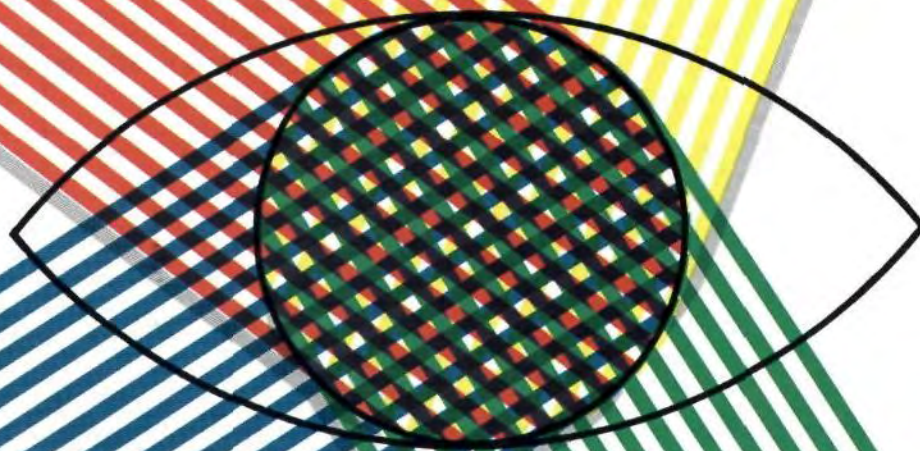


ASCO'S  
ANNUAL REPORT

Volume 12, Number 1  
Summer 1986

# JOURNAL OF OPTOMETRIC EDUCATION



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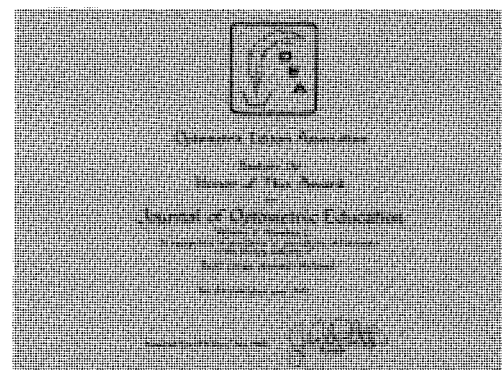
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The **JOURNAL OF OPTOMETRIC EDUCATION** is published by the Association of Schools and Colleges of Optometry (ASCO). **Managing Editor:** Patricia C. O'Rourke. **Art Director:** Dan Hildt. Graphics in General. Business and editorial offices are located at 6110 Executive Boulevard, Suite 514, Rockville, MD 20852 (301) 231-5944. **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 © 1986 by The Association of Schools and Colleges of Optometry. Advertising rates are available upon request. The Journal of Optometric Education disclaims responsibility for opinions expressed by the authors.

## The Neglected and Abused Case Report

There is probably no scientific manuscript that is more misunderstood than the case report. That is unfortunate because case reports have made important, though often overlooked, contributions to science. As an example, 10% of the recently published *Landmark Articles in Medicine* are case reports. On the other hand, the case report is frequently abused. The scientific merit of a case report rests upon its documentation of new observations or a modification of accepted management and/or therapy. An "interesting case" that does not offer anything unique is quite valuable in the classroom or clinic but few editors can defend the publication of another example of a case report that is already common and accepted knowledge. In my experience as an editor and a reviewer, case reports are probably the most frequently rejected of all scientific papers. This is especially true among infrequent writers and new authors.

The case report serves one of three functions. First, case reports are used to make a new observation about a condition or disease. Second, they can be used to point out interesting variations in disease. Finally, a different diagnostic strategy and/or therapy may point to an entirely new direction in case management.

However, case reports are not for letting everyone else know how good your photography skills are or how much of the literature you can cite in your manuscript or how many tests you can do on one patient. Although there are naturally exceptions, two or three figures and 15 references should be adequate for most case reports. The preparation of a single case report often calls for an extensive search of the literature but that does not suggest that authors should submit "A Case Report and Review of the Literature" to editors for consideration for publication. Editors, reviewers and readers certainly understand that the scientific literature has been reviewed by the author but how much of the literature is relevant to the case report? It should not be necessary for authors to prove their knowledge with lengthy reference lists. It is also unnecessary for authors to perform and report the results of numerous tests and measurements that make little contribution to the report.

The case report is an ideal manuscript for a new author or an infrequent writer. Most younger faculty are developing specific interest areas. Naturally, a great number of previous literature citations are gathered for background. As a result, if interesting or new observations about a condition will be made, those most familiar with the subject will be most aware of them. Because case reports generally follow a fairly rigid format, they also are ideal for infrequent scientific writers.

More experienced faculty also have an opportunity to contribute to case reports in two ways. If a younger faculty member or an infrequent author finds an interesting case and has the desire to prepare a case report for publication, the more experienced faculty member can help as a secondary author by offering advice on format, style and content. Of equal importance, they can offer the advice gained from their personal experiences in scientific writing.

I cannot count the number of case reports and other manuscripts that I have seen rejected or returned to the author for revision that would have been acceptable if they had been better prepared. Frequently, the author is very sensitive and feels frustrated and embarrassed by a request for revision. Often, the report is never seen again by the editor. This would not happen if the author had the benefit of counsel from a more experienced author. From my own perspective, I rarely have had a paper accepted without revision and several of my manuscripts have been rejected (some more than once). Unfortunately, some of my colleagues and almost all my students seem to think that because I write frequently my papers are rarely rejected or need revision. I should be so lucky!

Senior faculty also need to be reminded of the merits of the case report. Many of these faculty consider the case report of little consequence and unworthy of their efforts but they are wrong. Frequently, a single case report can change the current view of the entire profession on a subject. At other times a different management style or a unique view of a problem can encourage others to study the same subject with a fresh perspective.

The member institutions of the Association of Schools and Colleges of Optometry have the talent, training and the faculty to produce the finest case reports in optometry. Case reports can be a truly significant contribution to the literature of our profession.

John W. Potter, O.D.  
Editor

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## LETTERS TO THE EDITOR

Dear Dr. Werthamer:

I enjoyed reading your recent editorial in the most current issue (Volume 11, Number 4) of the *Journal of Optometric Education* regarding "Clinical Competency—Some Important Questions." You certainly raise some issues that need to be discussed and considered from all sides and I applaud your courage in putting these questions and views into print.

I would like to point out that the International Association of Boards of Examiners in Optometry (IAB) has, since 1979, advocated a clinical skills assessment by state licensing boards that is not along the lines that you give as an example of a state board examination: "Can one or two eye examinations at the time of a state licensing examination predict that candidate's clinical competency in the future or would it be better for the state boards to accept the optometric schools' and the colleges' evaluation of clinical competency for licensure and then monitor those licensees periodically to be certain that they maintain minimum or entering clinical competency?"

The original "Clinical Practicum Examination Model" of the IAB/NBEO, published in 1979, has set the stage for the development of a more complete

and more sophisticated program to develop a standardized clinical practical examination to assess clinical skills and "A Manual for the Assessment of Entry-Level Clinical Skills in Optometry" was published by the IAB in June 1985.

The IAB's position, as the national association of all state boards, is that there must be a much greater movement towards establishing valid and reliable measures of clinical skills assessment during state board licensing examinations, or by regional boards as they develop, and simply watching a candidate examine one or two patients, as you suggest, is not adequate to assure the public of the clinical skills of a new practitioner. In the IAB's view, any state board that relies on this limited approach to state licensing practical examinations, is leaving itself open to very serious challenge as to the validity and reliability of its examinations.

I believe that, with IAB's help, all state boards are moving to develop the appropriate understanding and methodology to provide a *standardized* clinical skills assessment which, when matched with the written examinations of the National Board of Examiners in Optometry which measure cognitive skills, fully meets the responsibilities of state boards to assure entry-level competency of optometric practitioners.

Once again, thank you for your interesting editorial and your willingness to discuss difficult issues.

Yours sincerely,  
Jerome S. Lieblein, O.D.  
President  
International Association  
of Boards of Examiners  
in Optometry, Inc.

Dear Mr. Lieblein:

I am gratified that the editorial that appeared in the Spring 1986 issue has stimulated some thinking and discussion on the testing of clinical competency of licensure candidates. That was exactly its purpose. I am not convinced that even a valid and reliable clinical skills assessment during state board licensing examinations has as much relevance for that candidate's future clinical competency as the continuous assessment given that student during his last two years in school by individuals who are experts in both optometry and the educational process. I think optometry, like all other learned health professions, will have to experiment with different methodologies until a program is discovered that will satisfy both the public and the profession.

Egon R. Werthamer,  
O.D., M.S., F.A.A.O.  
Trustee  
American Optometric Association

## RESOURCE REVIEWS

Felix M. Barker, II, O.D., M.S.

**A Handbook for Clinical Teachers**, D. Newble and R. Cannon, MTP Press, Boston, 1983, 148 pages, \$20.

Clinical educators are usually selected because of their patient care skills. They become clinical faculty with little or no additional training as educators. This is true in all of the health professions. Newble and Cannon recognized this lack of formal training and have written this book for all clinical faculty, but specifically for the beginning teacher. They make no pretense that this is the definitive textbook on the subject. They designed it as a general manual and in this they have succeeded.

One should not be misled by the title and assume that this book is solely for teaching in the clinical setting. The

authors have covered a full range of topics that would be of interest to health profession educators including all aspects of course preparation and student assessment. They also advise the reader how to prepare a lecture, a scientific poster and how to conduct small group teaching sessions. They also discuss how one can evaluate performance, a very desirable and frequently ignored feature. An additional value of the book is the listed references for many of the subjects for readers desiring additional and more detailed information on a topic.

The chapter on teaching in the clinic is very useful, particularly because it is the most difficult of teaching arenas. Of special importance is their checklist of

the attributes of an effective clinical teacher. The implementation of these items turns a student-patient-instructor encounter into an enriching learning experience. The items listed are:

- Do you encourage active participation by the students and avoid having them stand around in an observational capacity?
- Do you have and demonstrate a positive attitude to your teaching?
- Is the emphasis of your teaching on applied problem solving?
- Do you focus on the integration of clinical medicine with the basic and clinical sciences or do you spend most of the time on didactic teaching of factual material?
- Do you closely supervise the stu-



dents as they interview and examine patients at the bedside and provide effective feedback on their performance or do you rely on their verbal case presentations in the teaching room?

- Do you provide adequate opportunities for your students to practice their skills?

- Do you provide a good role model, particularly in the area of interpersonal relationships with your patients?

- Does your teaching provide stimulation and challenge?

- Is your teaching generally patient oriented or does it tend to be disease oriented?

- Are you friendly, helpful and available to your students?

This checklist is clearly applicable to clinical educators in all of the health disciplines (with minor modifications) and would be useful to periodically distribute to all clinical faculty.

An illustration of the breadth of this book is that in discussing slide presentation it not only details how one uses slides effectively but how one spots and numbers slides so that they are not projected upside down or out of sequence. This can save space when traveling by not having to take the entire slide tray as

well as embarrassment for the speaker. (For those readers who forgot, the slide should appear upside down and the dull [emulsion] side faces the projection screen.)

While presentation on videotaping for educational needs is nicely accomplished, the authors barely introduced the utilization of computers. One wishing to use this book to gain any information on this technology for teaching will be disappointed.

The goals of the authors were met. It is a good source of information for the busy teacher. They intentionally reduced the solemnity of the presentation by cartoon-like illustrations. These illustrations give the reader the false impression that the book is somewhat frivolous; a review of its contents belies this impression. This is a useful book, one that not only belongs in optometry school libraries but which should be a part of the introduction materials presented to all new clinical educators.

Guest Reviewer:

D. Leonard Werner, O.D.

Professor & Department Chairman

Clinical Sciences Department

State College of Optometry

State University of New York □

**Common Eye Diseases and Their Management**, N.R. Galloway, M.D., Springer-Verlag, Great Britain, 1985, 278 pp, 119 illustrations, soft cover.

Common Eye Diseases and Their Management is written by a British ophthalmologist for a specific group of readers, namely, medical students and general practitioners. This, along with the differentiation within the ophthalmological profession in England, influences the organization and breadth of the topics covered.

The book starts with an overview of ocular anatomy and eye examination methods. The common ocular diseases are then divided into sections according to which practitioner (primary care, eye surgeon, medical ophthalmologist) will most likely see them. This causes some redundancy in the text and adds minor confusion to its organization. This is evident when the author categorizes the red eye into two areas; those seen by the primary care practitioner (conjunctivitis) and those seen by the medical ophthalmologist (uveitis).

