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Summer 1987
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A · S · C · O
**ANNUAL
REPORT**

Association of Schools and Colleges of Optometry

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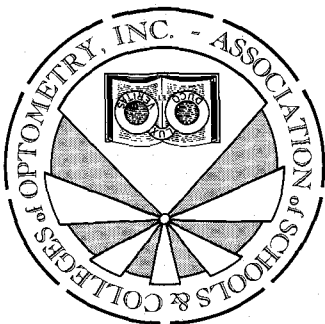
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First Impressions

When describing a first impression, it is important to note the frame of reference upon which it is based. My first impression of the Association of Schools and Colleges of Optometry must be viewed from my perspective of eleven years at the Association of American Medical Colleges. The AAMC was large both in terms of the number of schools, which was approximately one hundred and thirty six, and in terms of staff who numbered roughly one hundred and fifty, including secretarial and clerical personnel. While in the general sense these numbers do not portray a particularly sizable organization, ASCO is much smaller and more intimate in comparison.

This smaller size produces an energy that is immediately discernable. Its members know each other by first names. It is possible to discuss issues on the highest executive level and have every voice in the organization heard. There exists the ability to be truly responsive to issues, to make reasonable assessments of priorities and to reach consensus without waiting years to move position papers through the proper committees and administrative channels. So my immediate impressions were of youth as opposed to age, of vitality as opposed to lethargy and of consensus as opposed to dissonance. As with all first impressions, they are of necessity naive and will become more realistic, balanced and critically evaluative with time.

First impressions of ASCO, its schools, members and national office must also be perceived in the broader context of the profession of optometry. I am and have been a satisfied consumer of optometric care for many years. My external consumer opinion is positive in part because it is infused with a sense of progress. With each visit to my optometrist, it seemed I could look forward to improved technology—a new procedure or product from which I would benefit.

Now that I am beginning to develop a perspective on the internal workings of the profession, I am even more impressed with the sense of change and growth it has undergone in the recent past. More important, however, is its potential for growth in the future. I believe the schools and their professional colleagues have their sights already set on the future of the profession. They are conscious of the poten-

tial of continued development and the belief that greater achievements will continue to be the future's reward.

I am delighted to be a part of ASCO and the profession of optometry. The role of executive director is a great opportunity for me, and I intend to make the most of it. I ask your indulgence during my learning process which will be on-going for some time. Lee Smith, executive director emeritus, accustoms you to a deservedly high standard of excellence, and I will do my best to meet or exceed that standard. However, it will take some time to reach it and some patience, some of mine and some of yours, to do so.

An association is perhaps best judged by the quality of its members. By that standard my first and what I know will be my most lasting impression is that I have been privileged to join one of the best associations of professional schools in the country. I look forward with great anticipation to the days and years ahead and working with and getting to know each and every one of you.



Robert J. Boerner

Robert J. Boerner
Executive Director

Robert J. Boerner was selected as the new executive director of the Association of Schools and Colleges of Optometry succeeding Lee W. Smith, M.P.H., effective July 1987.

Mr. Boerner has extensive experience in the health professions and in student recruitment. He was director of the division of student programs of the Association of American Medical Colleges in Washington, D.C. for eleven years. Prior to that, he spent two years as assistant dean of Hahnemann Medical College in Philadelphia, Pennsylvania. He graduated from Case Western Reserve University in Cleveland, Ohio where he served as associate director of admissions and dean of the undergraduate men's liberal arts college.

Mr. Boerner is an avid sailor and may be found many weekends on the Chesapeake Bay aboard his 28 ft. sloop, "Escape Artist."

