help them find a solution to some of their visual problems. This also is a very valuable learning experience for the students.





## Research

Even within reduced facilities and funding, the faculty has had opportunities to do some research work to comply with the University of Montreal policy that requires research activities as part of the "working load" of every faculty.

It is interesting to note, though, that the fund providers are becoming more and more involved in funding optometric research. It is an area of activity that will be given the highest short term priority. The research projects are conducted in various areas of fundamental and clinical sciences. The university by its "Service de la Recherche" is helping the faculty members with all the administrative aspects of research.

To go along with these objectives, research grants have been made available

through various channels like the University of Montreal Development Funds, the Quebec Health Research Funds, the Canadian Ministry of Health and Welfare, the Canadian Optometric Education Trust Fund (COETF), the Optometry Board of Quebec, the Association of Optometrists of Quebec and some optical companies.

The most urgent goal of the school is to open discussions with the vice president for human resources to finance the contract of another faculty member holding academic credentials and dedicated to the research aspect of vision who could also help with teaching at the undergraduate and graduate levels. This has become a very difficult task because of the major budget cuts that all universities have suffered for the last four years.

Every year the students get involved, within the university, in two major activities: the Health Festival, which is held for one week in the winter quarter and involves all the students in health sciences. Lectures are presented on various topics by faculty of the health disciplines as well as by guest speakers, and some booths are available where information is given by the students. The optometry students also hold their "Vision Week" every fall and, as with the Health Festival, the public is invited to participate. This "Vision Week" is oriented toward optometric care and information about optometric services.

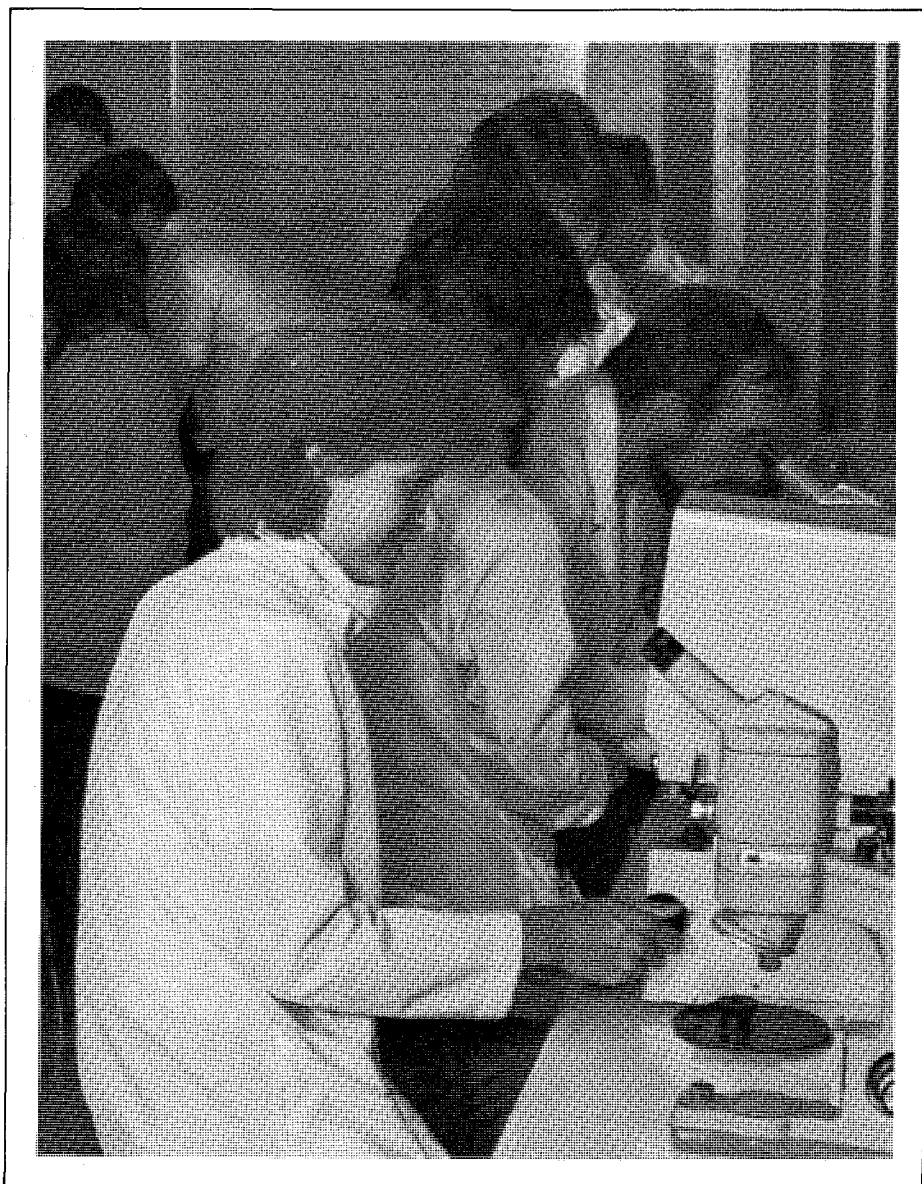
## Students

The school is currently granting the O.D. degree after a four-year professional program which the student enters after a two-year college program in health sciences. In December, 1983 the O.D. degree was granted to 35 students.

The enrollment for the 1983-84 year was as follows: 43 students in the first year, 67.0% of them female; 41 students in the second year, 71.0% of them female; in the third year there were 42 students, 61.0% female; and of the 35 of the graduating class, 66.0% female. This gives a total enrollment of 161 students of which 65.0% are females and 35.0% males. This represents a very large change in the student body over the last ten years, from the almost total absence of female students to a majority. This statement holds true at the University of Montreal for a large number of schools, including dentistry, medicine and engineering.

The number of applicants is still high compared to the number of admitted students: the ratio still remains around one student admitted for each 10 or 11 applicants. The new enrollment in the first year for next September will be 48, with a special effort being made to recruit foreign French-speaking students.

For the past few years there have been extensive discussions within the University bodies about establishing a policy for the participation of students in various departmental committees and especially within a "program committee" where discussions are held about the various aspects of the program. The issue is not resolved yet and the implementations will probably come during the 1984-85 academic year. ■



# SUSTAINING MEMBER NEWS

*Sustaining Members support ASCO initiatives on behalf of the optometric education community. Sustaining members are listed on the inside front cover of each issue. Membership is open to manufacturers and distributors of ophthalmic equipment and supplies, pharmaceutical companies.*

## **Softcolors™ Now Available in Low Plus Mid-Minus From Ciba Vision Care**

Ciba Vision Care, ASCO's newest sustaining member, announces that its Softcolors™ (tefilcon) tinted soft contact lenses are now available in a wider range of parameters. The four iris enhancing colors (green, blue, aqua and amber) are available in 13.8mm diameter Low Plus, plano to +6.00 diopters; and, in 13.8/14.5mm diameter Minus, plano to -10.00 diopters. Previously, SOFT-COLORS, permanently tinted contact lenses, were available in plano to -6.00 diopters, in the 13.8 and 14.5 diameters. This product expansion will allow more patients to be fit in the higher minus range, according to Jim Jansen, CIBA Vision's vice president for marketing and sales, and is especially significant for the hyperopic patient.

Ciba Vision Care is a developer and manufacturer of innovative soft contact lenses, including Bi-Soft® (tefilcon) bifocal lenses; Torissoft® (tefilcon) toric lenses; and Cibathin® (tefilcon) ultra-thin lenses. Headquartered in Atlanta, Georgia, the Company is a business arm of the Pharmaceuticals Division of CIBA-GEIGY Corporation in Summit, New Jersey.

## **Corning Sponsors Primary Care Seminar With Pacific University**

Sports vision, ultraviolet radiation, clinical management of red eye, computer software, and concepts in ophthalmic dispensing were among the topics at the Seattle Summer Conference for Optometrists August 17-19.

The Continuing Education Series seminar emphasizing primary optometric care was presented by Pacific University College of Optometry, Forest Grove, Oregon, through an educational grant from Corning Glass Works. The Seattle conference was a regional event, open to all licensed optometrists from the 13 western states, and College of Optometry alumni.

Alan Reichow's sports vision seminar kicked off the conference. Reichow, assistant professor of optometry at Pacific University and vision consultant for the Minnesota Vikings football team, discussed the benefits of "visual enhancement training" for athletes.

Ultraviolet (UV) radiation and its effects on vision were discussed by Corning research physicist Herbert Hoover, who has studied UV radiation for the past three years. Hoover presented a comprehensive model for solar ocular exposure to UV radiation that challenges popular thinking linking increased radiation hazards to particular types of sunglasses. Hoover's research group analyzed previous UV studies and found no correlation between levels of UV radiation or sunlight hours and cataract formation. These findings were included in Corning's recent report to the American National Standards Institute (ANSI) Committee on UV radiation standards.

Ophthalmologist Paul Owens, private practitioner and adjunct faculty member with the State University of New York (SUNY) system described optometric management of red eye.

Primary care laboratory sessions provided "hands-on" training in gonioscopy and indirect binocular ophthalmoscopy techniques.

Les Shipley, a private practitioner and computer software specialist, offered comparisons of available optometric software and advice on analyzing patient care needs for computer use. Shipley's talks were interspersed with computer laboratory sessions and exhibits.

Ophthalmic dispensing and prescribing concepts were presented by Ralph Drew and John Miller. Drew, a Fellow of the British College of Optometrists and editor of *Optical Management*, has pioneered advances in ophthalmic dispensing over the last several decades.

Miller, vice president of Vision-Ease and director of the Better Vision Institute, outlined "Lifestyle Dispensing" to tailor optometric products to individual patient needs.

The Primary Care Seminar was the third annual summer conference in Pacific University's Continuing Education Series. This is the first year in which Corning Glass Works has participated, through educational grants and contributions from its areas of expertise.