The book contains only black and white photographs. Many of these would not be helpful to primary care

(continued on page 30)

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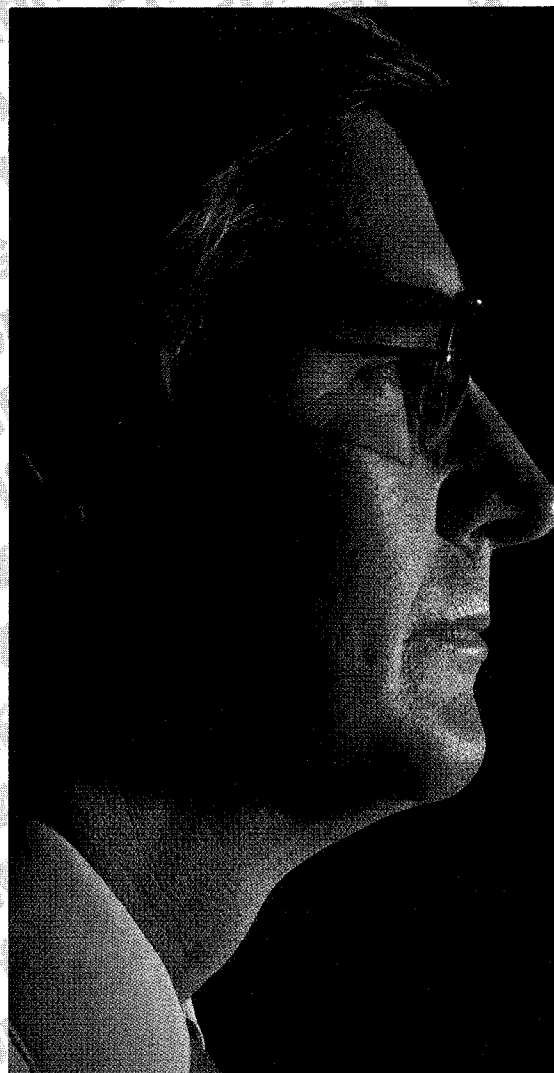
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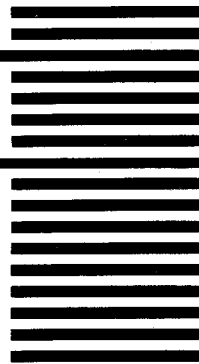
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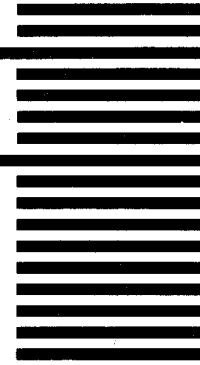
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3000 Paradise Rd.  
Las Vegas, NV 89109  
7 p.m.

**LOS ANGELES/SANTA  
MONICA, CA**  
CA14SC  
August 5, 1986  
The Miramar Sheraton  
101 Wilshire Blvd. at  
Ocean Avenue  
Santa Monica, CA 90401  
7 p.m.

**LOUISVILLE, KY**  
KY13DD  
July 31, 1986  
Executive West  
830 Phillip Lane (off 264)  
Louisville, KY 40209  
7 p.m.

**MEMPHIS, TN**  
TN11DD  
July 30, 1986  
Hyatt Regency  
939 Ridge Lake Blvd.  
Memphis, TN 38138  
7 p.m.

**NASHVILLE, TN**  
TN09DD  
July 29, 1986  
Opryland Hotel  
2800 Opryland Dr.  
Nashville, TN 37214  
7 p.m.

**NEW ORLEANS, LA**  
LA26SC  
August 21, 1986  
Clarion Hotel  
1500 Canal St.  
New Orleans, LA 70112  
7 p.m.

**PHILADELPHIA, PA**  
PA03SC  
July 16, 1986  
Holiday Inn  
1800 Market St.  
Philadelphia, PA 19103  
7 p.m.

**PHOENIX, AZ**  
AZ20SC  
August 13, 1986  
Phoenix Hilton  
Central & Adams  
Phoenix, AZ 85001  
7 p.m.

**PITTSBURGH/  
MONROEVILLE, PA**  
PA01SC  
July 15, 1986  
Howard Johnson's  
Motor Lodge  
Routes 48-22  
Monroeville, PA 15146  
7 p.m.

**PORTLAND, OR**  
OR21RN  
August 13, 1986  
Red Lion-Lloyd Center  
1000 N.E. Multnomah  
Portland, OR 97232  
7 p.m.

**SACRAMENTO, CA**  
CA28RN  
September 9, 1986  
Red Lion Inn  
2001 Point West Way  
Sacramento, CA 95815  
7 p.m.

**SALT LAKE CITY, UT**  
UT23RN  
August 14, 1986  
Westin Hotel-Utah  
Main & South Temple  
Salt Lake City, UT 84111  
7 p.m.

**SAN BERNARDINO, CA**  
CA02BM  
July 15, 1986  
Inland Empire Hilton  
285 E. Hospitality Lane  
San Bernardino, CA 92408  
7 p.m.

**SAN FRANCISCO, CA**  
CA27SC  
September 9, 1986  
Holiday Inn-Union Square  
480 Sutter St.  
San Francisco, CA 94108  
7 p.m.

**SANTA ROSA, CA**  
CA29KB  
September 10, 1986  
El Rancho Tropicana  
2200 Santa Rosa Ave.  
Santa Rosa, CA 95407  
7 p.m.

**VIENNA, VA**  
VA31SC  
September 17, 1986  
Marriott Hotel  
8028 Leesburg Pike  
Vienna, VA 22180  
7 p.m.

**WHITE PLAINS, NY**  
NY07JA  
July 29, 1986  
Holiday Inn-Crowne Plaza  
66 Hale Ave.  
(I-287 Ex. 8)  
White Plains, NY 10601  
7 p.m.

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## **1986 IOOL General Delegate Meeting**

Sixty-seven delegates from twenty-six countries gathered in Madrid April 19-24, for the General Delegate Meeting of the International Optometric and Optical League. Elected at the meeting to a two year term as president was Dr. G. Burt Holmes of the United States, succeeding Professor David Pickwell of the United Kingdom. Professor Pickwell completed a maximum six year term of office.

The delegates approved a twelve month "Action Plan of Work" for committees. The plan requires the IOOL to report on the political, legislative and educational trends occurring in member countries. The IOOL also will continue to research and publish information about the status of optometry in member and non-member countries and to make the international optometric community more aware of its work through INTEROPTICS, the League's bi-monthly news bulletin.

## **NEI Epidemiologist Retires**

Fred Ederer, associate director for biometry and epidemiology at the National Eye Institute (NEI), retired recently after 28 years of service at the National Institutes of Health, including 14 at NEI.

A pioneer in clinical trials at NEI and

an internationally recognized expert in this field, Mr. Ederer will continue to pursue his interest in epidemiological research during his retirement. He will consult with universities and private organizations in the design, development, conduct, and data analysis of numerous studies. He also has accepted two appointments—one as adjunct professor in the division of biometry at the University of Minnesota, the other as adjunct professor in the department of ophthalmology at Georgetown University.

## **JOE Editor Honored**

John W. Potter, editor of the *Journal of Optometric Education* and chief of optometry service at the Las Vegas Veterans Administration Outpatient Clinic, recently received the "Federal Employee of the Year" award.

The award is given to a federal employee who has made a significant contribution to his/her agency, resulting in improvement of services, savings in resources, or who has displayed outstanding scientific, professional, administrative or technical ability.

Potter's research contributions included devising a new central vision test for the early detection of the neovascular related macular degeneration. He also served as coordinator of the Oral Fluorescein Study Group which developed a non-invasive diagnostic test for eye diseases.



Bradford W. Wild

## **UAB Optometry School Gets New Dean**

Bradford W. Wild, M.S., Ph.D., professor and associate dean of the University of Alabama at Birmingham School of Optometry since 1974, was named dean of the school, according to an announcement by Charles A. McCallum, D.M.D., M.D., senior vice president for health affairs at UAB.

Dr. McCallum said the appointment is effective August 1, 1986. Dr. Wild will succeed Henry B. Peters, O.D., who is retiring from the deanship after serving in that capacity for 17 years. Dr. Peters will remain a professor in the school's Department of Optometry.

"We are very pleased and fortunate to have an individual with such exceptional talent and capabilities as the second dean of the UAB School of Optometry," said Dr. McCallum. "Dr. Wild is a respected clinician, teacher, administrator, and researcher. He has a distinguished background in the profession of optometry and has been active in the professional societies of optometry.

"Dr. Wild is eminently qualified to lead the optometry school in its education, research and public service activities," Dr. McCallum pointed out.

Prior to joining the faculty at UAB, Dr. Wild was dean of the Pacific University College of Optometry for five years. He was a member of the optometry faculty at The Ohio State University from 1955 to 1969 and was the director of clinics there for 10 years. Prior to serv-

(continued on page 31)



The American Delegates to the 1986 General Delegate Meeting of the International Optometric and Optical League held in Madrid confer with Dr. G. Burt Holmes, IOOL president and Professor David Pickwell, IOOL past president. Pictured left to right are: Professor Henry Hofstetter, emeritus delegate; Dr. Si Galina, subscribing reporter; President John Roberts, NOA delegate; Pickwell; Holmes; Dr. William Hendrix, subscribing supporter and president, SCO; Lee Smith ASCO delegate; and Dr. Charles W. McQuarrie, AOA delegate.

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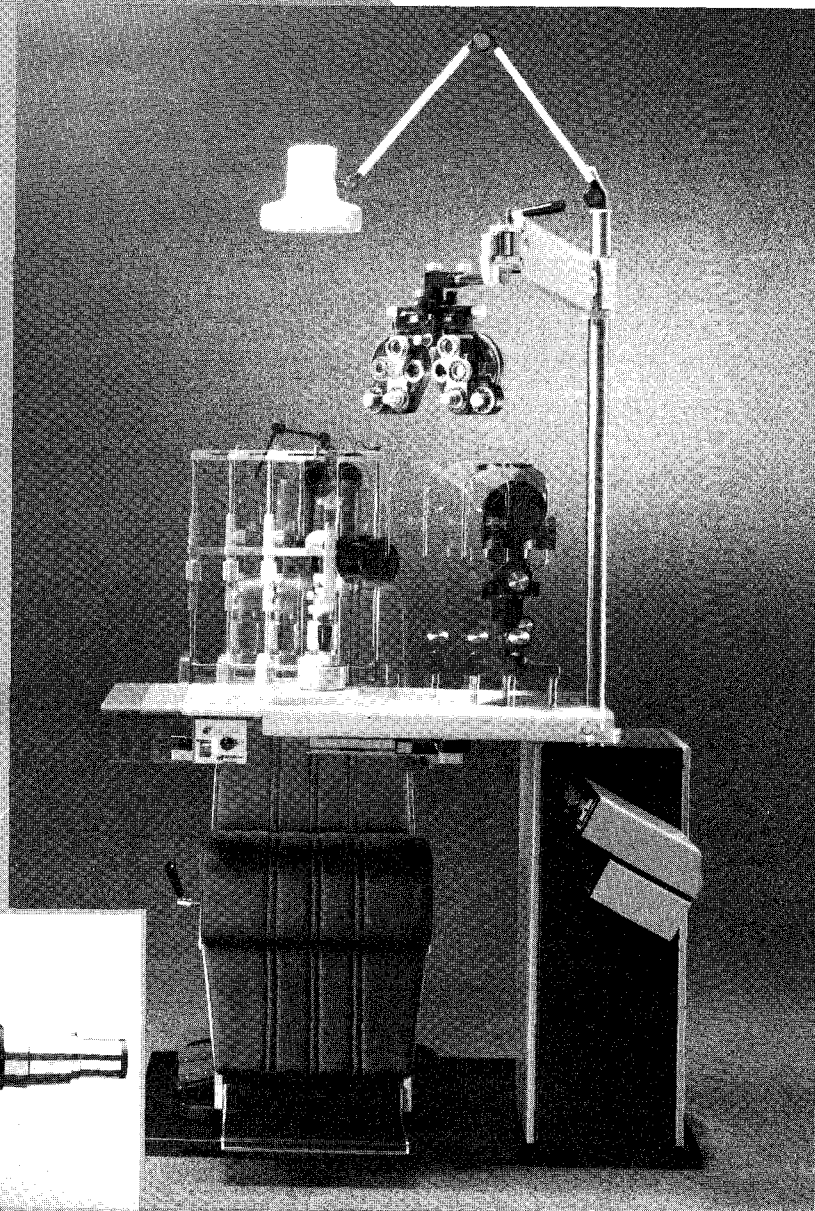
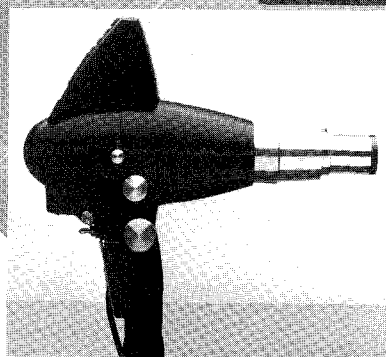
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# Characteristics of Optometric Residencies in the Veterans Administration

Daniel J. Koch, O.D.  
Robert D. Newcomb, O.D., M.P.H.

*In 1981, Hines published a survey of ten Veterans Administration Optometric Residency programs available throughout the United States.<sup>1</sup> This paper is intended to update and add to the data presented by Hines in his report. A comparison of the two studies shows the VA optometry residency class of 1985 had more females, was paid relatively less, and had less interest in pursuing a career in optometric education than its colleagues in the class of 1981.*



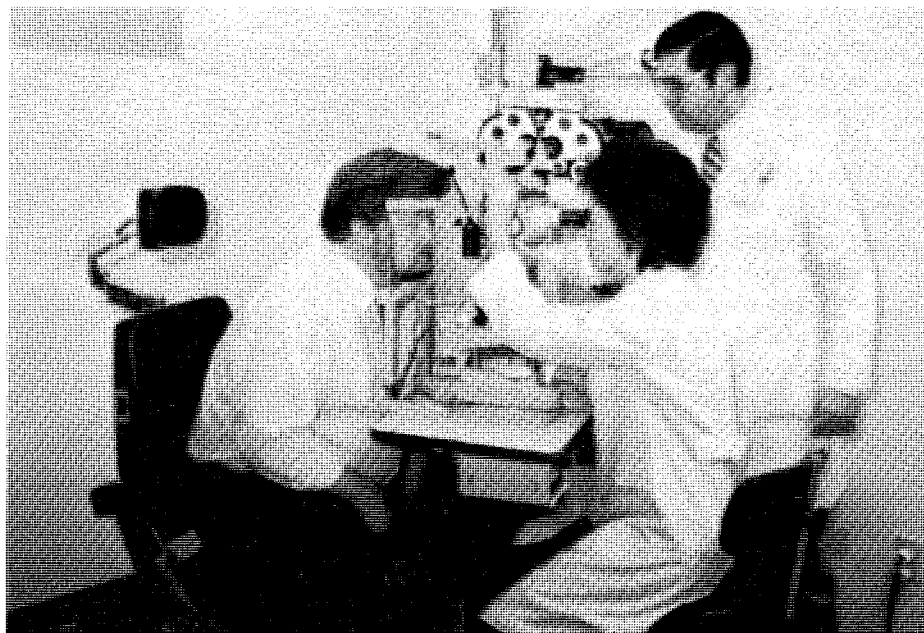
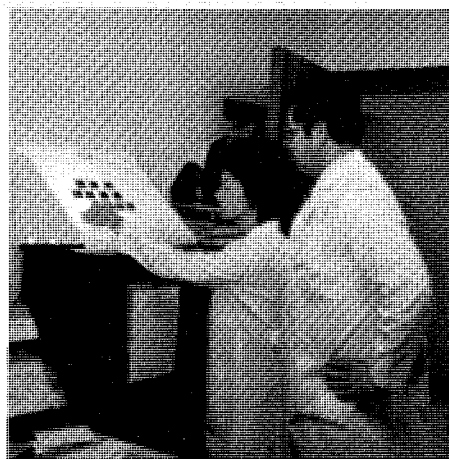
## Introduction

The Veterans Administration (VA) is the nation's largest centrally-directed health care delivery system. In affiliation

*Daniel J. Koch, O.D., is a 1984 graduate of the Ohio State University College of Optometry and completed his VA residency program at the Chillicothe and Columbus, Ohio, VA facilities in June, 1985. Robert D. Newcomb, O.D., M.P.H., is chief of the optometry service at the Columbus VA Outpatient Clinic and a clinical assistant professor of optometry at the Ohio State University.*

with many of the country's health science schools and colleges, it also provides a major training site for clinical education and research. Last year, all or part of the clinical teaching experience was provided by the VA to 37% of all physicians filling approved medical residencies, 34% of all medical students, 20% of all dentists engaged in post-doctoral training, 10% of all nursing students and 49% of all optometrists involved in optometric residencies.<sup>2,3</sup>

The first VA residency program for



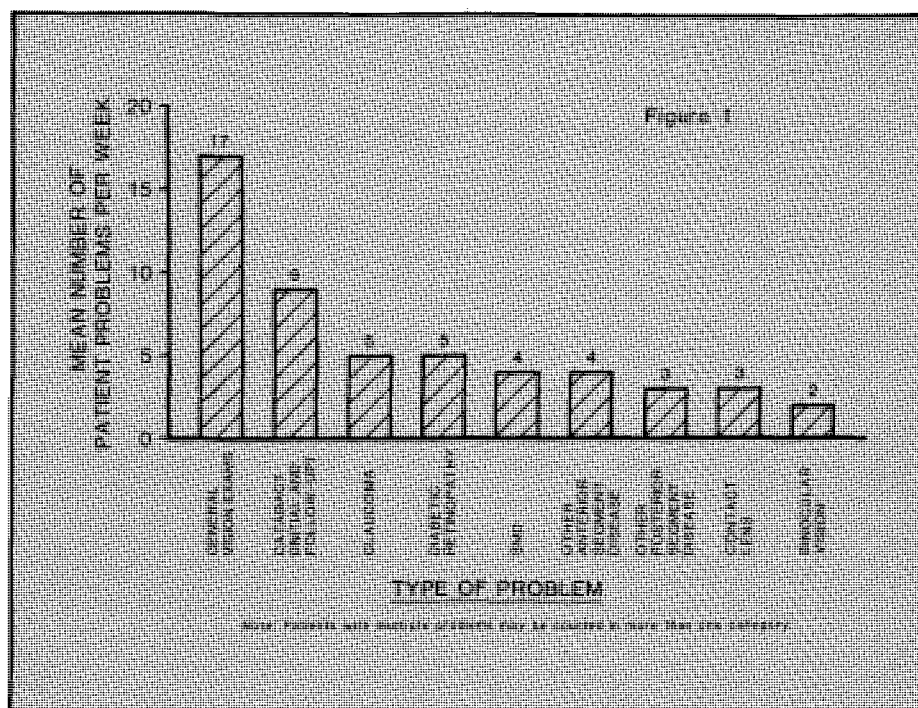


postgraduate clinical training in optometry was initiated at the Kansas City VA Medical Center in 1975 in conjunction with the Illinois College of Optometry.<sup>1</sup> By 1980, there were ten optometry residency positions funded by the VA's Office of Academic Affairs. In 1984, that number had increased to 28 separate programs consisting of 35 residency positions. While originally designed to provide doctors of optometry with advanced clinical experience in all aspects of primary care optometry, some of the newer programs now specialize in rehabilitative and geriatric optometry. In addition, clinical research, teaching and administrative skills are also learned by residents during their one year programs. A unique feature of all VA optometry residency programs is the exposure the resident receives to the delivery of comprehensive patient care services in a multidisciplinary setting. Combined with the residents' strong educational background, this leads to a high quality eye and vision examination for eligible patients.

## Methodology

In March 1985, a detailed questionnaire was mailed to each of the VA optometry residency program directors and residents throughout the United States. Of the 28 directors' questionnaires mailed, all were returned. Of 35 residents' questionnaires mailed, 91 percent were returned.

The questionnaires were designed to provide current data comparable to that data presented in the 1981 Hines paper. This survey requested the demographic characteristics of each group (i.e., age, sex, undergraduate educational background and postgraduate studies). In addition, it also sought other epidemiologic data including the number and types of patients seen at each of the facilities and specifically by residents, the number and types of referrals made by the residents to other disciplines or specialty areas, and the types of optometry/ophthalmology services available at each VA facility. The educational aspects of each program were queried (i.e., the time distribution allotted for the residents' interdisciplinary rotations, clinical instruction, independent study, and research), and the residents were asked to provide information concerning outside employment income and health insurance costs. The post-residency plans of the present as well as the past residents were also surveyed. The last area of the questionnaire was reserved for comments about



the residency programs and suggestions to improve them in future years.

and additional college level education.

## Results: Personnel Characteristics

The ages of the 1984/85 optometry residents ranged from 24 to 35 years, with the median age being 27. Eleven of the 32 residents were female. This was in sharp contrast to the 1979/80 resident cohort which was made up entirely of males. Of the 32 residents responding, only one had not graduated in the school calendar year immediately preceding the residency term. Ninety-one percent of the residents had either a BA and/or a BS undergraduate degree. Nine percent held Masters-level degrees. Forty-one percent were married, with 21% having one or more dependents.

The ages of the directors ranged from 30 to 65 years, with a median age of 38.5. Only one of the 28 directors responding was female. The directors received their O.D. degrees from 44 to 3 years prior to this survey, with half receiving their degrees since 1972. Eighty-four percent of the directors had either a BA and/or a BS undergraduate degree. Twenty-eight percent held Masters-level degrees. Eighty percent of the directors had completed some formal post-graduate training beyond the O.D. degree. Seven reported residency training within the VA system, with an additional five indicating some other type of residency training. Others cited military training, continuing education,

## Program Descriptions

The total number of outpatient contacts made by the optometry clinics per week ranged from a low of 20 rehabilitative patients to a high of 200 hospital-based and geriatric patients, with a mean of 96 contacts. The variability in numbers of patients seen can be attributed to the type of setting involved (i.e., blind rehabilitation centers, hospitals, or outpatient clinics), as well as limitations imposed by physical space, equipment and personnel at each facility. The number of outpatient medical visits per week at each of these facilities showed a wide range also, from a low of 0 at a Blind Rehabilitation Center to a high of 4,123, with a mean of 1,162. At the facilities surveyed, optometry patients constituted approximately 8 percent of all outpatient medical visits seen per week. The residents examined between 9 rehabilitative and 82 hospital-based and geriatric patients per week, with a mean of 39. The wide range can be explained by the mission and available resources of specific programs and settings. The frequency of specific types of patients seen by the residents per week is shown in Figure 1. In addition to those tabulated in Figure 1, patients needing fluorescein angiography, electrodiagnostic testing, emergency care, adjustments to glasses and visual screenings were also reported.

Of the specialties referred to by the residents, ophthalmology received the most with an average of 5 patients per

**TABLE 1**  
**Time Distribution of Residents**

Area	Average Time (hr)*
Clinical Duties (direct patient care)	24.6 hrs.
Rotations in other services and clinics	7.4 hrs.
Library, lectures, seminars	2.9 hrs.
Research	1.4 hrs.
Clinical Instruction	2.8 hrs.
	<hr/> 39.1 hrs.

\*Data adjusted to reflect a 39-hr. work week for the residents.

week. Neurology, internal medicine, dermatology, social work and blind rehabilitation services each received approximately one referral per week by the residents. Other areas such as audiology and ENT showed slightly smaller referral numbers.

Since our cumulative data was highly variable in both the numbers and types of patient contacts, it was not possible to calculate a true rate of referral from optometry residents to other health care providers within the VA.

An average of 63 percent of the residents' time each week was spent providing direct optometry patient care services. Rotations through other clinics made up an additional 19 percent, with ophthalmology occupying over half (10.2 percent) of the time allotted for rotational experience. Other interdisciplinary rotations included internal medicine, neurology, dermatology, psychiatry/psychology, general surgery, audiology/ENT, pathology/lab service

and social work/blind rehabilitation services.

The remainder of the residents' time was spent researching in the library or attending lectures and seminars (7.4 percent), providing instructional services to optometry students (7.2 percent), and doing clinical research (3.5 percent), as shown in Table 1. Weekly lectures and seminars available to the residents were sponsored by VA facilities or medical schools and, to a somewhat less extent, affiliated schools and colleges of optometry.

### Residents' Salaries and Health Insurance

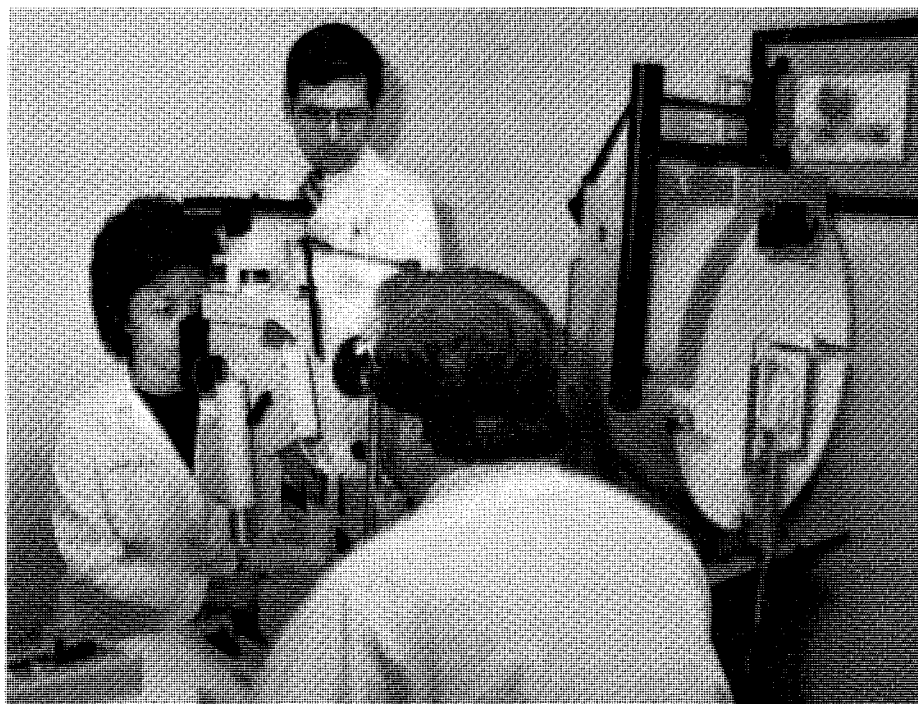
All VA optometry residents were paid a \$12,700 annual salary for a 39-hour week. In addition, 72 percent of the responding residents indicated an average of \$9,700 additional annual income from sources such as spouses, other employment, interest income, loans

and/or other family support. In 1975, when the Kansas City program was initiated, the annual salary was set at \$12,135. Two years later, in 1977, ten programs were in existence with a range in annual compensation from a low of \$11,315 to a high of \$12,499. In 1980, optometry resident salaries were standardized throughout the VA system at their present annual level of \$12,700.<sup>4</sup> Using the low figure of \$11,315 from 1977 for comparison to the salary of \$12,700 for the 1984/85 residents, an increase of 12.2 percent is shown over this seven-year period. The consumer price index (CPI-W), the average prices of goods and services purchased by urban wage earners and clerical workers, has shown a contrasting increase of 64 percent over this same seven-year period.<sup>5</sup> In comparing the averages of the entry level GS-1, GS-5, and GS-10 general pay schedules for federal employees on October 8, 1978, with those same averages on January 6, 1985, an increase of 38.8 percent is established over those seven years.<sup>6</sup> Using \$11,315 as a base, then, in order for VA optometry residents to reach parity with other federal employees, their present salaries would have to be \$15,705 annually. Using the CPI-W as a standard, the calculated annual compensation would need to be \$18,557 per year.