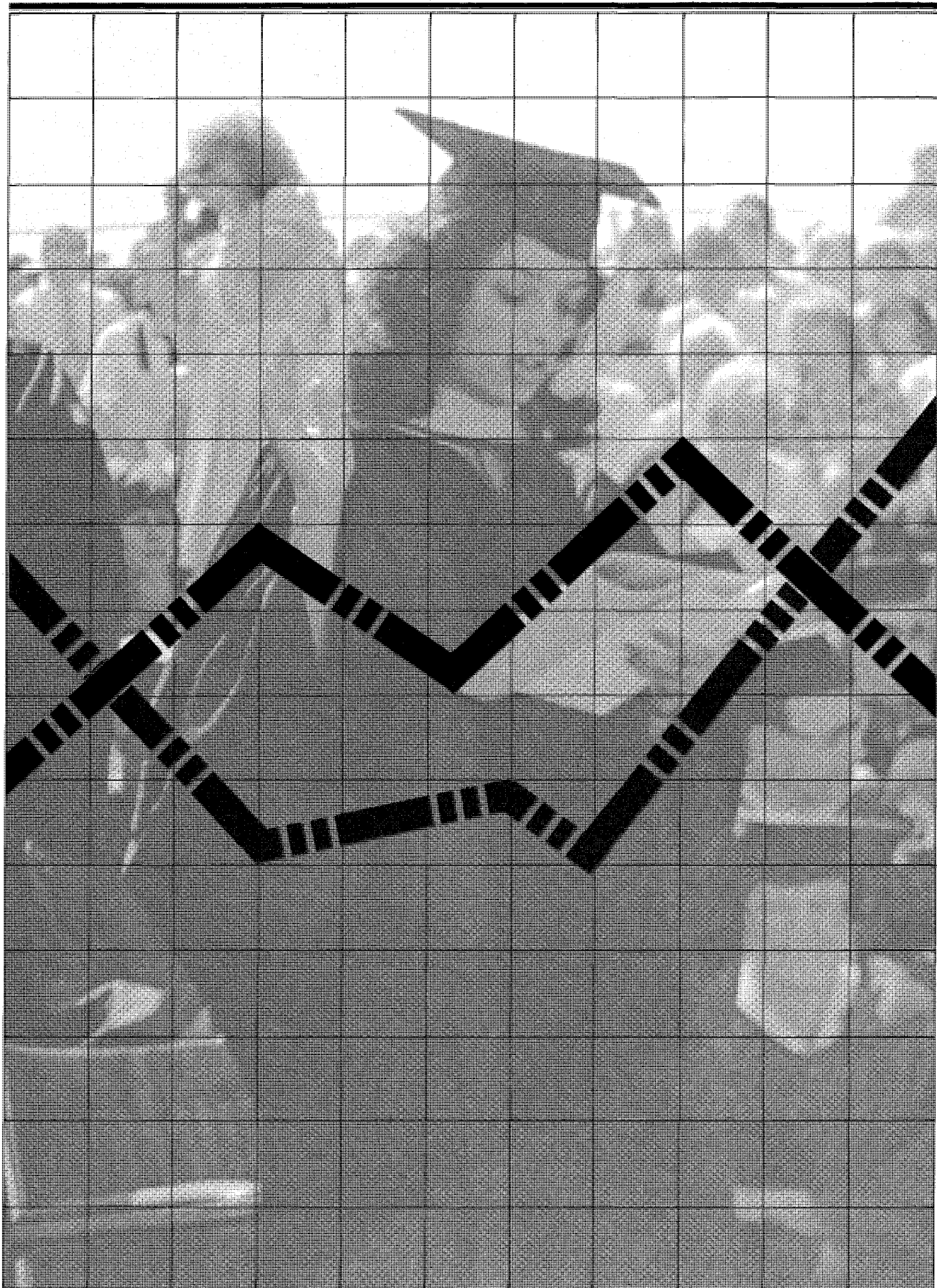
## **Logo Paris Announces New National Sales Manager**

Jack Raley, a graduate of Stanford University with a background of eleven years' marketing experience, has been appointed national sales manager at Logo Paris replacing Art Mercer. Raley's office is located at the Novato, California headquarters.

Logo Paris also announced, in its newsletter, "Looking Ahead," the development of a lending library of audio visual materials available free to O.D.'s. They include a twenty-minute Summer Fashion Show from Paris featuring top designers. There is also a three-minute video about Logo Ten, the frames created for interchangeable lenses. Also available is a twelve-minute documentary demonstrating proper techniques for mounting lenses in the Nylor rimless frames and the related grooving technique. Logo Paris plans to expand the library to include videotape and film covering a wide range of subjects related to eyecare.

## **Marco Introduces International Stand and Chair**

Marco Equipment, Inc. has introduced the newest addition to its product line, the International Stand and Chair. The International Stand and Chair is intended to combine sleek American styling with the practicality of European design according to David A. Marco, president of Marco. The International Stand and Chair eliminates the need to switch slit lamp and keratometer arms. A moveable table holds both instruments (or any two instruments) and easily swings in front of the patient and into position. The instrument directly in front of the patient automatically turns on. The second instrument is positioned and activated by moving the table horizontally. The table can then be swung out of the way when the examination is completed. The height of the table is preset to the doctor's comfort upon installation. A centralized control console to the right of the operator permits easy operation of light, chair and examination instruments. ■



## Part I: Demography and Practice Characteristics

# A Survey of Optometry Graduates to Determine Practice Patterns

Robert L. Bleimann, Ph.D.  
Lee W. Smith, M.P.H.

*This article is a summary of a two-volume study of optometry graduates conducted by ASCO. The data, which were produced from a survey of these graduates, covered new ground about various aspects of recently graduated O.D.'s experience in obtaining a state license, becoming established in practice and their practice characteristics. ASCO considered it important to publish a summary article of this large report in order to disseminate this important information within the profession. However, the resulting article was found to be too long to be included in a single issue of JOE. Therefore, the article is presented in two parts, as follows: Part I includes the background to the survey, demographics of the respondents and their practice characteristics; Part II includes the analysis of the graduates' licensure and practice establishment experiences. Part I of this article was written by Lee W. Smith, M.P.H., while Part II was written by Robert L. Bleimann, Ph.D. Part II will appear in the Winter 1985 Issue of JOE.*

### Introduction

Following a competitive bid process, the Association of Schools and Colleges of Optometry (ASCO) was awarded a contract in September 1981 to conduct a survey of optometry graduates of the years 1979, 1980 and 1981. This contract and a subsequent amendment ran for a two-year period and required ASCO to collect and analyze data from the graduates of the specified years to determine the following:

- their experience with the National Board of Examiners (NBE)
- examination and the state board licensure process
- delays encountered with the licensing procedures and reasons therefor
- their experience in establishing themselves in the optometric profession
- geographic location and practice modes
- future practice plans; and
- their professional relationship with

ophthalmologists and other health practitioners.

To some extent the survey project also was to be a follow-up study to a national survey of some 22,000 practicing optometrists conducted by the American Optometric Association (AOA) in 1978. This earlier study collected data about the practice mode and the demographics of the practitioners.

During the period covered under the contract some 3,100 individuals had graduated from the then 13 schools and colleges of optometry. In view of the relatively small size of the group it was

decided to survey this total universe of graduates.

The following schools were included in the survey: Ferris State College of Optometry (FSC); Illinois College of Optometry (ICO); Indiana University, College of Optometry (IU); New England College of Optometry (NECO); Pennsylvania College of Optometry (PCO); Pacific University, College of Optometry (PU); Southern California College of Optometry (SCCO); Southern College of Optometry (SCO); State University of New York, College of Optometry (SUNY); The Ohio State University, College of Optometry (TOSU);

**TABLE 1**  
**Final Results of the Survey by Year of Graduation**

		Responses		Non-responses		
Year of Grad.	Year Total	No.	Percent	Number Non-Responses	Number Not Delivered	Percent
1979	1017	721	70.9	264	32	29.1
1980	1034	743	71.9	247	44	28.8
1981	1081	813	75.2	247	21	24.8
Totals	3132	2277	72.7	758	97	27.3

Robert L. Bleimann, Ph.D. is presently a staff member of the American Optometric Association and was project manager for the contract while serving with ASCO. Lee W. Smith, M.P.H. is executive director of the Association of Schools and Colleges of Optometry and served as project director for the contract.

University of Alabama, Birmingham, School of Optometry (UAB); and University of Houston, College of Optometry (UH). The names and addresses of the graduates of each of the three years under study were obtained from each of the participating optometry schools. A master address list of graduates was prepared and verified and 3,067 questionnaires were actually mailed.

The response to the survey was gratifying in that 2,275 usable responses were received, representing some 72.0% of the population. A review of the respondent group against other available data, namely the annual Council on Optometric Education survey, indicated that it was representative of the total population in relation to the ratio of male and female graduates and nearly so in racial/ethnic mix. It should be noted, however, that it was impossible to test whether any bias existed as a result of the self-selection process in responding to the questionnaire. It is possible that non-respondents, such as those not successfully achieving licensure, may not be randomly distributed in the sample population. The distribution of respondents and non-respondents from the cohort group is presented in Table 1.

### General Demographic Characteristics

Of the 2,275 respondents to the survey 84.0% were males while females composed 16.0%. This percentage figure underscores the significant increase in the number of female optometrists in the 1970s. For instance, women composed 2.2% of graduates in 1968, 12.1% in 1979, 20.1% in 1981. Recent entering classes of optometry students are in excess of 38.0% female. In addition, women are functioning in the profession to the same extent as their male counterparts. The percentages are 98.7% males versus 97.5% for females of the respondents to the survey. Therefore, while it has been held by many in the profession that women frequently were lost to the profession for personal or family reasons, our data do not support this hypothesis for their early years in practice.

The average age of the respondents at graduation was 27.5 years with no significant variation among the three graduating classes (or cohorts). A significant number (64) of individuals received their O.D. degree past age 35, however. This would appear to represent a group of individuals who have sought a mid-life career change.

The racial/ethnic composition of the graduates indicates that minorities com-

pose about 6.6% of the respondents. The proportion of minority to white graduates in the optometric profession has not changed significantly in recent years.