Since VA optometry residents do not have an opportunity to participate in the VA's many group health insurance plans, the questionnaire asked if health insurance was in effect from another source. Eighty-four percent responded affirmatively, with 52 percent having American Optometric Association-endorsed plans, 37 percent being covered by self or spousal employment plans, and 11 percent having private plans. The cost for these various plans ranged from \$50 to \$1,000 per year, with the average being about \$373 annually.

### Post-Residency Employment Options

Post-residency plans for employment were not finalized by the early Spring when the questionnaires were mailed. Residents were asked, however, to check all categories that applied in a multiple listing of potential employment options. Overwhelmingly, the majority (38 percent) gave a preference for private practice. The remainder were about evenly distributed in the categories of optometric education, health maintenance organizations, and government service (i.e., Department of Defense, VA, or Indian Health). These data are contrasted with that of Hines' in Figure



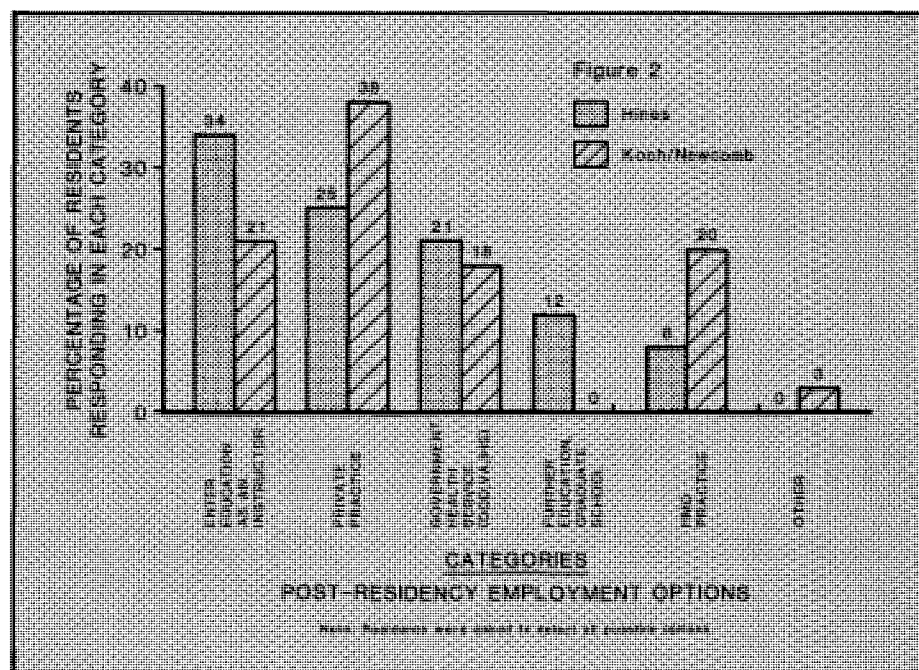
2. Directors were asked to give an accounting of the employment situations of past residents, and they responded with a majority (33 percent) in private practice, slightly less (25 percent) in education, and the balance (about 20 percent each) in HMO's and government health service.

## Comments

All residency directors and residents who completed the questionnaire had an opportunity to comment about any positive or negative aspects of their programs. The most frequent comments from the directors included the need for: 1) more physical space in their clinics, 2) increased salary and benefit packages for residents, 3) additional clinic equipment, 4) increased professional staff, 5) enhanced school support, 6) more ancillary personnel, 7) increased library materials available in the clinic and 8) enhanced optometry/ophthalmology interaction. Comments offered by the residents themselves included: 1) more clinical research and time allotted for independent study at the library, 2) better salary and benefit packages, 3) more lecture/seminar time, 4) more interdisciplinary interaction and rotational experience, 5) additional clinic equipment, 6) better optometry/ophthalmology relationships, 7) expanded patient care clinical privileges, 8) enhanced communication with faculty (i.e., periodic evaluations of performance, review of interesting cases, better relationships with associated colleges of optometry, etc.) and 9) increased professional and ancillary staff. The residents agreed for the most part that their VA residency gave them a great deal of proficiency in handling primary care optometry patients. They also reported increased confidence and ability in differential diagnosis of ocular diseases and a better understanding of optometry's role in a multidisciplinary setting.

## Conclusion

Poorman has concluded that "residency programs in optometry . . . will become more prevalent in the future," and stated that "the graduates of these programs have contributed significantly to the private practice of optometry and to optometry in clinical education."<sup>7</sup> We agree completely with his forecast and observation, but wish to report two major trends which were identified when we contrasted the data from Hines' survey with those of this study. The first major trend was the dramatic increase



in the number of female VA optometry residents from 1980 to 1985. Hines reported 0 percent females in his study population of 11 VA optometry residents, while one-third of our study population was female. This trend is consistent with the changing mix of men and women currently enrolled in all schools and colleges of optometry.

The second major trend was in the area of post-residency employment options. While Hines reported some interest in education (34 percent), private practice (25 percent), government health service (21 percent), further education (12 percent), and HMO practice (8 percent), our study population indicated a trend away from interests in optometric education careers and further education, and a concurrently increasing trend toward private and HMO practice. Since the median age of the residents was the same in each study, the reason(s) for this second trend is (are) less apparent. However, some possible explanations could be that (1) the sample size in Hines' study may have been too small to allow for reliable analyses, (2) some clinical faculty positions in a few of our educational institutions may be filled by previous VA residents or others with expertise in similar clinical areas, (3) starting salaries and/or academic ranks in some of the schools and colleges may be too low to attract our residents into academic careers and lifestyles, and/or (4) the HMO practice option is more available today than it was five years ago.

Finally, while both directors and residents agreed that the VA residency programs provide invaluable clinical experi-

ences, they also agreed that those experiences would be enhanced by higher residency salaries and benefits, better clinical equipment, increased professional and ancillary staff, and enhanced optometry/ophthalmology interaction. In addition, the directors noted a need for more physical space in their clinics, and the residents suggested that more research/library time be incorporated into their 39-hour per week assignments. □

## Acknowledgements

The authors would like to express appreciation to Drs. Kenneth J. Myers and Arol Augsburg for their critical reviews of this paper while it was in draft form. Similar appreciation is expressed to Ms. Wendy Clark at the College of Optometry, The Ohio State University, for her design of our figures.

## References

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2. *U S Medicine* 1985; 21(2):12.
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# The Alumni Survey: A Tool in Curriculum Evaluation

Michael H. Heiberger, O.D., M.A.

## Introduction

In the Fall of 1984, a committee was appointed at the State College of Optometry (SUNY) to review the clinical curriculum of the fourth professional year and to recommend changes. The committee felt that input from graduates of the program would be helpful and requested that the Office of Policy, Planning and Evaluation design, administer and tabulate a survey directed to the alumni of the College.

The committee was interested in determining how the clinical program could be improved from a qualitative as well as a quantitative standpoint. It was understood at the outset that the survey of alumni would be but one source of input considered by the committee in arriving at its recommendations.

It is the purpose of this paper to illustrate how a survey of alumni can be helpful in academic planning. There is no intent to evaluate the SUNY clinical curriculum. Such an evaluation, while currently ongoing, requires much broader input than that which can be obtained from any survey of alumni.

## Methodology

A survey instrument was designed consisting of open-ended items as well as items which utilized a Likert scale. The survey instrument (Figure 1) consists of nine questions. Three of these (#2, #3 and #4) address the central issue of which areas of the fourth year curriculum should be expanded and which areas reduced. The open-ended items (#5 and #6) also provide information relative to this issue but questions 2, 3 and 4 are more easily tabulated.

The survey was sent, along with a cover letter signed by the president of the College and the president of the alumni association, to all SUNY optometry alumni (480). This covered all classes from the first graduating class in 1975 to the Class of 1984. Postage paid reply envelopes were enclosed.

Because the information was needed quickly, there was no follow-up planned. The alumni were asked to return the survey within 30 days. They were requested to indicate the year of graduation as well as to provide a few items of demographic information. Indication of the respondent's name is optional. The cover letter indicates that a summary of the results would be reported via the alumni association.

The responses were tabulated and percentages calculated for the total group of respondents as well as for respondents by class. Due to the small size of the graduating classes of 1975-1978, these four classes are combined in the tabulation for the purpose of comparison with succeeding classes.

**TABLE 1**  
**Respondents by Class**

Class	# Resp
'75	4
'76	5
'77	6
'78	4
'79	12
'80	19
'81	13
'82	20
'83	20
'84	22
*1	

\*Two respondents did not indicate their class.

## Results

Of the 480 alumni surveyed, a total of 127 responses (26%) were received (Table 1). The response rates of the three most recent graduating classes (Classes of '82, '83, and '84) was somewhat better (34%). Of these, most (80%) were amenable to participating in future surveys. Two of the respondents wrote lengthy letters which constructively addressed the issues raised in the survey.

Table 2 indicates that most respondents feel that they were prepared very well or good in the clinical areas of primary care (96%) and vision training (87%). Notwithstanding, 36% of the respondents (see Table 3) feel that vision training clinic time should be reduced while only 2% would reduce primary care clinic time.

Dispensing was the area where graduates feel least well prepared. Thirty-eight percent of the respondents feel poorly prepared in this area and indicate that more time should be devoted to dispensing in the curriculum.

At least 20% of the respondents feel that their preparation was poor in contact lenses, ocular disease and low vision (Table 2). In each of these areas, however, the "very well" and "good" responses exceed the "poor" responses.

Table 3 indicates that the group is fairly evenly split (51% to 49%) on whether to increase the total number of clinical hours in the fourth year or to have them remain the same. Not a single respondent suggests reducing the total number of fourth year clinical hours. A number of respondents indicate that they are less concerned with the number of hours devoted to each clinical area than they are with how the available time was utilized.

A majority of the respondents feel that an increased amount of time devoted to ocular disease clinic, low vision

Michael H. Heiberger, O.D., M.A., is vice president for policy, planning and evaluation at the State College of New York, State College of Optometry.

clinic, contact lens clinic and practice development is needed. By contrast, a significant majority would reduce the number of hours devoted to public health in the fourth year. Eleven percent would entirely eliminate this area from the fourth year.

Another area where the majority of respondents indicate that more time is required is that of practice development. In addition to the 54% who say time should be increased, many of the 35% who responded "same" wrote in comments that it was not the amount of time that was the problem. Rather, it was how the time was utilized. Similar comments appear concerning the clinical case seminar although 41% say that more time should be devoted to this area.

Question #3 asks for indications of what activities or experiences could be added to enhance the fourth year curriculum. Since this is a question permitting multiple responses, each response is also reported as a percentage of the total number of responses (Table 4). Thus, for example, while 80% of the respondents indicate that private practice externship would enhance the fourth year, this choice represents only 39% of the total responses tabulated. This means that there is most agreement among respondents on this choice but other choices also appear enough times to be significant, e.g. institutional externship (26%) and additional clinic hours at the college (17%). The 127 respondents provided a total of 206 responses to this question.

Analysis of the data for trends yields no significant evidence of a variation in responses from the earliest to the latest graduating classes save for preparation in the clinical area of ocular disease. For ocular disease, the percentage of "poor" responses is consistently about 20% until the last two classes, '83 and '84, where the "poor" response drops to 10%. The demand, however, for more hours in the Ocular Disease Clinic remains high at greater than 75%.

## Discussion

The fact that there is some dissatisfaction expressed by the alumni concerning their preparation in dispensing and low vision did not come as a surprise to the committee. This information had already been conveyed to the committee anecdotally. The confirming evidence, however, was welcome.

The apparent improvement in preparation in the ocular disease area coin-

cides with a curriculum change that was made effective with the Class of '83 which increased clinical time devoted to this area.

The responses related to vision training indicate that many alumni felt that their preparation in this area was more than was necessary. This interpretation

should, however, be tempered by the fact that many respondents also indicate that the time spent in vision training clinics was not always utilized to best advantage.