Asians accounted for almost two-thirds of the minority graduates, with Blacks placing second in the survey data. Recent data, however, from the Council on Optometric

**TABLE 2**  
**Distribution of Practitioners by State**

State	1978 AOA Data	Percent	1983 ASCO Data	Percent
Alabama	214	1.04	41	1.87
Alaska	24	.12	6	.27
Arizona	175	.85	25	1.14
Arkansas	187	.91	19	.87
California	2784	13.47	301	13.70
Colorado	248	1.20	30	1.37
Connecticut	271	1.31	28	1.28
Delaware	39	.19	4	.18
DC	53	.26	11	.50
Florida	603	2.92	86	3.91
Georgia	311	1.51	49	2.23
Hawaii	78	.38	15	.68
Idaho	104	.50	12	.55
Illinois	1679	8.12	104	4.73
Indiana	592	2.86	61	2.78
Iowa	345	1.67	26	1.18
Kansas	276	1.34	20	.91
Kentucky	249	1.21	40	1.82
Louisiana	244	1.18	31	1.41
Maine	137	.66	17	.77
Maryland	213	1.03	42	1.91
Massachusetts	746	3.61	67	3.05
Michigan	843	4.08	90	4.10
Minnesota	356	1.72	30	1.37
Mississippi	122	.59	16	.73
Missouri	424	2.05	30	1.37
Montana	108	.52	9	.41
Nebraska	160	.77	16	.73
Nevada	50	.24	10	.46
New Hampshire	85	.41	9	.41
New Jersey	733	3.55	50	2.28
New Mexico	94	.45	23	1.05
New York	1617	7.82	128	5.83
No. Carolina	364	1.76	56	2.55
No. Dakota	79	.38	19	.87
Ohio	1000	4.84	97	4.42
Oklahoma	287	1.39	34	1.55
Oregon	337	1.63	39	1.78
Pennsylvania	1220	5.90	106	4.83
Rhode Island	121	.59	7	.32
So. Carolina	189	.91	23	1.05
So. Dakota	86	.42	7	.32
Tennessee	404	1.95	38	1.73
Texas	891	4.31	127	5.78
Utah	83	.40	12	.55
Vermont	48	.23	6	.27
Virginia	342	1.65	35	1.59
Washington	396	1.92	47	2.14
West Virginia	147	.71	27	1.23
Wisconsin	465	2.25	59	2.69
Wyoming	48	.23	12	.55
<b>TOTAL</b>	<b>20671</b>	<b>100.01</b>	<b>2197</b>	<b>100.07</b>

Education Annual survey, indicate that Hispanic enrollment is on the increase.

## Geographic Distribution

It was deemed useful to compare the geographic distribution of the graduates surveyed with the data collected in the 1978 inventory of optometrists. Table 2 indicates the number and percent of practicing optometrists by state, according to the 1973 inventory data, and compares this to the recent graduates. This comparison indicates that, by and large, new practitioners establish themselves in states in roughly the same proportion as existing practitioners. There were some differences which were considered significant, however, and Table 3 is presented to demonstrate those states showing a percentage increase or decrease of plus or minus 0.5%. ASCO considered this figure to be a measure of practical significance. While ten states registered an increase in the number of O.D.'s, six attracted fewer practitioners from the survey group. The table clearly shows the decreases are dramatically larger than the increases.

Further analysis of the table yields some interesting comparisons. The national average of optometrists to population is 9.73 O.D.'s per 100,000 population. Of those states where an increase in the number of optometrists is noted, all but two fell significantly short of this average level. One exception, North Carolina, can perhaps be traced to the broader legal authority for practice in that state. It is noteworthy that these states fall in the general region of the sun belt. In contrast, the greatest decline in population is found in states where the O.D. population ratio is either near or above the average. Each of these is a Northern industrial state.

## Practice Characteristics

In an attempt to provide an update of the 1978 survey, questions were included which were almost identical to those in the 1978 questionnaire. Data were collected about the following topics:

- professional status in optometry for both principal and secondary employment
- occupational mobility
- practice characteristics; and
- geographic mobility

## Professional Status

Employment status for the purposes of the analysis was divided into four categories: self-employed, salaried in a clinical setting, salaried in a non-clinical setting and

other. The data on employment status are included in Table 4. It can be seen that the most common form of employment is self-employment, with 54.3% of respondents.

Salaried employment in a clinical setting amounts to 39.5% of the respondents. Only 4.8% are functioning in other than a clinical setting. When the data are broken

**TABLE 3**  
Comparison of States Gaining and Losing Optometrists

State	Percent Increase	O.D.'s per 100,000	State	Percent Decrease	O.D.'s per 100,000
Alabama	.83	5.79	Illinois	3.39	15.00
Florida	.99	7.15	Mass.	.56	12.94
Georgia	.72	6.22	Missouri	.68	8.80
Idaho	.55	12.08	New Jersey	1.27	10.03
Kentucky	.61	7.22	New York	1.99	9.08
Maryland	.88	5.20	Penn.	1.17	10.37
New Mexico	.60	7.91			
N. Carolina	.79	12.36			
Texas	1.47	6.98			
W. Virginia	.52	7.92			

**TABLE 4**  
Percent of Respondents Indicating Principal Employment According to Category of Employment Type (Summary of Table 9-1)

	Total	1979	1980	1981
Self-employed	54.3%	62.8%	57.5%	43.5%
Salaried in a clinical setting	39.5%	32.3%	36.7%	49.0%
Salaried in a non-clinical setting	4.8%	3.3%	4.6%	6.0%
Other	1.5%	1.5%	1.1%	1.8%

**TABLE 5**  
Principal Employment by Sex of Respondent According to Category of Employment Type (Summary of Table 9-5)

	Male	Female
Self-employed	57.5	50.6
Salaried in a clinical setting	37.6	40.5
Salaried in a non-clinical setting	3.7	6.6
Other	1.1	2.4

out by cohort one notices that the number of self-employed practitioners increases rather sharply from the first year after graduation (43.5% in 1981) to 62.8% in the third year after graduation. Conversely, the number of graduates in a salaried position decreases over time, in about the same proportion as the increase in the self-employed category.

There has been concern expressed in the profession over the alleged number of new graduates entering the commercial practice of optometry, i.e., employed by an optical company. The data collected in this survey do not support this contention insofar as less than 7.0% of the respondents reported that they worked for an optical company. The data from this survey

show the trend among recent graduates is in the direction of seeking self-employment.

When the data on employment status response by sex (Table 5) are examined, one notes that among the respondents there appears to be a somewhat higher inclination of men to enter self-employed status than the women graduates. Analysis

**TABLE 6**  
**Patient Referrals by Respondents to Other Health Care Professionals by Cohort**

Referrals to:	YEAR OF GRADUATION			
	TOTAL	1979	1980	1981
Optometrists	1485 68.8%	513 73.3%	507 72.0%	464 61.7%
Ophthalmologists	2122 98.4%	686 98.0%	698 99.1%	737 98.0%
Other M.D.'s	1850 85.8%	612 87.4%	612 86.9%	625 83.1%
Health Professionals	890 41.3%	353 50.4%	304 43.2%	233 31.0%
Non-health Professionals	441 20.4%	182 26.0%	134 19.0%	125 16.6%
None of the Above	12 .6%	4 .6%	2 .3%	6 .8%
Analyzed Respondents	2157 315.3%	700 335.7%	704 320.5%	752 291.2%

**TABLE 7**  
**Patient Referrals by Other Health Care Professionals to Respondents by Cohort**

Referrals by:	YEAR OF GRADUATION			
	TOTAL	1979	1980	1981
Optometrists	1075 49.8%	403 57.6%	349 49.6%	322 42.8%
Ophthalmologists	1250 58.0%	437 62.4%	433 61.5%	379 50.4%
Other M.D.'s	1282 59.4%	460 65.7%	417 59.2%	404 53.7%
Health Professionals	991 45.9%	361 51.6%	344 48.9%	286 38.0%
Non-health Professionals	888 41.2%	324 46.3%	281 39.9%	283 37.6%
None of the Above	286 13.3%	72 10.3%	82 11.6%	132 17.6%
Analyzed Respondents	2157 267.6%	700 293.9%	704 270.7%	752 240.1%

of this same data by racial/ethnic groupings was considered inconclusive in view of the relatively small numbers of each racial/ethnic group represented in the population responding.

The survey form also collected data on secondary employment. It was noted that 70.1% of the respondents had no secondary employment. Of the 30.0% reporting a second employment status, the most common were:

- employed by an optometrist (8.9%)
- solo practice (5.0%)
- employed by an optical company (4.3%)

## Occupational Mobility

The survey instrument did not directly solicit information on whether the new practitioner changed his/her employment status. We were, however, able to demonstrate change through the use of dates provided to two specific questions regarding first and present employment. The data indicate that 57.6% of graduates of the first cohort group (1979 graduates) had changed positions by the time of the survey. This compares with 48.4% of the 1981 graduates. The survey data suggested the hypothesis that graduates enter a first position which is not that which they preferred. The reasons for this apparent behavior may be educational indebtedness, inability to raise needed capital or other possibilities. As a result, many graduates enter a salaried position after graduation. Subsequently they overcome the obstacles to their professional preference and move toward self-employment, which is their professional goal. The data collected in this survey provides some significant support for this hypothesis and suggests fertile ground for additional investigation of the fact that graduates are definitely goal-oriented.

## Practice Characteristics

A number of sections of the questionnaire collected data on the type of optometric practice, hours worked, patient load, utilization of paraoptometric personnel and relationships with other health professionals.

### Type of Practice

Approximately 90.0% of respondents who are in practice indicate general optometry as their primary type of practice, while another 8.0% reported that their pri-

mary practice was in contact lens. No differences in response were noted among the three cohort groups. As a secondary emphasis, 73.7% reported contact lens services while 9.0% indicated general optometry. Also represented in the secondary category was vision training and orthoptics and developmental vision at a level of 5.0%. An analysis of this data by sex and racial/ethnic groups was inconclusive in view of the small numbers in these categories.

### Hours Worked

The questionnaire elicited information on the number of hours worked by the respondents. The range of results was extreme in that some reported working 1-10 hours per week and others over 70 hours per week. The most frequent responses, however, were in the 31-40 and 41-50 hour ranges per week (77.3%). Analysis of these data by the type of employment was accomplished as well. There is some indication that those in self-employment mode work slightly more hours per week than those in a salaried position.

### Patient Load

In order to determine the work load of the survey population a question on the

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*"New optometry graduates are goal oriented to self employed status rather than being employed by others."*

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number of complete vision analyses (CVA) conducted per month was included. It was considered that the concept of CVA was the most useful indicator of clinical work load. The wide range and extremely high numbers reported by many respondents causes us to consider the results unreliable and are therefore not reported.

### Use of Optometric Assistants

Of the 2,275 respondents, 72.8% reported the use of ancillary optometric personnel. This level is only slightly higher than that reported in a survey conducted by the American Optometric Association.

### Relationships with Other Health Professionals

The relationships of optometrists with others in the profession, physicians and other health care practitioners, is considered an indicator of the integration of the optometrist into the health care community. Further, it represents an important factor in the delivery of services and the effectiveness of the practitioner in fulfilling his/her role in the health care system.

The questionnaire utilized a qualitative indicator of these relationships as referral of patients to and referrals of patients from various other health professionals. No quantitative information was obtained. Care is suggested in interpreting the resulting responses. Of the respondents only 1.0% reported that they had made no referrals. On the other hand, 13.3% reported receiving no referrals from other health professionals.

Referrals to other health care sources included 98.0% to ophthalmologists and 86.0% to other M.D.'s. Of those receiving patient referrals, 60.0% were from ophthalmologists and other M.D.'s. While no particular differences exist between the three cohort groups, there is some increase in the referral pattern by the practitioner over time in practice. Tables 6 and 7 summarize the responses on referral patterns.

The referral patterns were also examined by type of practice and difference in the various states. Self-employed optometrists both referred and received referrals at a higher level than those in employed status. The variations of referrals by state were great and a variety of analyses failed to provide any logical explanation for the variances observed.

The opportunity exists to establish this survey as a basis for further follow up of the same respondents in later years to determine changes in practice circumstance and other aspects of their professional career development. ■

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# Demographic Characteristics of UHCO Graduates 1955-1979

Sam Quintero, O.D.  
and  
David Perrigin, O.D.

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**T**he purpose of this study was to provide a description of the demographic and professional characteristics of the University of Houston College of Optometry graduates from 1955 to 1979.

This study will provide useful information for evaluating or redirecting UHCO with regards to student recruitment and admissions policies, curriculum development and post-graduate education.

Graduates from 1955 to 1979 were included in this study. This period reflects the University of Houston College of Optometry's first 25 graduating classes. This represents a population pool of 939 graduates. The graduating classes of 1980 to 1984 were excluded from the study because of the mobile characteristics of many of the recent graduates. It was felt the time consuming process of locating them would yield information that would be difficult to assess accurately; many of the recent graduates have military obligations to fulfill or participate in residency programs. Other graduates become temporarily employed in order to become more confident practitioners, develop practice management skills and/or to stabilize their financial situations.

The information presented in this article was compiled by utilizing University of Houston College of Optometry commencement exercise programs to identify all the graduates (939). The Remittance Advice Form, which is part of the Texas Relicensure process, was also utilized. Each year every optometrist

licensed in Texas must renew his license for the coming year. The procedure for renewal includes the completion of a Remittance Advice Form that requests specific information about the individual optometrist. The completed form provides a source of current information regarding optometrists who have Texas Licenses. Telephone directories, The Blue Book of Optometrists 1956-1984 and current first-hand knowledge of graduate locations from UHCO faculty were also utilized. All these sources provided information that was useful in locating all the graduates. Networking was another means of obtaining information to help locate graduates.

These sources created an accurate listing of 938 out of 939 graduates. The missing graduate has never taken a state board and consequently very little information is available on this graduate.

The population statistics used in this study were obtained from the 1980 U.S. Census—Number of Inhabitants.

The characteristics that have been examined are: mean age at graduation, distribution by sex, activity status (What are the graduates doing now?), geographic distribution (i.e., state or origin, practice location by size of municipality, practice location by state), ethnic background and the professional affiliation of UHCO graduates that remained in Texas.

## Mean Age at Graduation

Figure 1 illustrates that the College of Optometry graduated older graduates during its early years. The mean age at graduation for the graduating classes of 1955 to 1962 ranged from 27.5 years to 29.5 years; beginning in 1964 and through 1976, the range of the mean

age at graduation dropped to 25.7 years to 27.0 years. In the last few years, 1977 to 1979, the range of the mean age at graduation showed an increasing trend, 26.5 years to 27.5 years.

## Distribution by Sex

During the first 25 years the College of Optometry graduated a total of 54 women. This represents less than 6.0% of the total number of graduates during this period. Figure 2 illustrates the number of women graduating from 1955-1979 and it is evident from this graph that there is a recent trend toward graduating more women. This trend is further substantiated by the fact that in the classes of 1984, 1985, 1986 and 1987 there are 132 women and 268 men presently enrolled. This would represent approximately 33.0% women graduating from UHCO in the very near future. Additionally, in the present first-year class 44 women are enrolled; this is one more than the total number graduated in the first 24 years of the school's existence.

## State of Origin and Practice Location

Table 1 reveals that 60.3% or 566 of 939 graduates were from states other than the state of Texas. Further examination of Table 1 shows that 52.6% of the graduates practice in Texas. This is for Texas an effective or net gain of approximately 13.0% over the number of students originating from within the state.

Table 2 reflects the distribution by sex according to state of origin and practice location. Approximately 30.0% of the

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*Sam Quintero, O.D. and David Perrigin, O.D. are members of the faculty at the University of Houston College of Optometry in the area of Primary Care Optometry.*

out-of-state female graduates and 12.0% of the out-of-state male graduates stay in Texas.

## Activity Status

Table 3 shows the activity status of the 885 graduating males and 54 graduating females. The majority of the male graduates (92.0%) are in private practice either in Texas or in some other state; another 5.0% are in HMO's, V.A. hospitals, military or educational institutions; 2.0% or 18 males have pursued and completed medical education; and the other 1.0% are no longer licensed (n=4) or are deceased (n=5).

The majority of the female graduates (85.2%) are in private practice, either in Texas or in some other state; 13.0% participate in HMO's, VA hospitals, military or educational institutions. One female graduate has never been licensed. None of the women who have graduated from UHCO have pursued medical education and none is deceased.

The relative recency of establishment of UHCO in comparison to most other schools and colleges of optometry is clearly revealed by the low numbers of graduates in the no longer licensed and deceased categories in Table 3.

## Ethnic Background

In Table 4, the distribution of UHCO graduates by ethnic background reveals the following: Caucasians (n=847) 90.2%, Spanish-Surnamed (n=24) 2.6%, Black (n=6) 0.6%, Oriental (n=9) 1.0% and International (n=53) 5.6%. This clearly demonstrates a need for emphasizing recruitment of minority students into the College of Optometry. An active program is currently underway to recruit greater numbers of minorities.

## Distribution by Municipality Size

Figure 3 presents statistics on the distribution of UHCO graduates by municipality size. Approximately 53.0% of the male graduates practice in municipalities with populations between 5,000 to 100,000 and another 34.8% practice in populated municipalities with greater than 100,000 inhabitants. Females, 41.3%, practice in municipalities between 5,000 to 100,000 and another 43.4% practice in municipalities with greater than 100,000 inhabitants. A higher percentage of the female graduates, 32.7% as compared to the per-

centage of the male graduates, 16.2%, practice in cities of more than 500,000. This suggests that women tend to favor large urban areas in which to establish themselves.

The distribution of Caucasians by municipality size is similar to that for all graduates. This is not surprising given the fact that minorities represent less than 5.0% of the total number of gradu-

**TABLE 1**  
**UHCO GRADUATES 1955-1979**

STATE OF ORIGIN	NUMBER	PERCENT
TEXAS	373	39.7
OUT OF STATE	566	60.3
PRACTICE LOCATION		
TEXAS	452	52.6
OUT OF STATE	408	47.4

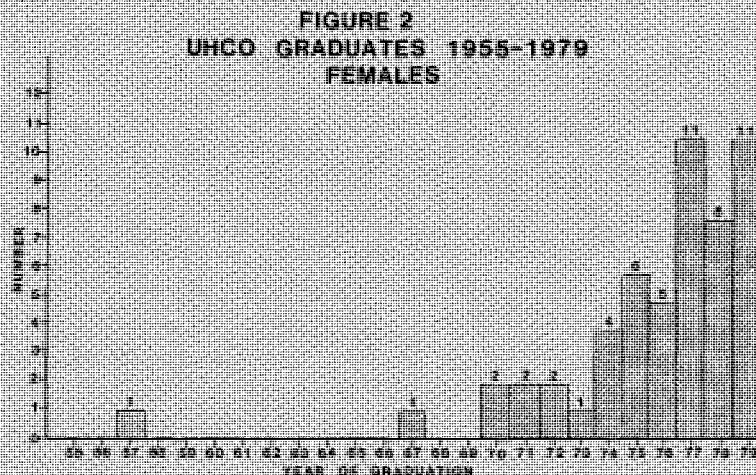
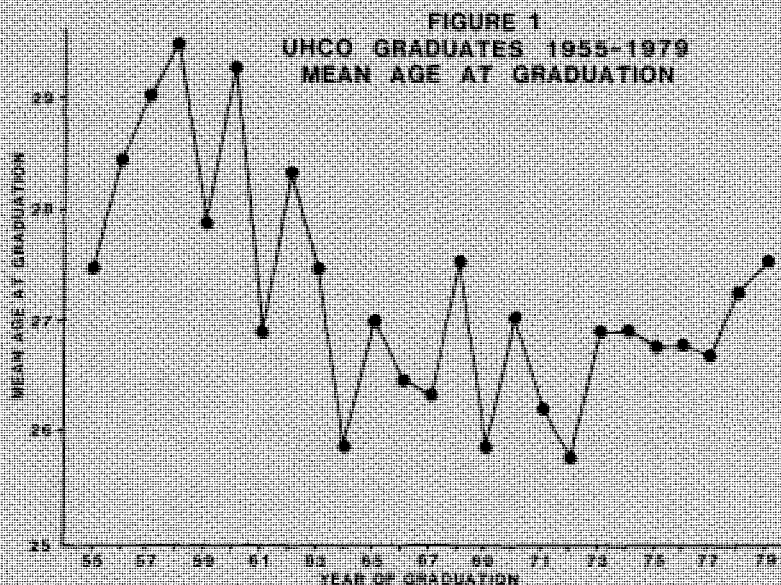


TABLE 2  
UHCO GRADUATES 1955-1979

MALES		
STATE OF ORIGIN	NUMBER	PERCENT
TEXAS	355	40.1
OUT OF STATE	530	59.9
PRACTICE LOCATION		
TEXAS	423	52.0
OUT OF STATE	391	48.0
FEMALES		
STATE OF ORIGIN	NUMBER	PERCENT
TEXAS	18	33.3
OUT OF STATE	36	66.7
PRACTICE LOCATION		
TEXAS	29	63.0
OUT OF STATE	17	37.0

TABLE 2  
UHCO GRADUATES 1955-1979  
MALES

	NUMBER	PERCENT
PRACTICING IN TEXAS	423	47.8
PRACTICING OUT OF STATE	391	44.2
PRACTICING IN HMO, VA, MILITARY, SCHOOLS, ETC.	44	5.0
OBTAINED MEDICAL DEGREE	10	2.0
NO LONGER LICENSED	4	0.5
DECEASED	5	0.5

FEMALES		
	NUMBER	PERCENT
PRACTICING IN TEXAS	29	53.7
PRACTICING OUT OF STATE	17	31.5
PRACTICING IN HMO, VA, MILITARY, SCHOOLS, ETC.	7	13.0
OBTAINED MEDICAL DEGREE	0	0.0
NO LONGER LICENSED	1	1.8
DECEASED	0	0.0

TABLE 4  
UHCO GRADUATES 1955-1979  
ETHNIC BACKGROUND

	NUMBER	PERCENT
CAUCASION	647	90.2
SPANISH SURNAMED	24	2.6
BLACK	6	0.6
ORIENTAL	9	1.0
INTERNATIONAL	53	5.6

ates during the profile period (1955-1979).