The survey is purposely limited in size and scope because it was created to serve a particular need. The response

**TABLE 2**  
**Responses to Question #2**  
**(Percentages in parentheses)**

	<b>Very Well</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
Primary Care	75(59)	47(37)	4(3)	1(1)
Cont. Lenses	16(13)	42(33)	41(32)	28(22)
Vis. Training	68(55)	40(32)	14(11)	2(2)
Ocular Disease	13(10)	41(32)	47(37)	26(21)
Low Vision	10(8)	35(28)	53(42)	29(22)
Dispensing	5(4)	18(14)	56(44)	48(38)
Geriatrics	6(5)	32(25)	70(55)	18(15)

**TABLE 3**  
**Responses to Question #4**  
**(Percentages in parentheses)**

	<b>Greater</b>	<b>Same</b>	<b>Less</b>	<b>Removed</b>
Practice Devel.	66(54)	43(35)	10(8)	3(2)
Total Clinic Time	63(51)	61(49)	0	0
Clin. Case Seminar	50(41)	53(44)	14(12)	4(3)
Ocular Path. Lect.	22(18)	94(76)	7(6)	0
Contact Lens Lect.	14(12)	86(71)	19(16)	2(2)
Public Health	2(2)	31(26)	73(61)	13(11)
Primary Care Clinic	36(29)	85(69)	3(2)	0
Contact Lens Clinic	77(64)	42(35)	1(1)	0
Vision Trng. Clinic	7(6)	69(57)	43(36)	1(1)
Low Vision Clinic	73(58)	52(41)	1(1)	0
Dispensing Clinic	44(37)	72(61)	3(2)	0
Ocular Disease Clinic	88(70)	35(28)	2(2)	0
Satellite Clinics	24(20)	72(56)	26(21)	1(1)

**TABLE 4**  
**Responses to Question #3**

	<b>% respondents</b>	<b>% responses</b>
Research/Independent Study	13	8
Institutional Externship	54	26
Pvt. Practice Externship	80	39
Add'l Clinic Hours	35	17
Other	24	11

rate of 26% (34% for the most recent alumni) is less than the 50% that would be ordinarily considered satisfactory using a random sample. In this case, the sample was the entire population and the response rate was somewhat mitigated by the fact that trend analysis, with the exception of the response change for the area of ocular disease, indicated no significant variation in response with an increase in response rate from 20% for graduates of the earliest classes to 34% for the most recent graduates.

In view of the time limitations which mitigated against a follow-up and the fact this survey represents the first survey ever done for alumni of the SUNY optometry program, the results were useful and the response rate considered acceptable in view of the purposes of the survey.

The gathering of a usable response in such a relatively short time is attributed in part to the fact that the instrument was designed to be completed quickly and it directly relates to a curriculum evaluation currently underway. The cover letter, signed by the College president and the president of the alumni association, indicates interest at the highest institutional level. As well, there is a commitment to report the results to the alumni through their association.

A respondent's assessment of his or her preparation in a particular area must be influenced by the nature of the prac-

tice with which that individual has become involved. Thus the needs that graduates express may vary extensively and cannot always be anticipated. In addition, it cannot be assumed that alumni necessarily have an appreciation for the nature of the entry skills which are the objective of the professional school curriculum. The need for additional skills in an area, therefore, does not necessarily reflect poor preparation at the professional school.

An institution should, however, have some way of assessing whether or not it is meeting the needs of the majority of its graduates. The results of this survey show that SUNY is doing this for the areas surveyed. Even in the area of dispensing—which fares the worst in this survey—62% of all graduates feel at least adequately prepared.

This survey may well have been of greater value if it had been carried out periodically over the years so that changes in graduates' opinions could be monitored longitudinally as well as from class to class. In addition, input from alumni might well have proven useful in evaluating the total curriculum as well as other aspects of institutional life.

Surveying an institution's graduates can have a number of positive effects for the alumni as well as for the institution. Alumni who are directly involved in curriculum evaluation and change are more likely to be supportive of the College both politically and financially.

The institution also benefits by getting feedback from its graduates in an organized fashion. While student evaluations of curriculum are sometimes viewed by the faculty as self-serving or even retributive, alumni feedback tends to be taken more seriously.

It is intended that this pilot study will be expanded and that SUNY optometry alumni will be surveyed on a regular basis and their input used meaningfully. The results of this survey are already having an impact on curriculum decisions.

Outcome studies of optometric education are rare. Rarer still are published studies of alumni opinion. A study of Illinois College of Optometry graduates,<sup>1</sup> published in 1984, was limited to evaluation of the practice management curriculum.

In a profession such as optometry one has the advantage of at least being able to locate the vast majority of graduates since almost all are engaged in the field for which they were trained. By no means is alumni feedback the only, or even the major, method of curriculum evaluation but no curriculum evaluation should be considered complete without it. □

## Reference

1. Gailmard NB, Berman MS, Cromer JA. Practice characteristics of recent Illinois College of Optometry graduates. *J Optom Educ* 1984 10(2): 26-29.

# ASCO Calendar 1986-87

## 1986

September 20-21	Tripartite Mtg. Myrtle Beach, SC
September 25-26	AOA Primary Care Symp. Atlanta, GA
October 8-11	AAHC, Lexington, KY
October 16	ASCO Exec. Cmte. Mtg. Memphis, TN
October 17-19	ASCO Board Meeting Memphis, TN
October 23-26	ASCO Faculty Development Seminar, Washington, D.C.
December 11-16	AAO, Toronto, Canada
December 12	ASCO Exec. Cmte. Mtg. Toronto, Canada

December  
(Dates to be set)

ASCO Board Meeting  
Toronto, Canada

## 1987

January 7-10	AOA, Philadelphia, PA
March (Dates to be set)	ASCO Exec. Cmte. Mtg. Fullerton, CA
	ASCO Board Meeting Fullerton, CA
May 8-13	IOOL, Vienna, Austria
July 2	ASCO Exec. Cmte. Mtg. Orlando, Florida
July 3-5	ASCO Annual Meeting Orlando, Florida
July 5-12	AOA Congress Orlando, Florida



## ALUMNI SURVEY

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

1. In what year did you graduate? \_\_\_\_\_

2. How did the curriculum prepare you in the *clinical* areas listed?

	Very Well	Good	Adequate	Poor
Primary Care	_____	_____	_____	_____
Contact Lenses	_____	_____	_____	_____
Vision Training	_____	_____	_____	_____
Pathology	_____	_____	_____	_____
Low Vision	_____	_____	_____	_____
Dispensing	_____	_____	_____	_____
Geriatric Care	_____	_____	_____	_____

3. The fourth year professional program could have been enhanced by the addition of the following (indicate all that apply):

- a) Research or Independent Study \_\_\_\_\_
  - b) Institutional Externship \_\_\_\_\_
  - c) Pvt. Practice Externship \_\_\_\_\_
  - d) Additional clinic hours at College \_\_\_\_\_
  - e) Other (describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. With regard to the fourth year curriculum when you were enrolled in it, the time devoted to each area should have been adjusted as follows:

	Greater	Same	Less	Removed
Practice Development	_____	_____	_____	_____
Total Clinic Hours	_____	_____	_____	_____
Clinical Case Seminar	_____	_____	_____	_____
Ocular Path (lecture)	_____	_____	_____	_____
Contact Lens (lecture)	_____	_____	_____	_____
Public Health	_____	_____	_____	_____
Primary Care Clinic	_____	_____	_____	_____
Contact Lens Clinic	_____	_____	_____	_____
Vision Training Clinic	_____	_____	_____	_____
Low Vision Clinic	_____	_____	_____	_____
Dispensing Clinic	_____	_____	_____	_____
Pathology Clinic	_____	_____	_____	_____
Satellite Clinics	_____	_____	_____	_____

5. The most positive aspect of the fourth year (other than commencement) was:

\_\_\_\_\_

\_\_\_\_\_

6. The aspect of the fourth year that most needed improvement was:

\_\_\_\_\_

\_\_\_\_\_

7. Personal Data:

Age: \_\_\_\_\_ Sex: ☐ M ☐ F Marital Status: \_\_\_\_\_

Graduate Education or Residency (beyond O.D. degree): \_\_\_\_\_

Current situation: \_\_\_\_\_

Locality (e.g. NYC, metro area, upstate, outside NY State) \_\_\_\_\_

Area (e.g. urban, suburban, rural) \_\_\_\_\_

Mode of practice (e.g. solo, associate, corporate, nonprofit clinic, school, research) \_\_\_\_\_

8. Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I would be willing to participate in future surveys conducted by the College. ☐ Yes ☐ No

Name (optional) \_\_\_\_\_

# Annual Report 1985-86

## Report of the President

Annual Meeting ■ June 21-22, 1986 ■ San Diego, California

Rather than looking back on our activities of the past year, let us look forward to the implementation of the Strategic Plan which ASCO's Board of Directors unanimously approved at their meeting on March 13, 1986. The "Five Year Plan of Action" includes ten specific objectives to be addressed in the time period 1986-1991. Different tasks will be stressed at various stages within that time period. Also it is anticipated that many of these objectives will continue to be addressed past 1991.

The ten initial tasks of the Strategic Planning Process for Optometric Education, in priority order, are

### 1. Student Recruitment and Student Aid

This, of course, traditionally has been one of ASCO's stronger efforts. The Council on Student Affairs (CSA) and the Executive Committee will recommend a continuation of this emphasis through items in the 1986-87 budget. The problem of diminishing financial aid will be studied in order to identify innovative ways of financing student education.

### 2. Defining Clearly the Scope of Optometric Education

I believe that our Strategic Planning effort, coupled with the work of the AOA, IAB, NBEO and others, has identified some parameters that give direction to the profession for the next ten years. Now it is time for ASCO to define (in broad strokes) for its member institutions the curriculum of tomorrow's optometry program and to decide which broad areas need to be added, deleted and modified. Should we formalize and integrate the training of technicians into our optometry schools? Shall we, out of necessity, transfer some of our specialty training into residencies? To what degree do we expect our graduates to be proficient in dispensing, geometric optics, physiological optics, pathology, orthoptics, etc.

Defining the scope of optometric education will require the determination and commitment of us all. The Executive Committee suggests that we start the process by devoting a considerable portion of our Fall ASCO Board meeting to this issue.

### 3. Data Collection

The Executive Committee recommends the hiring of a consultant to work with a small committee of our members to identify what data would be useful to collect and how to collect it. It is our hope that 1986-87 will be the year we finally bring meaning to this area.

### 4. Acting as a Washington Window

Dr. Bennett will begin to address this objective as he presents a proposed job description for an executive director.

### 5. Enrich Curricular Materials

Though certain curriculum model committees are in process and will continue, the executive committee recommends waiting until the "Scope of Optometric Education" is completed before we initiate additional detailed models.

### 6. Recruitment and Development of Faculty

ASCO will sponsor a workshop for clinical faculty this coming Fall along the lines of the Practice Management/Enhancement workshop for our faculty this past Spring.

### 7. Consumer Education

An ASCO resolution will be proposed for AOA consideration which encourages the education of those promoting the changes in the health delivery system in order to incorporate optometry as an integral service.

### 8. Continuing Competency Education

ASCO will work with other appropriate optometric organizations to develop a nationwide high quality continuing education program.

### 9. & 10. Quality Assurance and Administrative Development

Not yet dealt with. We encourage your suggestions on how we might start to impact on these areas.

Edward R. Johnston, O.D., M.P.A.  
President, State University of New York  
State College of Optometry

# National Activities

## Migrant Worker Vision Care

Following the completion of four demonstration projects providing optometric vision care to migrant workers and their families, ASCO proposed and had approved five additional sites. Under arrangements with the East Coast Migrant Health Program funded by the Migrant Health Program of the Public Health Services, ASCO through its member schools is conducting vision care demonstrations in Ohio (TOSU), South Carolina and Florida (SCO), Texas (UH and Puerto Rico (IAU)). The results have been partially published. Six additional sites have been designated for the coming year and proposals made to continue optometric services at the completed program centers.

## Student Endowment Fund

The ASCO Student Endowment Fund continues to earn interest. Its distribution to the schools and colleges aids students who need financial assistance. This year we distributed over \$14,000 to the 16 U.S. schools. Reports indicate that individual scholarships and emergency loan funding are the most frequent form of student assistance while other schools have utilized the contribution in expanding their college work study programs. As federal assistance declines, this endowment becomes even more significant in student support.

## Sustaining Member Section

Additional companies of the ophthalmic industry have joined this section to support optometric education. The number was 22 before the annual meeting. This support has made possible a number of the activities reported here and we are indebted to the sustaining members for their loyalty and contributions to optometric education.

## Faculty Directory

ASCO has now produced the first edition of a faculty directory of the schools and colleges of optometry in the U.S. and Canada. This directory

contains nearly 900 faculty names and is organized by school as well as by major teaching topics and major areas of optometric research. A biannual revision of the directory is planned.