The distribution of Spanish-Surnamed graduates shows a bimodal distribution. Spanish-Surnamed graduates practice in municipalities that have greater than 500,000 inhabitants or in municipalities with populations between 5,000 and 25,000 inhabitants. The phenomena is due in large part to past recruitment practices and to the applicant pool characteristics of Spanish-Surnamed applicants. More recent efforts have been directed to recruiting Spanish-Surnamed applicants from large urban areas and to a lesser extent from rural areas.

The Black and Oriental graduates also demonstrated a bimodal distribution. The distribution of Black graduates for municipalities with inhabitants greater than 500,000 was 50.0% (n=3) and 33.3% (n=2) in municipalities with 25,000 to 100,000 inhabitants. The remaining Black graduate is in the military. The distribution of Oriental graduates for municipalities with greater than 500,000 population was 55.5% (n=5) and 22.2% (n=2) in municipalities of between 100,000 to 500,000 population. One Oriental graduate is in medical school and another is in the military.

## International Placement

Further examination of Table 4 reveals that UHCO graduated 53 international graduates; this represents 5.6% of the total number of graduates from 1955 to 1979. In Table 5, the statistics for the number of international graduates returning to their country of origin, remaining in the United States and emigrating to a different country are illustrated. Table 5 demonstrates that 50.9% of the total number remained in the United States, 39.6% returned to their country of origin and 9.4% emigrated to a different country. Many international graduates stated that they chose to stay in the U.S. because of economic and quality of life considerations.

## Professional Affiliation

Table 6 shows the professional affiliation of UHCO graduates practicing in Texas; approximately 48.1% (n=452) of the total number of UHCO graduates practice in Texas. Table 6 also shows that 55.1% of the UHCO graduates practicing in Texas have an affiliation

with the Texas Optometric Association, 19.7% affiliate with the Texas Association of Optometrists and a high percentage of the graduates, 27.4% have no affiliation with either of the state associations.

## Conclusions

The mean age of UHCO graduates decreased between 1958 and 1965 and started increasing between 1972 and 1979. The latter trend may be due to the delayed changes of career choice that characterizes the more recent applicant pools.

The number of female graduates has increased from less than 1.0% prior to 1970 to well over 12.0% in more recent years.

Approximately 40.0% of the students graduating from UHCO between 1955 and 1979 were derived from Texas. Approximately 53.0% of the total number of UHCO graduates remained in Texas, a net gain for Texas of approximately 13.0%.

The majority of male and female UHCO graduates, 92.0% and 85.2% respectively, entered private practice during the first 25 years of the school's existence.

The minority ethnic categories at UHCO have been grossly underrepresented.

A large number of UHCO international graduates (39.6%) have not returned to their countries of origin.

Finally, approximately one-fourth of the UHCO graduates practicing in Texas do not belong to either of the two representative professional state associations.

## References:

1. University of Houston College of Optometry commencement exercise programs 1955-1979.
2. Texas Optometry Board: Remittance Advice Form.
3. *The Blue Book of Optometrists* 1955-1984. The Professional Press, Inc., New York, New York 10017.
4. *United States—Census, 20th, 1980. Volume I, Characteristics of the Population.* U.S. Department of Commerce, Bureau of Census. Issued September 1981.

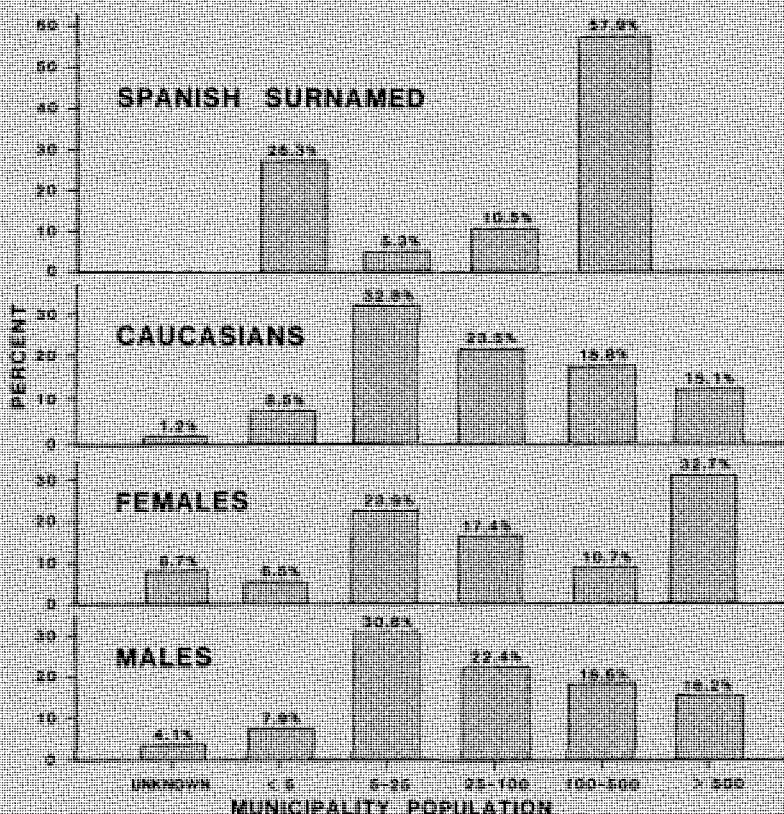
TABLE 5  
UHCO GRADUATES 1955-1979  
INTERNATIONAL PLACEMENT

	NUMBER	PERCENT
RETURNED TO COUNTRY OF ORIGIN	21	39.6
REMAINED IN UNITED STATES	27	50.9
IMMIGRATED TO DIFFERENT COUNTRY	5	9.4

TABLE 6  
UHCO GRADUATES 1955-1979  
PRACTICING IN TEXAS

	NUMBER	PERCENT
TEXAS ASSOC. OF OPTOMETRISTS	89	19.7
TEXAS OPTOMETRIC ASSOC.	249	55.1
NO AFFILIATION	124	27.4

FIG 3  
UHCO GRADUATES 1955 - 1979  
BY MUNICIPALITY SIZE



## AOA AND AOSA Membership Benefits for Students

### Introduction

Some confusion exists at schools and colleges of optometry regarding student membership in the American Optometric Association (AOA) and membership in the American Optometric Student Association (AOSA). Some students are under the mistaken impression that membership in one organization provides automatic membership in the other. Furthermore, some students question the need to belong to both organizations. This paper has been written at the request of the Board of Directors of the Association of Schools and Colleges of Optometry (ASCO), and is intended to help clarify the mechanics of membership and benefits of belonging to these two optometric organizations.

### Description of the American Optometric Student Association

The American Optometric Student Association (AOSA) consists of approximately 4,000 optometry students from 18 schools and colleges of optometry (15 in the United States, 2 in Canada and one in Puerto Rico). Each school or college of optometry has an AOSA trustee who is the liaison between their respective school or college and the AOSA Executive Council, which consists of the President, Vice-President, Treasurer and the Secretary of AOSA. The Executive Director of AOSA has the responsibility of administering the activities of AOSA and is housed at the AOA executive office in St. Louis, Missouri.

There are many benefits of AOSA membership. Student members who join in their first year receive the reference guide, "Synopsis of Ocular Anatomy," written and compiled by Dr. Michael Goins and Dr. Russell Hughes. During their third year students are given the "Pediatric Handbook" as another useful reference. AOSA has taken an active role in developing and

maintaining the newly computerized Practice Placement Service. However, to use the AOA/AOSA placement service, fourth year optometry students must also be members of AOA. All AOSA members receive "Foresight," the official publication of the AOSA. In addition, members receive subscriptions to the "Review of Optometry" and "Optometric Management." They also receive the National Board of Examiners in Optometry candidate's guide. AOSA sponsors a yearly convention and meeting which enables students from all optometry schools to meet and gain knowledge about the field of optometry through lectures, presentations and optical exhibits. AOSA has several liaisons (such as to the American Academy of Optometry, the Association of Schools and Colleges of Optometry, the American Public Health Association and the National Board of Examiners in Optometry) who work with AOSA fostering improved communication and planning for programs and activities of mutual benefit.

### How to Apply for Membership in The American Optometric Student Association

Membership is open to all students enrolled at one of the schools or colleges of optometry in the United States, Canada and Puerto Rico. Student membership costs only \$12.00 per year. AOSA trustees put together a local membership drive discussing the benefits of joining AOSA. This is usually held during the beginning of the school year. Application fees must be received by November 1 of each year.

### Description of the American Optometric Association

The American Optometric Association (AOA) is a non-profit association representing more than 24,000 doctors of optometry and students of optometry. It is comprised of state associations representing each of the 50 states, and the District of Columbia, the doctors of optometry in the armed forces and students at the 16 schools and colleges of optometry in the United States and Puerto Rico. The AOA is governed by the AOA House of Delegates which meets each year to transact association business, elect association officers and establish association policy.