## Strategic Planning

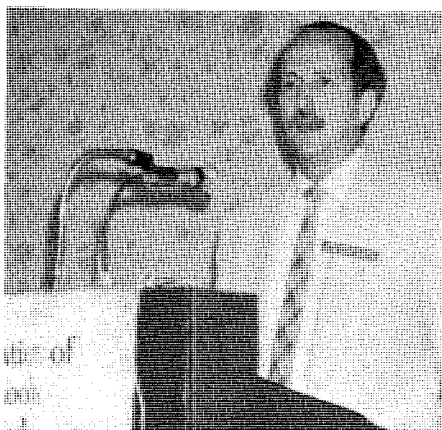
With the guidance of the Academy for Educational Development ASCO completed a strategic planning process which will guide the Association over the next five years. The Board of Directors unanimously adopted a ten

point issue statement at its Spring 1986 meeting. These issues were reported at ASCO's annual symposium.

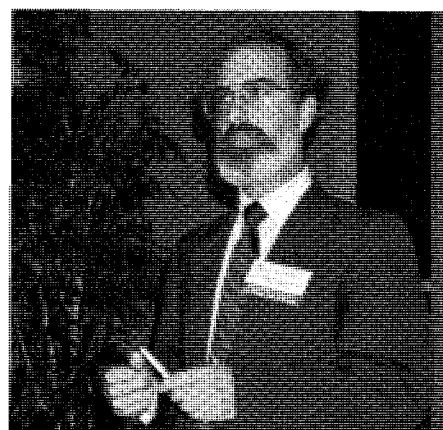
## Legislation and Appropriations

ASCO in conjunction with the Federation of Associations of Schools of the Health Professions (FASHP) was active in the successful effort to revise and extend the Health Professions Educational Assistance Act. This three

(continued—)



Dr. Edward R. Johnston presided over ASCO's annual meeting.



Dr. David Davidson, chairman of the Council on Student Affairs, presented his report.



Drs. Baldwin and Peters conferred on the strategic plan.



## National Activities

year extension of the authorities was a major victory insofar as the administration proposed termination. Continued efforts have been made to insure appropriation levels to support the programs. We have written and visited numerous congressmen and sponsored a student visitation to members of Congress in support of appropriations.

Dr. Edward Johnston, ASCO President, testified on behalf of the FASHP before the Senate Appropriations Committee for continuing FY 86 levels.

### Office Relocation

On February 1, 1986 ASCO moved to a new location in Rockville, Maryland, after many years of close association with the AOA Washington Office. It was a difficult decision but a number of factors supported the move. We are settled and find our new quarters and functional arrangements satisfactory.

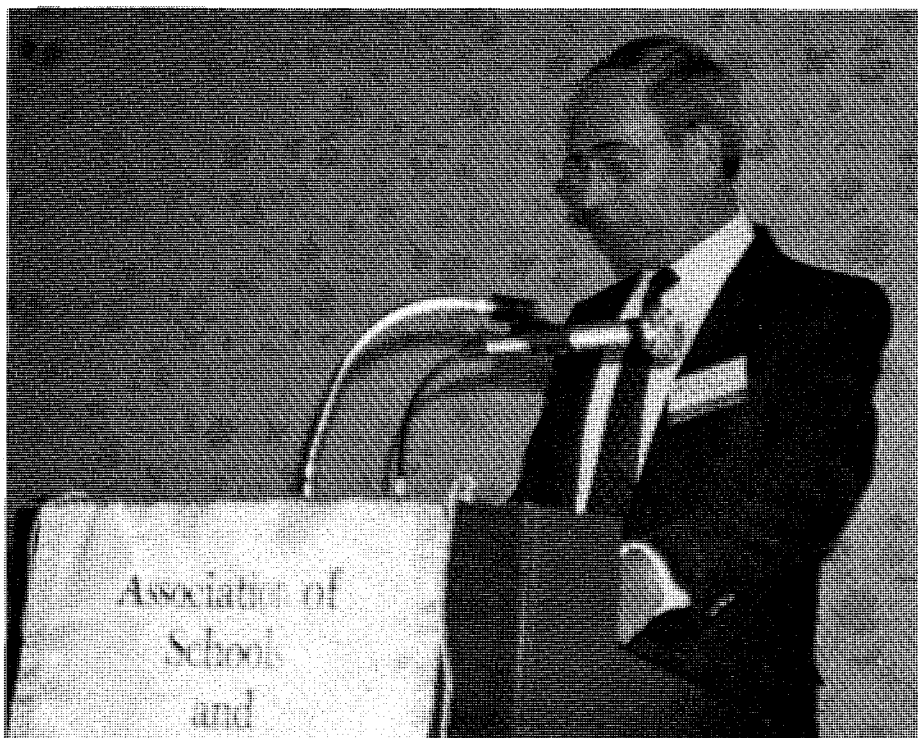
### Board Meetings

Meetings of the ASCO Board of Directors continue to be held at member institutions to strengthen our ties with both students and faculty of the member schools and colleges. Our fall meeting was held at Illinois College in conjunction with the dedication of their new facilities and in the spring at Inter American University.

An additional meeting was held this year on the Strategic Planning Initiative in conjunction with the meeting of the American Academy of Optometry in December.

### Public Study of Optometry

The AOA/ASCO Committee continues its efforts to obtain funding for this important project. With the sponsorship of the American Council on Education reestablished, the proposal is before the Robert Wood Johnson Foundation for consideration. We hope for a sympathetic hearing and positive response.



*Dr. Jack Bennett, ASCO president-elect, presented the resolutions for Board approval.*



*Drs. Hazlett, Poorman, Cochran and Crozier discussed issues during a session break.*

## Interprofessional Activities

Over the year the Association has been active with other organizations to further the objectives of ASCO. These have included:

- ASCO hosted the annual tripartite meeting of ASCO, IAB and NBEO in Washington, D.C. The meeting covered a number of topics of common interest with the NBEO new content outline and test development of major interest. The attendance of representatives of COE and the AOSA has been beneficial to the deliberations.

- The association was represented at the 1986 meeting of the IOOL by Lee W. Smith, ASCO Executive Director. He has been active during the year on projects of the IOOL Education Committee. This committee has produced an international directory of schools of optometry and is collecting educational profiles of these institutions. ASCO continues to distribute optometric education materials in response to international inquiries.

- Recruitment efforts continue with the cooperation of the AOA. ASCO has maintained close liaison with the National Association of Advisors in the Health Professions and can credit these efforts with the slight increase in the applicant pool in the last two/three years.

- ASCO served with the Federation of Associations of Schools of the Health Professions in organizing and conducting the program on changing trends in health professions service delivery during the annual meeting of the Association of Academic Health Centers.



*Smiling for the camera are Drs. Cyert, Greenberg, Raciti and Clausen.*



*Dr. John Potter visited with Dr. S. Govindarajan, dean, Elite School of Optometry, Madras, India.*

## Council Activities

### Council on Student Affairs

The Council on Student Affairs (CSA), chaired by Dr. David Davidson (UMSL), has undertaken a number of projects. It has expanded and refined the annual applicant status report and is now developing a comparable report for applicants to optometric residencies. Working with the AOA Education and Manpower Committee, CSA has designed and implemented a distribution program for recruitment literature and a follow-up mechanism for all inquiries.

The CSA also began a survey of entering and graduating students of the 1985-86 school year to determine indebtedness. This data together with other data of the annual educational survey will be analyzed for a report under a purchase order contract to the Department of Health and Human Services, Bureau of Health Professions to describe changes in student population and characteristics over the last five years. The report is due October 1986.

### Other Committees

With the cooperation and support of the AOA Practice Enhancement Task Force, ASCO held a three-day faculty program to orient faculty to the AOA Professional Enhancement Program (PEP) and to begin the design of a curriculum model in Patient Management and Practice Administration. The committee expects to complete its work by December 1986. Dr. Harris Nussenblatt chaired the ASCO committee.

With the support of the COVD, an ASCO committee is developing a curriculum model in the area of behavioral vision. This project activity will be completed early in the coming year.

On the initiative of an ASCO committee, a joint project of ASCO, IAB and AOA has produced a proposal for a national program of continuing education. A recent report of the committee has been accepted by the three participating bodies. This national pro-

gram will require significant external funding which is the committee's present objective.

Dr. Edward Johnston has appointed the following committees:

- Committee on Geriatric Curriculum
- International Optometric Education Advisory Committee
- Committee on Public Health Curriculum
- Committee to Revise the Handbook for Teachers

## New Appointments

Sylvio L. Dupuis, O.D., president of the New England College of Optometry, was elected to the Board of Directors of the National Health Council. Dr. Dupuis will serve for a three year term. Elected an NHC vice-president was G. Burt Holmes, O.D.

Morris S. Berman, O.D., M.S., was named dean of academic affairs at Southern California College of Optometry. Allan N. Freid, O.D., M.Opt., was appointed vice president at SCCO.

Bradford W. Wild, M.S., Ph.D., professor and associate dean of The University of Alabama at Birmingham, was named dean of the School.



ASCO's Strategic Planning Committee addressed luncheon guests.



## 1986 Annual Meeting

The ASCO annual meeting was held June 21-22, 1986 at the Town and Country Hotel, San Diego, California. There were 33 representatives of the 16 United States schools in attendance. At the meeting, recognition by resolution was accorded to Dr. Henry B. Peters who is retiring as dean of the University of Alabama School of Optometry; to Dr. Chester H. Pheiffer upon the conclusion of his service as dean at the College of Optometry, Northeastern State University; to the College of Optometrists in Vision Development for its support and encouragement of optometry and its future practitioners; and to ASCO's sustaining members for their continuing financial support which has enabled ASCO to initiate a number of new projects.

### Symposium on the Strategic Plan

A highlight of the meeting was a symposium entitled, "A Strategic Plan for Optometric Education, 1986-1991," sponsored in part by the sustaining member section of ASCO. The symposium was chaired by Edward R. Johnston, O.D., M.P.A., ASCO president and president of the State College of New York, State College of Optometry. Dr. Johnston discussed the development of the plan and the process involving the Academy for Educational Development. Other panelists included Jack W. Bennett, O.D., dean, Ferris State College and Jerry Christensen, O.D., Ph.D. A summary document of this strategic plan was provided to all symposium participants. A floor discussion followed the presentation.

In other meeting activities, ASCO sustaining members met with member school deans, presidents and faculty at both an evening reception and a luncheon preceding the symposium. Personal contacts were made, information exchanged and beneficial feedback received on the sustaining member program.



At the luncheon symposium Dr. Lynn Cyert, acting dean, Northeastern State University, met with Mr. Skip Evans, Bausch and Lomb.



Dr. Norman Bailey, University of Houston; Mr. Rod Tahrán, Multi Optics Corporation; and Dr. Daniel Gerstman, Indiana University, were among the luncheon guests.

# Journal Report

The *Journal of Optometric Education* (JOE), under the management of editor John W. Potter, O.D., and Patricia Coe O'Rourke, managing editor, continued to receive outstanding reviews by the optometric education community.

## Editorial

Four issues were published during 1985-86 containing a total of 19 papers and reports. Fifteen of these were original papers, two were staff prepared reports, one was an interview with the editor and one was an annual index.

One issue focused on Gerontology and Optometric Education with sections on Teaching Programs in Geriatric Optometry, Geriatric Optometry Programs of Promise and a Curriculum Model for Geriatric Optometry. In addition, papers dealing with a variety of other topics were published: the videotaping of optometry students, an analysis of tutorial program at the New England College of Optometry, utilization of course syllabi, the Learning Disabilities Unit at the State College of Optometry/SUNY, the grades management system at the Southern California College of Optometry, a survey of state boards of optometry concerning educational requirements in pharmacology, a pilot study of a computer-based PMP, an overview of clinical competency and the application of management by objectives to clinical education.

Profiles of Northeastern State University College of Optometry and the University of Benin optometry program in Nigeria were presented as well as an interview by JOE editor John Potter, O.D. with new NEWENCO president Sylvio L. Dupuis, O.D.

Editorials this year were, "ASCO Begins Strategic Planning," by ASCO president Edward R. Johnston, D.D., M.P.A.; "Optometry and Gerontology: A Vital Link," by JOE editor John W. Potter, O.D.; "Ocular Disease Competency—Teaching and Testing," by JOE editor John W. Pot-

ter, O.D.; and "Clinical Competency—Some Important Questions," by Egon R. Werthamer, O.D.

The Journal is on a regular quarterly publication schedule with nearly a one-year's lead time on manuscripts available for publication. A new JOE editorial review board was chosen this year. The board will serve for two years. There will be one review board member from each school as opposed to two in the past. It is hoped that this change will streamline the review process. Review board members are being asked to take a more aggressive role in identifying potential JOE authors and soliciting papers at their institution.

## Distribution and Subscriptions

The total distribution of each issue is about 2800 copies with all senior optometry students receiving JOE directly in their mailboxes as a result of the support of ASCO's Sustaining Members.

## Production and Advertising

The special introductory year of discounted advertising for sustaining

members has resulted in a number of new advertisers. New efforts for advertising will be directed at those sustaining members who have not yet taken advantage of the special offer.