The objectives of AOA are "To improve the vision care and health of the public and to promote the art and science of the profession of optometry." These goals are achieved through the eleven-member Board of AOA trustees which oversees the business operations, the professional staff and the numerous divisions, sections and volunteers involved in the AOA structure. The AOA has executive offices located in St. Louis, Missouri and Washington, D.C.

One receives excellent benefits by becoming a student member of AOA. Student members in their third year of school receive the booklet "Your Key to the Future" which discusses the American Optometric Association framework and gives valuable information on optometry. The AOA/AOSA newly computerized placement service is available to fourth year AOA student members. This serves as a clearinghouse for students looking for practice opportunities with O.D.'s seeking associateships or wanting to sell their practices.

Available to student AOA members is the AOA United Student Aid Fund which currently has a loan capacity of nearly \$347,000 for optometry students. Student loans can range up to \$5,000 per year. Also available is the Guaranteed Parent Loan Program (GPLP) which allows a parent, whose son or daughter is an AOA student member, to receive up to \$3,000 per academic year. This loan program awards financial aid to students enrolled at an accredited school or college of optometry pursuing their Bachelor's Degree and Doctor of Optometry Degrees concurrently.

Student members of the AOA receive copies of the *AOA News*, the *Journal of the American Optometric Association* and can benefit from the very low insurance rates offered to AOA members. But perhaps most importantly, student members of the AOA become active participants in their chosen profession. The AOA represents the profession of optometry before Congress, federal agencies, the media and the public-at-large. There are many other benefits of AOA membership, including reduced registration fees at the annual AOA Congress.

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*Tracy Ken Tsuetaki, a 1984 AOA Summer Student Intern, is a third-year student at the University of California's School of Optometry at Berkeley. This paper was prepared with the assistance of Dr. David Davidson, Chairman of ASCO's Council on Student Affairs.*

## How to Apply for Student Membership in the American Optometric Association

It is important to realize that membership in the American Optometric Student Association (AOSA) does not include membership within the American Optometric Association (AOA). While the AOSA and AOA both serve important roles in optometry and therefore should be supported by optometry students, they are *separate organizations* which meet specific objectives set within each group.

AOA membership, for any student enrolled in an accredited school or col-

lege of optometry in the United States and Canada, is *free*. All that is required is completion of a membership application which is sent to the AOA Membership Services Department. Each school or college of optometry has an AOSA trustee who will distribute AOA membership applications to each entering optometry school class. Students will receive an AOA membership card when their application form has been received. Students need not reapply each year after the initial application but should notify the AOA Membership Services Department upon a change of address.

Remember, membership in AOSA does not constitute membership in AOA or vice versa. Without AOA membership, students will not be permitted to take advantage of the AOA insurance programs, loans, the AOA/AOSA Placement Service for fourth-year students or other benefits of AOA membership. See your AOSA trustee to be certain that you are enrolled as a member of both the AOA and the AOSA. Don't miss out on any of the benefits of membership to which you are entitled. ■

## ABSTRACTS

Robert Roseburg, O.D.  
State University of New York

**Toward the Factory of the Future.** Hazony, Y., in *Perspectives in Computing*, Vol. 3, December 1983; IBM Corp. Armonk, NY 10504.

This article describes a prototype CIM or Computer Integrated Manufacturing center, a computer-assisted facility that does not merely control a machining operation but accesses a data base, accepts design criteria, designs, codes, and produces a finished product. In other words, the system makes decisions. If this type of technology is in the industrial future (the not-too-distant future), ought we not as educators be looking toward the possible changes in optometry? The article describes an evolutionary change with revolutionary consequences when extended to broader fields. Will computers soon be writing prescriptions? If eye care follows other industrial developments, the answer may be yes, and we should be preparing students to deal with the likely developments.

**Evaluating Medical School Graduates of a Reduced Course Program: A Preliminary Report.** Weston, J.A. and Dubousky, S.L. J. Med. Ed., Vol. 59, No. 1, Jan. 1984.

Social, humanistic and practical considerations have resulted in a number of otherwise marginal applicants being admitted to health professional schools. A number of programs have evolved to develop these students into successful professionals. Most of the strategies in-

volve lightening of course loads as well as opportunity for remediation and/or enrichment. This study describes the effects on ultimate clinical competence of such a program.

One of the interesting aspects evolves from the requirement that all students have access to these special programs. In this case, a number of medical students chose to extend their time by a year for a variety of reasons other than academic jeopardy—enrichment, psychological, personal, family, religious, etc. and the study describes the effects on *clinical* performance as a function of each of these factors in addition to the academic one.

**Program for Increasing Enrollment of Early Acceptees in Medical School.** J. Gary, N.E., Rosevear, G.C. Med. Educ., Vol. 58, No. 12 (12/83).

This article describes efforts to increase the attractiveness of a professional program to high-quality applicants. The program seems feasible, not overly costly and, most important of all, successful in persuading highest quality students to attend the school after having been accepted. The program increased the success rate of this portion of the admissions process in attracting the best applicants from 6.5% to 41%. Basically, the school made a conscious recruiting effort. Their Fall (earliest) acceptees with the highest qualifications were assumed to have also been ac-

cepted by other, perhaps more prestigious medical schools. Rutgers, the school in question, therefore, mounted a program to acquaint these people with its best qualities. It seems to have worked. Optometry schools have similar problems competing for the best applicants. This is a positive, ethical approach worth looking at.

**Is Medicine Still an Art?** Schnabel, T.G., N.E.J. of Medicine Vol. 309, No. 20, pg. 1258-61.

Dr. Schnabel explores the role of the "doctor" in a world of technologically advanced diagnosis and treatment, greater awareness by patients of treatment options and greater control of health care by any number of lay, legislative and financial forces. He seems to describe a full circle where the old-time physician with few therapeutic tools concentrated on the personal relationship with and influence over the patient; the experience of the forties, fifties and sixties where more effective diagnosis and therapy lessened these influences; and the eighties and beyond where he suggests that communication arts will once again become important influences on health care as machines with huge data bases now begin to take over more of the actual decision processes.

The article should be read in its entirety before judging it. Don't be put off by the apparent references in the beginning to the "good old days." ■

# Practice Characteristics of Recent Illinois College of Optometry Graduates

Neil B. Gailmard, O.D., Morris S. Berman, O.D. and John A. Cromer, Ph.D.

## Introduction

In a society of stringent competition and unpredictable economics, it is difficult for graduating optometrists to assess practice opportunities. Optometric educators recognize the need to provide information to students, so they may be better prepared for the choices ahead. For this reason, greater attention has been given to practice management courses in the various optometric curricula. To present these courses, the

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changing nature of optometric practice needs to be understood.

A 1978 survey of New York optometrists by Soroka<sup>1</sup> indicated that 65.0% were in solo practice, 14.9% in partnership and 2.7% in group practice. A 1980 study by Gregg<sup>2</sup> polled 4,000 optometrists nationally and found: 73.0% in solo practice, 19.0% in group or partnership practice; less than 1.0% employed by ophthalmologists, 3.0% employed by optometrists and 1.0% in teaching. Furthermore, the study showed the 1979 median net income for those in practice 1 to 5 years to be \$25,000. Practitioners with 11 to 20 years of experience had a median net income of \$41,000. An ASCO<sup>3</sup> study completed in September, 1983 investigated characteristics of 1979-1981 graduates in detail. Principal employ-

ment type was solo 35.6%; partnership 14.9%; group 3.8%; optical company 6.7%; employed by optometrists 17.4%; employed by ophthalmologists 3.8%; and teaching 3.1%. The remaining 14.7% were spread over other employment categories with very small numbers. Therefore, it is seen that the principal practice type for recent graduates is a solo practice (35.6%) and this percentage doubles after five or more years in practice.

Our study was conducted among graduates of Illinois College of Optometry from 1978 through 1982, with the following goals:

1. To obtain information from recent graduates about their mode of practice, income and satisfaction level.

2. To enhance our practice management courses by discovering which topic

Table 1.

Practice Management Topic	Percent Responses		
	Extremely Important	Moderately Important	Unimportant
1. Comparison of various modes of optometric practice (solo, partnerships, etc.)	52	43	5
2. Basic business principles, general accounting, financial statements.	80	18	2
3. Tax laws; personal income tax, payroll tax, record keeping, planning.	79	19	2
4. Financing a new practice, loan applications, market surveys, sources of money other than banks.	77	21	2
5. Expected expenses and overhead in practice, equipment costs.	72	28	0
6. Legal aspects of optometry, contracts, leases, malpractice, FDA, FTC, state laws.	63	34	2
7. Insurance needs of the O.D.	44	51	5
8. Practice evaluation, figure the value of practice, purchasing the practice.	69	28	3
9. Office design, space needs, layout, costs of remodeling.	43	48	9
10. Optional dispensary, inventory, display methods, performing lab work, dealing with outside labs.	62	33	5
11. Managing assistants and employees, hiring, firing, benefits, policies, training.	63	32	5
12. Office procedures, appointments, telephone, filing systems, recall, bookkeeping.	66	31	3
13. Public relations, correspondence, newsletters, civic grps., printed material.	57	40	3
14. Professional fees, collections, credit policies, presenting fees.	65	31	4
15. Third party vision plans, participation advantages.	58	38	4

Relative importance of practice management topics.

areas were most useful to recent graduates.

## Methods

A four-page questionnaire (reproduced in Appendix 1) with an explanatory cover letter was mailed in January, 1983 to 730 ICO graduates of 1978 through 1982. 369 surveys were returned by April, 1983. The questionnaire was of multiple choice design.

Five of the questions investigated the respondent's year of graduation, current mode of practice, net income for 1982, income satisfaction and satisfaction with mode of practice. Additionally, the geographical region of the respondent's practice was noted. The geographical regions were defined as follows:

1. Northeast:

ME, NH, VT, MA, RI, NY, PA, MD, DE, NJ, CN.

2. Southeast:

WV, VA, DC, SC, GA, FL, TN, KY, AL, MS.

3. Midwest:

OH, IN, IL, IA, MI, WI, MN, MO, ND, SD, NB, KS.

4. West:

WA, ID, MT, WY, NV, CA, OR, HI, AK.

5. Southwest:

AR, LA, OK, TX, NM, AZ, CO, UT.

Questions covering various practice management course topics asked each respondent to rate the importance of topics as related to actual practice (Table 1).

## Results

The responses show that 37.0% of the respondents are in solo practice (22.0% chose to create new practices, and 15.0% purchased an existing practice). 16.0% are in partnership with an additional 14.0% working as an associate leading to a partnership; 7.0% are employed in commercial practices; 6.0% are employed by optometrists; 4.0% employed by ophthalmologists (empl. M.D.); 4.0% are in HMO settings; 1.0% are in teaching or research (Figure 1).

The net income levels reported revealed a wide range of earnings in 1982. The data represent different numbers of years in practice depending on year of graduation.

Table 2 shows the 1982 net income levels attained by each of the graduating classes. 1978 graduates reported a wide range of net incomes with the highest

**Table 2.**

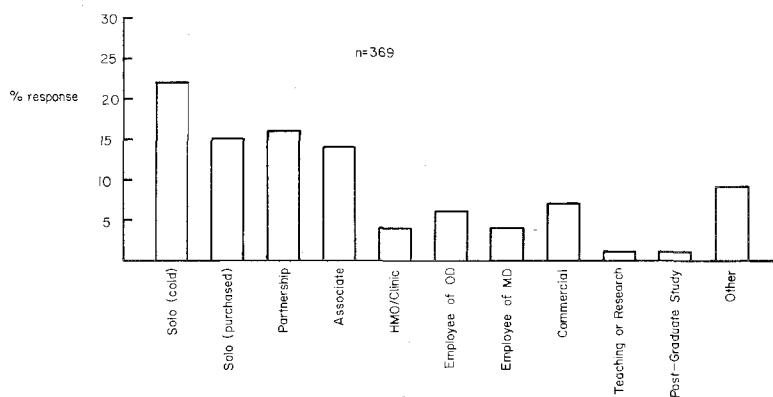
Net Income Levels by Graduation Year

Calendar Year	<15000	15-20000	20-25000	25-30000	30-40000	40-50000	50-75000	>75000	Total	Number of Responses
1982	59.2	12.9	11.1	9.2	7.4	0	0	0	100%	78
1981	10.2	19.1	25.0	19.1	16.1	4.4	5.8	0	100%	73
1980	10.5	16.6	16.6	21.7	23.0	8.9	7.6	0	100%	80
1979	4.3	10.1	17.3	17.3	26.0	14.4	10.1	0	100%	68
1978	8.2	9.5	9.5	13.6	19.1	19.1	16.4	4.1	100%	65

**Table 3.**

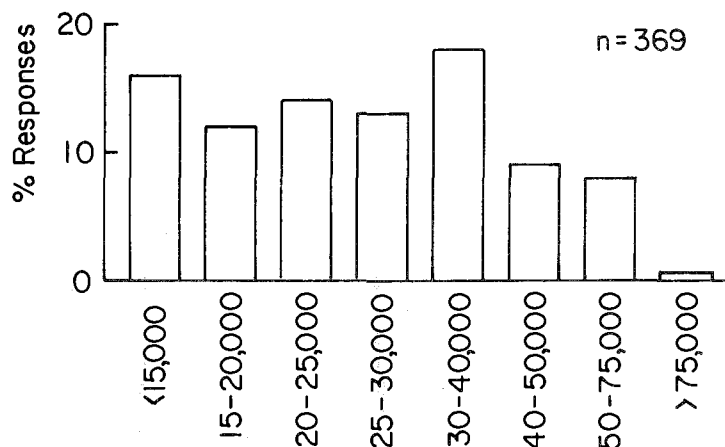
Current Modes of Practice by Geographic Region

	Solo (new)	Solo (purchased)	Partnership	Associate	HMO/Clinic	Empl. O.D.	Empl. M.D.	Commercial	Teach/Research	Post-graduate	Other	Total	Number of Responses
Northeast	21.7	23.9	13.0	13.0	8.7	4.3	2.2	4.3	0	4.3	4.3	100%	46
South	44.8	3.4	10.3	20.7	3.4	0	3.4	0	3.4	0	10.3	100%	29
Midwest	24.5	16.6	18.5	15.1	2.6	6.4	3.0	5.3	1.1	0.8	6.0	100%	265
West	36.7	16.7	0	13.3	3.3	6.7	6.7	10.0	0	0	6.7	100%	30
Southwest	21.4	7.1	7.1	7.1	0	21.4	14.3	14.3	7.1	0	0	100%	15



**Figure 1.**

Current Modes of Practice



**Figure 2.**

1982 Income Levels of Graduates of Classes 1978-1982

percentage (40.0%) earning over \$40,000 per year. Only income from optometric activities was considered in this survey. Figure 2 shows that 15.0% of respondents earned less than \$15,000 in 1982. Again, it should be pointed out that a large number of this group were graduates of the 1982 class and had therefore worked a maximum

of six months during 1982. The largest group of respondents (19.0%) earned between \$30-\$40,000 but the median income was about \$25,000. The practitioners earning more than \$75,000 accounted for only 0.8% of the population sampled.

The geographical region of each practice was considered with respect to

mode of practice and income level. The current modes of practice by geographical region are shown in Table 3. New solo practices were most common in the South (44.8%) with solo, purchased practices the lowest in the South (3.4%). The HMO/Clinic mode was most frequently seen in the Northeast (8.7%). Commercial practices accounted for a larger share in the Southwest (14.3%) and the West (10.0%).

This study also investigated the relationship between the mode of practice, income level and level of satisfaction. 43.0% of all respondents were extremely happy with their current mode of practice and only 12.0% were unhappy. Of the optometrists in new solo practices the largest percentage (25.5%) earned between \$30,000-\$40,000 in 1982. 2.1% earned over \$75,000. Employees of O.D.'s were the lowest paid practitioners with 26.1% earning less than \$15,000. 25.0% of commercial practitioners earned from \$25,000-\$30,000 (Table 4). Of the doctors earning \$75,000 or greater, 40.0% were in new solo practices (Table 5). The next income level, \$50,000-\$75,000 also revealed the largest number (34.5%) in new solo practices.

The satisfaction that practitioners derive from their work is as important a concern as their income. Table 6 provides a summary of levels of satisfaction of practitioners in each mode of practice. 56.1% of those in partnership are extremely happy with their situation and hope to continue it in the future. 100% of those in teaching and research are extremely happy but this response was based on only five respondents. The largest percentage of unhappy practitioners was found in commercial practice (38.1%) followed closely by those employed by optometrists (37.5%). The category of HMO/Clinics shows only 16.7% of optometrists to be extremely happy in that setting.

The second part of the survey dealt with the importance of topics taught in practice management courses. While the majority of respondents felt that all the topics listed were either moderately or extremely important some areas were rated higher than others. Approximately 80.0% of respondents felt the following topics were extremely important: basic business principles, general accounting, use of financial statements, tax laws, personal tax, payroll tax and financing of practice. Topics judged to be only moderately important were insurance needs for the O.D. and office design.

**Table 4.**  
Current Modes of Practice by Income Levels (%)

	Solo (new)	Solo (purchased)	Partnership	Associate	HMO/Clinic	Empl. O.D.	Empl. M.D.	Commercial	Teach/Research	Post Graduate
>\$75,000	2.1	1.6	1.8	0	8.3	0	0	0	0	0
50-75,000	10.6	9.8	7.3	3.6	8.3	0	0	20.0	0	0
40-50,000	6.4	11.5	20.0	1.8	8.3	17.4	0	10.0	20.0	0
30-40,000	25.5	23.0	20.0	14.5	8.3	13.0	30.8	10.0	20.0	0
25-30,000	13.8	13.1	14.5	20.0	16.7	17.4	30.8	25.0	20.0	0
20-25,000	9.6	13.1	18.2	23.6	25.0	21.7	15.4	15.0	20.0	0
15-20,000	17.0	14.8	14.5	12.7	0	4.3	7.7	5.0	0	0
<15,000	14.9	13.1	3.6	23.6	25.0	26.1	15.4	15.0	20.0	100

**Table 5.**  
Income Levels by Mode of Practice (%)

	Solo (new)	Solo (Purchased)	Partnership	Associate	HMO/Clinic	Empl. O.D.	Empl. M.D.	Commercial	Teach/Research	Post Graduate	Other	Total	Number of Responses
>\$75,000	400	200	200	0	200	0	0	0	0	0	100	3	
50-75,000	345	207	138	69	34	0	138	0	0	69	100	29	
40-50,000	182	212	333	30	30	121	0	61	30	0	100	34	
30-40,000	348	203	159	116	14	43	58	29	14	0	14	100	65
25-30,000	217	133	133	183	33	67	67	83	17	0	67	100	57
20-25,000	164	145	182	236	55	91	36	55	0	0	36	100	55
15-20,000	340	191	170	149	0	21	21	21	0	0	85	100	47
<15,000	226	129	32	210	48	97	32	48	16	48	113	100	52

**Table 6.**  
Satisfaction with Various Modes of Practice (%)

	Solo (new)	Solo (purchased)	Partnership	Associate	HMO/Clinic	Empl. O.D.	Empl. M.D.	Commercial	Teach/Research	Post Graduate	Other	All Modes
Unhappy	94	48	105	113	83	375	0	381	0	0	300	12
Reasonably Happy	427	484	333	547	750	375	643	524	0	667	400	45
Extremely Happy	479	468	561	340	167	250	357	95	100	333	300	43
Number of Responses	82	56	60	51	14	21	13	25	5	4	34	365

## Discussion

The demographic data of this study closely parallels income levels by Gregg<sup>2</sup> for optometrists in practice 1 to 5 years, and principal employment types found by ASCO. A dramatic reduction in solo practices is evident by comparing data for all years in practice (Soroka, 65%; Gregg, 73%) with ASCO, 35.6% and this study, 37%.

Recent ICO graduates are generally happy with their professional activities and content with their current incomes. The traditional modes of private practice (solo and partnership) appear to produce greater income in the first few

years of practice and the highest level of satisfaction. This is a promising conclusion since the financial rewards of solo practice and partnerships tend to increase greatly after the first five years when loans are paid and patient volume has increased.

The overall positive response to the importance of practice management topics listed in this survey indicates that there is need for inclusion of all topics. A strong emphasis should be placed on business principles, tax laws and practice financing.