## OEA Awards

The Journal again has been honored with several awards in the 1986 Optometric Editors Association's annual journalism awards contest. The Journal won the first place award for "Best Journal-National." The Journal also was awarded first place in the "Best Editorial-National" category for the editorial, "ASCO Serves Students," by David W. Davidson, O.D. First place awards were received in the "Best Technical Article-National" category for the article, "An Analysis of Pharmacology Training in Schools of Optometry, Medicine and Dentistry," by Marti G. Waigandt, B.S. and Alex Waigandt, Ph.D., and in the "Best Non-Technical Article-National" category for the article, "Videotaping Optometry Students," by Felix M. Barker, II, O.D., M.S., F.A.A.O.



Dr. Jeffrey Kraskin, vice president of the Optometric Editors Association, presents the award for "Best Journal-National" (for the published year 1985) to JOE editor John W. Potter.

# 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, and pharmaceutical companies.*

## **New Patient Education Videos Available from Allergan**

The Allergan Optical Division previewed their new patient instructional video tapes at OptiFair East. Practitioners viewing these tapes said this type of program will not only improve patient compliance but will increase the probability of safe, successful lens wear.

The tapes are designed to provide the patient with easy-to-follow instructions on the proper care and handling of lenses. The three tapes offered are: The Basic Care and Heat Disinfection of Soft Contact Lenses; The Basic Care and Cold Disinfection of Soft Contact Lenses; and The Base Care and Disinfection of Rigid Gas Permeable Contact Lenses.

A special price of \$14.95 per tape is available for those practitioners enrolled in the Allergan Care Kit Program, a quantity purchase plan for lens care kits. For those practitioners not participating in this program, the price is \$29.95.

In addition, practitioners who purchased any of the tapes were eligible for free personalized introductions at OptiFair East. This service was repeated at the American Optometric Association Congress.

For further information about these new patient education video tapes, contact the Department of Professional Education at (714) 752-4500. □

## **New Herculens Polycarbonate Lenses Available from Vision-Ease**

The new Herculens polycarbonate lenses from Vision-Ease combine strength and safety with fashion in a lightweight, impact-resistant polycarbonate material for all-purpose wear.

The low specific gravity and high index of refraction of the Herculens create a thinner, lighter, more comfortable lens for a variety of lifestyle activities, according to John Anderson of Vision-Ease. Polycarbonate lenses can be tinted for today's fashion emphasis.

Vision-Ease's injection-molded process of Herculens provides superior quality and offers broad availability, including semi-finished single vision and bifocal blanks. Bifocal blanks include: D-25 and D-28, 4.00 and 6.25 base, 1.00-3.00 add. Semi-finished single vision is available in .05, 2.00, 4.00, 6.00, 8.00, and

9.75 base. All blanks are 75mm diameter. Herculens is also available in a broad range of 70mm uncuts.

Herculens' strength and impact-resistant quality offers safety for patients' action-oriented lifestyles. Vision-Ease Herculens polycarbonate lenses are UV-protected, filtering the sun's damaging ultraviolet rays.

Vision-Ease also is introducing a foil-wrapped Herculens package to ensure cleanliness and minimize existence of particles that impede uniform dyeing.

For more information write: Vision-Ease, P.O. Box 968, 700 54th Avenue North, St. Cloud, MN 56302. □

## **American Optical Offers Diagnostic Kit for Low Vision Aids**

The needs of the partially sighted can be met with American Optical Low Vision Aids, now being offered to practitioners in a convenient Vision Aid Diagnostic Kit.

The Low Vision Diagnostic Kit has been developed to carry a complete line of American Optical Low Vision Aids. This includes a variety of spectacle reading aids, absorptive spectacles, hand held magnifiers, stand magnifiers, and telescopes.

Measuring 18"x14"x5" the kit is easily displayed, portable and compact for storage. Its handsome case is lockable, and the impact resistant plastic shell assures durability.

For more information on ordering your AO Vision Aid kit, call 800-343-6057, write AO, Department 3402, 14 Mechanic Street, Southbridge, MA 01550, or contact your local AO distributor. □

## **Miss America Goes West With Ciba Vision Care**

Miss America 1986, Susan Akin, appeared June 23 at Ciba Vision Care's booth at the American Optometric Association's (AOA) 89th Congress in San Diego.

According to Kim Little, Softcolors Product Group Director, the beauty queen began wearing aqua Softcolors before the Miss American pageant. "It is a tremendous compliment to Softcolors that Miss America wears our tinted lenses

solely for cosmetic purposes to enhance her hazel eye color," Little emphasized.

A special high tea was held on the trade show's opening day for contact lens technicians and assistants. During that tea Miss Akin made a motivational presentation about one's image and self concept.

According to Little, Ciba works closely with contact lens technicians, who regularly ask for help in making eye wear decisions, through professional development programs such as Innovations '86. He notes that Miss America's participation is an extension of Ciba's programs with a beauty, fashion and cosmetic emphasis.

As a plano wearer, Miss America is one of many Americans who wear tinted soft contact lenses even though they do not require vision correction. Other statistics reveal the following color sales: aqua, 43%; blue, 24%; green, 16%; the new royal blue, 12%; and amber, 5.5% □

## **A Summer Series of Varilux Marketing Seminars**

The all-new Varilux marketing seminars are being held in locations across the country during July, August and September, and all have been approved for continuing education ABO credits.

Rather than addressing dispensing and technical topics alone, Varilux goes to the very core of today's professional challenges . . . surviving in today's tough marketplace.

The new Varilux marketing seminars consist of:

1) Techniques to economically, creatively and successfully survive in today's volatile state of the industry.

2) Effective use of public communication tools . . . advertising, merchandising, and public relations, to positively affect and enlarge current practices.

3) A short review of the technical knowledge, skills, and measuring/dispensing accessories for dispensing progressive lenses and impacting the bottom line.

A Multifocal Demonstration Set (MDS), the only tool allowing presbyopic patients first-hand experience of the various multifocal corrections available, will be awarded as a door prize at each seminar. □



# Publication Guidelines for the Journal of Optometric Education

John W. Potter, O.D., Patricia C. O'Rourke, M.A., Patricia T. Carlson, M.S.L.S.

*The publication guidelines were recently revised by the authors prior to publication. The guidelines will be published annually in order to ensure the submission of professional quality manuscripts.*

The *Journal of Optometric Education* invites educators, administrators, students, practitioners and others with an interest in optometric education to submit manuscripts for publication consideration.

The *Journal of Optometric Education* is the national quarterly publication of the Association of Schools and Colleges of Optometry. Its circulation includes all of the accredited optometric educational institutions in the United States, as well as students, practitioners, government leaders, and others in the health sciences and education. Established in 1975, the *Journal of Optometric Education* is the forum for communication and exchange of information pertinent to optometric education. It is the only publication devoted entirely to optometric education.

The *Journal of Optometric Education* publishes scholarly papers or archival quality, descriptive and timely reports, information and observations in the field of health sciences education, as well as current news from the member institutions of the Association of Schools and Colleges of Optometry. Manuscripts are considered for publication with the understanding that they are to be published exclusively in the *Journal of Optometric Education*, unless prior arrangements have been made.

## MANUSCRIPT PREPARATION

Manuscripts submitted for publication consideration should be prepared in a manner which provides a uniform framework for communication of the editorial content of the paper. Because the *Journal of Optometric Education* publishes articles on many subjects, no single outline may be best for all manuscripts. However, each topic of the outline should begin on a separate page. The standard outline for scientific manuscripts in-

cludes, but is not necessarily limited to, the following:

1. Title
2. Abstract
3. Introduction
4. Methods
5. Results
6. Discussion
7. Conclusions
8. Acknowledgments
9. References
10. Illustrations

## TITLE

The title page should contain the title of the manuscript, the names of the authors and the date of submission of the manuscript for publication. The title should be centered, concise and clear. In addition, the title should suggest the content of the manuscript and facilitate communication with the reader. Subheadings should be implemented within the text to divide the content appropriately. The names of the authors should be centered below the title in upper and lower case letters, including highest academic and/or professional degrees and institutional affiliation. All other abbreviations representing other degrees or titles should be omitted, and nicknames are never acceptable. If the manuscript is multi-authored, the first author listed shall be considered the primary author.

## ABSTRACT

Each scientific manuscript submitted for publication in the *Journal of Optometric Education* should contain an abstract. The abstract should consist of statements that reflect the nature of the problem reported upon, the methodology, and the significant results and/or conclusions. However, the abstract should be brief, generally less than 125 words.

## INTRODUCTION

The introduction of a manuscript serves two important functions. First, it acquaints the reader with other important work that has previously been published in the subject area. Second, it presents the reasons the

study was performed and the nature of the problem studied. It is informative and appropriate for authors to describe the work of others that preceded the present study, but only when they are significant contributions.

## METHODS

The methods used should be described in enough detail so that others could reproduce them. If the methods have been described elsewhere, an appropriately referenced summary could suffice. Brief descriptions of methods that have been previously published, but not universally understood, should be described in adequate detail. New or modified methods should be described in more eloquent detail and any limitations of the methodology should be presented. It is inappropriate for the *Journal of Optometric Education* to publish the names, initials, or other personal identification of students, patients, or other subjects mentioned in a study.

## RESULTS

The results should emphasize the significant aspects of the study and should be presented in a logical sequence. Some effort should be made to describe statistical techniques in detail.

## DISCUSSION

The discussion should describe and evaluate the unique and significant aspects of the study. Attention should be paid to the similarities and differences between the findings and accepted points of view. Also, the discussion should specifically highlight any aspects of the study that impact directly upon optometric education.

## CONCLUSIONS

The conclusions should reveal two important considerations. First, the important implications of the study to optometric education should be stated. Recommendations for changes in perceptions of educational or scientific matters and implications for future educational research should be presented.

John W. Potter, O.D., is editor and Patricia C. O'Rourke is managing editor of the *Journal of Optometric Education*. Patricia T. Carlson, M.S.L.S., is librarian and associate professor at the Southern California College of Optometry.

Second, it is important to draw conclusions that can be substantiated from the results. Some effort should generally be made to describe any limitations of the results.

## ACKNOWLEDGMENTS

Acknowledgments should list sources of support in the form of grants, industry support or other assistance. Only those individuals who have made a substantial contribution to the manuscript should be acknowledged. Because readers may infer that acknowledged persons have endorsed the study, authors are responsible for obtaining the express written permission from those acknowledged by name. If authors wish to use figures, graphs, photographs or tables that have appeared in other publications, written permission from the original author and/or publisher must be obtained to prevent copyright infringement. These acknowledgments should appear in the figure legends or following the tables themselves. If authors wish to use photographs of patients, written permission from the patient must be provided at the time the manuscript is submitted for consideration for publication.

## REFERENCES

References should be current, original and relevant. In general, the number of references should be limited to no more than 20 and these should be only those necessary for documentation of important statements. It is not necessary to reference statements that refer to universally accepted usage or common knowledge. Each reference should be checked against the original source, and authors are ultimately responsible for the accuracy of the references. A list of references, in sequential order as they are cited in the text, should be presented at the end of the manuscript. A personal communication cannot be used as a reference. Within the text references should be noted by superscript or parentheses in Arabic numerals.

The *Journal of Optometric Education* utilizes the Index Medicus format for referencing. If there are more than three authors for a particular citation, only the first three should be listed, followed by "et al." Only the first letter of each word in book titles should be upper case. A number of sample citations demonstrate the proper format:

### Journal articles

Werner DL. Teaching clinical teachers. *Journal of Optom Educ* 1984 Spring; 9(4):8-12.

Barraga NC, Carel C. Koch Memorial Lecture: Joining hands—educators and clinicians. *Am J Optom Physiol Opt* 1984; 61:437-440.

### Book with multiple authors

Bergin D, Brazelton FA, Janoff LA. Handbook for teachers in schools and colleges of optometry. Prepared for the Association of Schools and Colleges of Optometry. Birmingham, Ala.: Speegle's Printers Type, 1978.

### More than 3 authors

Kime TQ et al. International eye/vision care: the

United States responsibility. *J Am Optom Assoc* 1984; 55:681-683.

### Book

Eble KE (ed). Improving teaching styles. San Francisco: Jossey-Bass, 1980.

### No author

Information for applicants to schools and colleges of optometry—Fall, 1986. Prepared by the American Optometric Association in cooperation with the Association of Schools and Colleges of Optometry. St. Louis: American Optometric Association, 1985.

### Government publication

Poe GS. Eye-care visits and use of eyeglasses or contact lenses. Vital and health statistics. Series 10 no. 145. Hyattsville, Md.: U.S. Dept. of Health and Human Services, Public Health Service, National Center for Health Statistics, 1984. (DHHS publication no. (PHS) 84-1573)

### Foreign language

Faber E. Augenoptiker oder optometrist. *Neues Optiker J* 1984 Feb.; 26(2):6-14.

### In press

Nussenblatt H. Computers in optometric education. *J Am Optom Assoc.* (in press)

### Part of a monograph

Witzke DB, Rubeck RF. Individual learning style: the development of a reliable measure. In: Research in Medical Education, 1984, 23rd Annual Conference of the Association of American Medical Colleges. Washington, D.C.: AAMC, 1984: 97-102.

### Thesis

Siegel SL. An analysis of students' semantic space: implications for admission in optometry school. Ed.D. dissertation. Loyola University of Chicago, 1980.