## References

1. Soroka M. The supply of optometric manpower. *J Am Optom Assoc* 49(1): 53-56, January 1978.
2. Gregg J. Group practice. *Optom Management* 17(12): 33-41, December 1981.
3. A Follow-up Survey of Optometry Graduates to Determine Practice Patterns. Association of Schools and Colleges of Optometry, Washington, D.C., 1983.

## APPENDIX 1

# PRACTICE MANAGEMENT QUESTIONNAIRE

In the interest of improving the Practice Management courses at ICO, please take a few minutes to complete the following questionnaire. Following each topic description, please indicate the relative importance of the topic as it relates to actual practice.

A. extremely important

B. moderately important

C. relatively unimportant

1. Comparison of various modes of optometric practice: solo, partnership, associateship, professional corporation, HMO, commercial.

A B C

2. Basic business principles: general accounting, use of financial statements.

A B C

3. Tax laws, including personal income tax, payroll taxes, record keeping for deductions, planning.

A B C

4. Financing a new practice: preparation for loan applications, marketing surveys, sources of money other than banks.

A B C

5. Expected expenses and overhead costs in practice: equipment, costs.

A B C

6. Legal aspects of optometry: i.e. contracts, leases, malpractice, FDA, FTC, state laws.

A B C

7. Insurance needs of the O.D.

A B C

8. Practice evaluation: figuring the value of a practice, purchasing a practice.

A B C

9. Office design: space needs, layout for efficiency, costs of remodeling.

A B C

10. Managing the optical dispensary: inventory, display methods, performing lab work in the office, dealing with outside labs.

A B C

11. Managing and utilizing assistants and employees: hiring, firing, benefits, policies, training, duties.

A B C

12. Office procedures: appointments, telephone techniques, filing systems, recall, bookkeeping systems, tracking statistics.

A B C

13. Public relations: professional methods to develop new patients, correspondence, newsletters and mailings, civic groups, printed materials.

A B C

14. Professional fees and collection: establishing fees, presenting fees, credit policies, collection methods.

A B C

15. Third party vision care plans: understanding forms and contracts, participation advantages, disadvantages.

A B C

16. Year of graduation: \_\_\_\_\_

17. Your current mode of practice:

- ☐ Solo (started cold)
- ☐ Solo (purchased practice)
- ☐ Partnership
- ☐ Associate leading to partnership
- ☐ HMO/Clinic
- ☐ Employee in private optometric practice
- ☐ Employee in private ophthalmology practice
- ☐ Commercial
- ☐ Teaching or research
- ☐ Residency or graduate work

Other: Please state \_\_\_\_\_

18. What was your annual net income for 1982 (based upon optometric activities only)?

- ☐ Under 15,000
- ☐ 15-20,000
- ☐ 20-25,000
- ☐ 25-30,000
- ☐ 30-40,000
- ☐ 40-50,000
- ☐ 50-75,000
- ☐ Over 75,000

19. At this point in your career, please rate your satisfaction with your income:

- ☐ Less than expected
- ☐ Content with current income for now
- ☐ Earning more than expected

20. At this point in your career, please rate your satisfaction with your type of optometric practice:

- ☐ Unhappy with current situation, consider it temporary
- ☐ Reasonably happy with current practice situation
- ☐ Extremely happy with current situation, hope to continue it in the future

Please add suggestions that could be applied to strengthen the Practice Administration courses at ICO which would provide greater assistance to our graduates.

# RESOURCE REVIEWS

**HANDBOOK OF OCULAR PHARMACOLOGY.** M.B. Smith. PSG Publishing Company, Inc., Littleton, Massachusetts, 1984. \$23.50.

From famine to feast. Today's eye care practitioner has quite a menu from which to choose when searching for texts on ocular pharmacology. The clinician must decide on what personal voids need to be filled in the search for the ultimate text. None will satisfy all needs. The educator should recommend the text that provides the broadest base for the subject being taught.

The Handbook of Ocular Pharmacology is precisely defined by the title. It is a handbook and nothing more. I see some value as a quick reference in the busy optometric practice. It is too superficial to be meaningful in an analysis of general concepts of pharmacology, dosage estimates, and chemical reactions.

The chapter on autonomic drugs provides a good review of some important points but also presents some significant misinformation. The section in the autonomic drug chapter on cycloplegic drugs states that "they [cycloplegic drugs] produce a dilated pupil which may cause a narrow angle glaucoma attack, so pilocarpine is sometimes administered after refraction to decrease that potential." This statement certainly runs against the grain of current clinical thinking.

The chapter on drugs for glaucoma provides nice definitions of the various drugs but no clinical application. What sequence, dosage, follow-up is necessary when incorporating these drugs in a therapeutic regimen? The book provides one full chapter on myasthenia gravis and ocular pharmacology while not addressing the pharmacological diagnosis of pupillary abnormalities.

Ocular antihistamines come up short. Corticosteroids are covered in a dangerously superficial manner. Antibiotics are covered in five pages with no mention made of manner of application, dosages, or side effects. Antivirals are covered in two short paragraphs. The tables at the end of the text are of some value but are only a tabulation of material readily available in the Physicians Desk Reference. The chapter on over-the-counter ophthalmic products does not mention Lacri-lube, Duratears, or Duo-lube.

Appendix A provides the reader with a sample examination that contains some very good questions on basic pharmacology. Again, however, the text does not address meaningful clinical issues.

I am not quite sure where this text fits into modern day optometric practice. Perhaps there is some value as a quick reference. It could not be used in a continuing education pharmacology course or to teach optometry students. Nor is it appropriate as a refresher on diagnostic drug use. Fortunately, optometry is far ahead of this "new" handbook.

*Reviewed by—*  
Larry J. Alexander, O.D.  
Associate Professor, UAB  
College of Optometry

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be expected to begin repaying their moral obligation to the College until they are established in practice and their student loans have been paid."

## Keeping Up with People...

Dr. William E. Cochran, President of the Southern College of Optometry, Memphis, Tennessee, announces the following appointments. **Henry N. Peters, Jr., O.D., F.A.C.O.P.**, has been named to serve as Director of Institutional Advancement. Dr. Peters has served on the faculty and administration of the college for 21 years. In addition to his administrative duties, Dr. Peters also teaches advanced courses in Pharmacology and Therapeutics in the Biomedical Sciences Department.

**Douglas H. Poorman, Ph.D.**, has been named the new Dean of Faculty. Dr. Poorman had previously served for eight years as Dean of Academic Affairs at the Southern California College of Optometry. Dr. Poorman's responsibilities include continuing development and implementation of the curriculum and the coordination and management of faculty activities at the college. Dr. Poorman also is chairman of the Council on Academic Affairs of the Association of Schools and Colleges of Optometry.



David Corliss

**David A. Corliss, O.D., Ph.D.**, associate professor of physiological optics, has been appointed assistant dean for student affairs at the University of Alabama in Birmingham School of Optometry. He will be responsible for all student-related activities, including recruitment, admissions, discipline, counseling, student organizations and finan-

cial aid for the optometry professional students.

In addition to the B.A. degree in psychology and mathematics from the University of Vermont, Dr. Corliss holds the B.S. and O.D. degrees from the Massachusetts College of Optometry, the M.S. in physiological optics from Ohio State University and the Ph.D. in biophysics from UAB.

**Dr. Milton Katz**, Associate Professor of Vision Science and member of the Institute for Vision Research at the State College of Optometry, SUNY, has been awarded a three-year grant of \$256,188 from the National Institute for Handicapped Research of the Department of Education to research the performance of low vision aids. "This grant is the largest ever made to a faculty member at the College and is a significant contribution to the expanding work of the Institute," announced Dr. Edward R. Johnston, College president.

The State College of Optometry, State University of New York, announces the following appointments. **James Noe**, former Admissions Director and College Secretary at The Ohio State University's College of Optometry, has been appointed Vice President for Student Affairs and Admissions at the State College of Optometry, State University of New York. A graduate of The Ohio State University, where he received a B.S. and M.A. degree, Noe brings more than 16 years experience in student affairs to his new position. Noe has served as a consultant to the National Board of Examiners in Optometry and as chairman and vice chairman of the Council of Student Affairs of the Association of Schools and Colleges of Optometry. Noe fills an office vacated by Dr. Michael Heiberger, who has been named Vice President for Planning, Policy and Evaluation at the College.

**Barry J. Barresi, O.D.**, joined the faculty of SUNY's State College of Optometry as an Associate Professor and Health Services Analyst. "Dr. Barresi will serve as coordinator of the College's Veterans Administration Residencies and has been charged with ongoing analysis of the services of the University Optometric Center, the College's clinical facility and satellite programs as they

relate to the broader community needs and health care delivery system," noted Dr. Edward R. Johnston, President of the College. Prior to joining SUNY, Dr. Barresi was director of the Outreach Clinical Programs and coordinator of the Veterans Administration Residencies at the Southern California College of Optometry in Fullerton, California.

**Dr. Maurice G. Poster**, Professor of Optometry at SUNY, was recently appointed to the faculty of the College's Institute for Vision Research. A nationally recognized expert in contact lenses, Dr. Poster is a Diplomate to the Contact Lens section of the American Academy of Optometry and founding member of the National Academies of Practice in Optometry. Dr. Poster joins 20 vision scientists at the Institute who are involved in interdisciplinary research projects.

Pennsylvania College of Optometry President Melvin D. Wolfberg, O.D., has named two new President's Advisors to consult with him on matters related to institutional management and resource development. Appointed to the advisory group were **Meyer P. Potamkin**, President of Boulevard Mortgage Company and a leader of many Philadelphia civic and cultural organizations, and **Leonard Abramson**, President of the United States Health Care Systems, Inc., of Blue Bell, Pennsylvania, which operates HMO-PA, HMO-NJ and HMO-FL.

**Donald A.B. Lindberg, M.D.**, has been named by Health and Human Services Secretary Margaret Heckler as her intended appointee to the post of director of the National Institutes of Health's National Library of Medicine. Dr. Lindberg currently is the director of the Information Science Group and a pathology professor at the U. of Missouri School of Medicine, Columbia.

The Illinois College of Optometry has added two adjunct faculty to the staff: **Sami George ElHage, O.D., Ph.D.**, and **Ralph Norman Haber, Ph.D.** Dr. ElHage served as an associate professor and professor of physiological optics at the University of Houston. Dr. Haber is a professor of psychology at the University of Illinois at Chicago.



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