### Research paper

Eachus T, Mayfield S. The effects of commercial preparatory courses on O.C.A.T. examination scores. Student Research Paper. Fullerton, Calif.: Southern California College of Optometry; 1983.

## ILLUSTRATIONS

All figures should be professionally prepared, whether they are line drawings, photographs, or graphs. Photographs are encouraged, but it is strongly urged that they be of high contrast and good depth of focus. They can be submitted as either 5x7 or 8x10 black-and-white glossy prints. On the back of each print, authors should place a label with the primary author's name, manuscript title, figure number, and direction to the top of the figure. Line drawings from ballpoint or pencil are unacceptable. They should be in India ink on high grade white bond. Symbols, when needed, should be clearly drawn and identified in pencil in the margin. Figures should not be identified as figures within the text unless it is necessary to do so in order to illustrate a specific point.

## FIGURE LEGENDS

The figure numbers and captions should be typed using Arabic numbers, double-

spaced, in paragraph form on a separate sheet of paper. It is not necessary for each figure legend to appear on a separate sheet and each legend should be kept as short as possible. All internal labels should be identified in the legends and each legend should be able to be understood without reference to the text.

## TABLES

Tables should be submitted on separate sheets of paper and numbered consecutively using Arabic numbers. Each table should be double-spaced with a brief heading and proper acknowledgment where appropriate. Explanatory notes should appear in a footnote, not in the heading. Statistical measures should be properly identified in the table and vertical or horizontal rules should not be used. Authors should consult previous issues of the *Journal of Optometric Education* to get an impression of the approximate number and length of tables used per 1000 words of text.

## EDITORIALS

The *Journal of Optometric Education* accepts editorial contributions. These are accepted for publication based upon their timeliness, perspective and significance to optometric education.

## WRITING STYLE

The third person should be used where appropriate rather than the first person. Past tense is useful for describing what was done in a study and present tense is suitable for reference to information in figures and tables.

Spelling should be selected from the first choice listed from either *Webster's New World Dictionary* or from the *Dictionary of Visual Science*.

## INSTRUCTIONS TO AUTHORS

Manuscripts should be typed double-spaced on only one side of white bond (8½" x 11"). Black ribbon should be used. The original manuscript and two copies should accompany the figures, photographs, and tables at the time of submission. All pages should be numbered consecutively beginning with the title page. However, pages should not be author identified.

A cover letter should accompany all submitted manuscripts. The letter should identify the person who will be responsible for correspondence with the editor regarding the manuscript and should be signed by all of the authors. In addition, the cover letter may contain other information that may be pertinent to the manuscript, including written permission statements to use figures from previous publications, etc.

## SUBMISSION OF MANUSCRIPTS

Authors of scientific manuscripts often neglect to protect their papers from rough handling. Mailing envelopes should be strong and provided with stiff cardboard inserts or corrugated fillers slightly smaller than

the envelope to protect figures, line drawings, photographs, and tables. It is essential that authors retain a copy of the manuscript and its figures, photographs, and tables as a precaution against the unwelcome loss of the originals.

## EDITORIAL PROCEDURES

Receipt of the submitted manuscript will be promptly acknowledged. In accordance with the editorial policy of the *Journal of Optometric Education*, each paper is evaluated by one or more reviewers. Authors will be

notified of (1) acceptance without revision, (2) provisional acceptance with revision required, (3) recommendation for rewriting and further review or (4) rejection. Revisions are generally requested to condense, clarify or alter the style of presentation.

The original manuscript will not be returned to the author unless the paper has been rejected. Once accepted for publication, manuscripts are generally published in the order of their acceptance, although they may be accelerated or delayed to present papers from a homogeneous subject area in special issues. □

## Attention Authors

Manuscripts should be mailed to:

**Editor**

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Association of Schools and Colleges  
of Optometry

6110 Executive Boulevard

Suite 514

Rockville, MD 20852

## RESOURCE REVIEWS

John M. Parker, II, O.D., M.S.

(continued from page 6)

practitioners because they lack adequate description and/or arrows pinpointing the specific area of interest.

The first few chapters dealing with anatomy and optics are at best superficial. The author oversimplifies topics (e.g. long-sight, short-sight) so as to be misleading. However, the ocular problems covered under the eye surgeon and medical ophthalmologist sections, even though briefly described, are more accurate and thorough.

Keeping in mind the author's target audience, he does a decent job of describing the more common ocular diseases and their management. However, there are better texts available which are more helpful than this one for general eye care.

Guest Reviewer:  
Gilbert Houston, O.D.  
University of Alabama  
School of Optometry □

### Ocular Accommodation, Convergence, and Fixation Disparity,

David A. Goss, O.D., Ph.D., Professional Books Press, New York, 1986, 176 pp., \$16.95.

This manual of clinical analysis is very concisely written for the optometric student. It evolved from the handouts used in a course on optometric case analysis at Northeastern State University, Tahlequah, Oklahoma. Its philosophical approach is graphical. There are seventeen chapters which are clearly written and subdivided into appropriate portions for easy digestion. There are numerous graphs and tables used to illustrate points. They are not, however, overwhelming. At each chapter's end is

a reference to notes and some practice problems. The index is complete without being too detailed. There is also an appendix with answers to the practice problems found at the end of each chapter.

It was pleasant to find such clear print on non-reflective pages. Even the print on the figures is clear and large enough to read. The quality of this work is best summed up by a quote from the Foreword by Henry W. Hofstetter, Rudy Professor Emeritus of Optometry, Indiana University. "With remarkable clarity and with cautious simplification of classic clinical concepts, the manual should give optometry students a solid clinical base on which to develop their prescribing talents effectively and analytically."

Guest Reviewer:  
Michael E. Margaretten,  
O.D., F.A.A.O., F.C.O.V.D.

**Modern Management of Ocular Diseases**, T.C. Spoor, M.D., ed. and 24 contributors, Slack, Inc., Thorofare, New Jersey, 1985, 391 pp., hardbound, \$85.00.

As the profession of optometry moves further into the areas of ocular therapeutics and disease management the need for books such as this becomes more critical. This book is a compendium of the more common ocular conditions which might appear in the optometric office. As such, reading it will update, prepare and familiarize clinicians with various conditions, as well as acquaint them with the step by step management.

The text is broken down into three broad areas: adnexal disorders, ocular disorders and neuro-ophthalmic dis-

orders. Of special interest is the section on neuro-ophthalmic disorders which discusses conditions, examination techniques and common imaging techniques such as CAT scans and X-rays. These are techniques which optometrists in any state can utilize regardless of legislative issues or restrictions. The strengths of the text lie in its ability to be concise in its description of various conditions but at the same time simply state the underlying mechanisms of the pathology. This allows the treatment plans to be more understandable. One weakness of the text is its inability to serve as a total reference source. The practitioner or student will find that many of the less common conditions are not included. This need not be a deficiency if the book is purchased for what it was intended—an overview of common ocular disorders and their current management.

Overall the text is readable, concise and understandable. It will help prepare the clinician who is beginning to venture into the area of disease management and will refresh clinicians who are already participating in this practice mode by familiarizing them with updated treatment and management modalities.

Guest Reviewer:  
Marcus G. Piccolo, O.D.  
Chief of Primary Care Services  
University of Houston  
College of Optometry

**Pediatric Ophthalmology**, L.B. Nelson, M.D., W.B. Saunders Co., Philadelphia, 1984, 268 pp., illus., hardback, \$44.95.

Pediatric Ophthalmology is a concisely written overview of ocular anomalies

encountered in the pediatric population. The book consists of 17 chapters covering topics from A-Z in pediatric eyecare, including congenital abnormalities (ocular and systemic), acquired diseases, strabismus, and amblyopia. Although an overview, this text (written with the pediatrician in mind) provides sufficient detail to be useful to any practitioner outside of this subspecialty.

The first three chapters provide a basic description of ocular anatomy, development, and ocular examination and as such are not particularly useful. Chapter 4, however, contains two excellent reference tables. The first identifies hereditary and congenital ocular abnormalities by anatomical location, associated ocular characteristics and

mechanisms of inheritance. The second, table 4-2, is a 20 page alphabetized list of pediatric syndromes, their primary ocular and systemic manifestations and inheritance patterns. These two tables are comprehensive, to the point and very useful to the practitioner for quick reference.

Subsequent chapters tend to center in on specific problem areas. Some of the better chapters include Congenital Ocular Anomalies, Childhood Glaucoma, Retinal Diseases, Neuro-Ophthalmology and Ocular Manifestations of Systemic Disease. Each disease or syndrome is described by etiology, clinical presentation, and first level treatment where indicated. The book is heavily illustrated in black and white. The

photographic quality is fine for demonstrating grossly observable anatomical variations but is inadequate for presenting subtle detail, particularly in the realm of retinal problems. At the end of each chapter are extensive reference sections should the reader desire more detailed information for a particular problem area.

For those not familiar with pediatric ophthalmology this book is a good start given its readability and its organization. The text would also prove quite useful as a first level reference. The index is comprehensive and facilitates the book's usefulness.

Guest Reviewer:

David A. Heath, O.D.

New England College of Optometry

## ASCO NEWSMAKERS

(continued from page 10)

ing in the U.S. Army from 1953 to 1955, he was in private practice of optometry in Fall River, Mass.

### 1986 OEA Journalism Awards Announced

Winners of the 1986 Journalism Awards Contest of the Optometric Editors Association (OEA) were presented award certificates at the annual breakfast meeting June 25, 1986, in San Diego, California, by John W. Potter, president. Winners in the fourteen categories were:

Best Journal—National, First Place *Journal of Optometric Education*, John W. Potter, O.D., editor. Honorable Mention, *Optometry Times*, Irwin Suchoff, O.D., and Dean Celia, editors. Honorable Mention, *Journal of Optometric Vision Development*, Martin Kane, O.D., editor.

Best Journal—State/Regional, First Place, *Journal of the Illinois Optometric Association*, Joseph B. Meloan, O.D., editor. Honorable Mention, *New York State Optometry*, I.L. Shapiro, O.D., editor.

Best Newsletter—National, First Place, "Schnurmacher Institute Newsletter," Ann Warwick, director of public relations. Honorable Mention, "Visionlink," Linda J. Draper, editor.

Best Newsletter—State/Regional,

First Place, "Virginia Optometric Association Newsletter," Bruce B. Keeney, editor. Honorable Mention, "Focal Points," Norbert Kastner, O.D., editor.

Best Editorial—National, First Place, "ASCO Serves Students," by David W. Davidson, O.D., published in the *Journal of Optometric Education*. Honorable Mention, "ASCO Begins Strategic Planning," by Edward R. Johnston, O.D., M.P.A., published in the *Journal of Optometric Education*.

Best Editorial—State/Regional, First Place, "Horizons in Optometric Practice," by Glen Swartwout, O.D., published in *New York State Optometry*. Honorable Mention, "At the Sound of the Beep . . .," by Beverly K. Wiatrek, O.D., published in *Texas Optometry*. Honorable Mention, "Peer Review: Criteria for Optometric Society Membership," by Leonard Savedoff, O.D., published in *New York State Optometry*.

Best Editorial—Local, First Place, "AB 1217 Is Sick," by Byron Y. Newman, O.D., published in the "Globe Examiner."

Best Non-Technical Article—National, First Place, "Videotaping Optometry Students," by Felix M. Barker, II, O.D., M.S., F.A.A.O., published in the *Journal of Optometric Education*. Honorable Mention, "Psychological Aspects of Vision," by Martin Kane, O.D., published in the *Journal of Optometric Vision Development*.

Best Non-Technical Article—State/Regional, First Place, "Legal and Mal-

practice Implications of Radial Keratotomy," by James R. Scholles, O.D., J.D., published in *The Michigan Optometrist*. Honorable Mention, "Optometric Technicians: A Labor Market Review," by Rachael A. Snyder, Opt. T.R., published in *The Michigan Optometrist*.

Best Technical Article—National, Tie for First Place, "An Analysis of Pharmacology Training in Schools of Optometry, Medicine, and Dentistry," by Marti G. Waigandt, B.S., and Alex Waigandt, Ph.D., published in the *Journal of Optometric Education*; and, "Cerebral Hemispheric Function and Dominance," by M. Cron, R. Garzia, and J. Richman, published in the *Journal of Optometric Vision Development*. Honorable Mention, "Oral Fluorography," by John W. Potter, O.D., Jimmy D. Bartlett, O.D., and Larry J. Alexander, O.D., published in the *Journal of the American Optometric Association*.

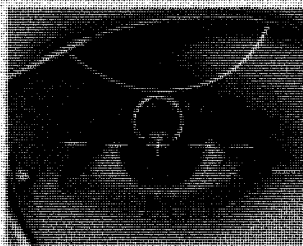
Best Technical Article—State/Regional, First Place, "The Electromagnetic Spectrum," by Robert E. Reed, O.D., published in *The Michigan State Optometrist*. Honorable Mention, "Geriatric Medicine and the Optometrist," by Karla E. Rumsey, O.D., published in *Texas Optometry*.

Most Improved Publication—"The Southern California College of Optometry President's Report, 1984-85," Debra J. Christensen, editor. Honorable Mention, *Journal of the American Optometric Association*, Jimmy D. Bartlett, O.D., editor.



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