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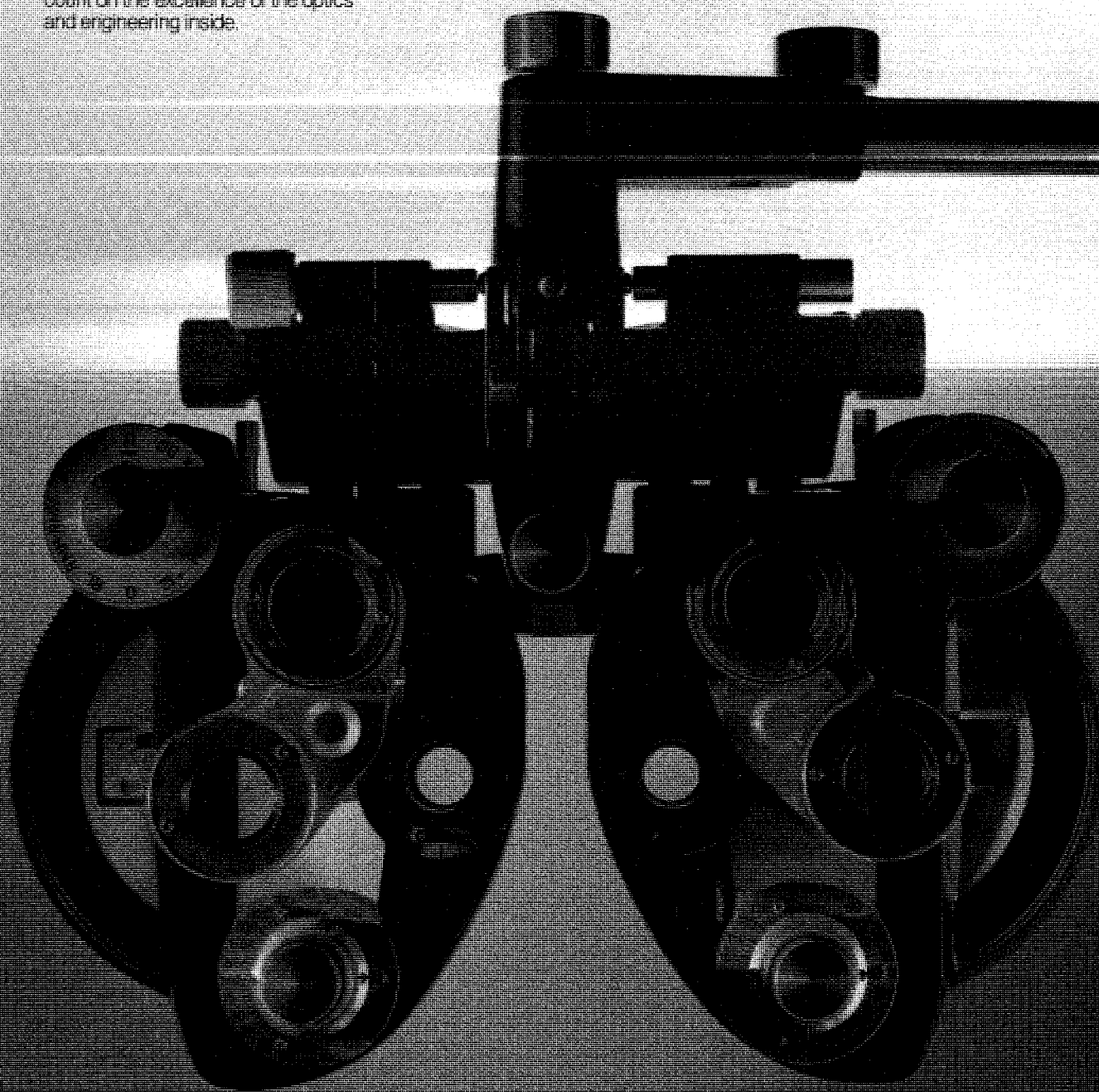
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Lee W. Smith, M.P.H.

An interview with ASCO's Recently Retired Executive Director

Lee W. Smith recently retired after ten years as executive director of the Association of Schools and Colleges of Optometry. Earlier he had retired from the United States Public Health Service with the rank of rear admiral. Mr. Smith was director of the Office of Personnel Management and associate director of the Bureau of Health Professions at the Department of Health, Education and Welfare. Mr. Smith received his M.P.H. in epidemiology from the University of Pittsburgh Graduate School of Public Health. In this interview with JOE managing editor Patricia C. O'Rourke, Mr. Smith reflects on the changes he has seen in ASCO and the challenges ahead for his successor, Robert J. Boerner. At the July ASCO Board meeting, Lee Smith was named ASCO "executive director emeritus."

JOE: What was ASCO's condition when you became executive director?

Smith: A big of background is important to the answer to this question. ASCO was established in 1940 but had no established office or day-to-day direction until 1974 when the Association located its headquarters in Washington and employed an executive director. In 1977 when I was employed as the executive director, the position had been vacant for four months.

The Association had gone through the difficult task of establishing an office and the determination of what its role was to be. I therefore came at a very opportune time to assist in moving it forward. It was and remained an interesting and rewarding challenge. The Association had very little in the way of financial reserves, one employee and a recently adopted statement of priorities and purposes. Dues from the member schools were the single source of revenue and two schools were in arrears. The *Journal of Optometric Education* was two issues behind schedule. Finally, Congress was about to move on appropriations for the health professions, and ASCO was not exactly a household word in the optometric profession.

On the latter issue I remember the January 1978 meeting in Phoenix, Arizona. An AOA Trustee, upon learning that I was with ASCO, asked, somewhat in jest, "Have they found a cure for that yet?"

With these issues facing the Association, the agenda for the coming year was established. I would be remiss if I failed to note the strong leadership of ASCO by Dr. Norman Haffner as president and the commitment of the Board

"Optometry is a caring profession which can quickly and painlessly provide a service to people to improve the quality of their lives."

of Directors to the Association's success. This alone made the task possible.

JOE: How did your past experience prepare you for the position as ASCO's executive director?

Smith: There were three aspects of my background that I could draw upon for the position.

One was my health professions background. In addition to my public health training, the Public Health Service experience and assignments had provided the broadest possible exposure to health

delivery, administration and the variety of health professions.

Secondly, I had had the opportunity for management training and had organized large and small units within the Public Health Service. Further, I had served in both line and staff positions in the Service. In these assignments I had worked with numerous associations in Washington which had interest in Public Health Service activity.

The third was my knowledge of the legislative and appropriations process of the Federal government. I knew many of the significant committee persons in both the House and Senate and these contacts were of considerable value in our attempts to convince the Congress to include optometry in legislative initiatives and to provide adequate funding to health professions authorities.

JOE: How has optometric education changed since you became ASCO's executive director?

Smith: When I arrived in 1977, ASCO had just completed a curriculum model. This was to provide guidance to the schools and colleges to insure the inclusion of a complete education in the profession. In my ten years, this effort has been a major consideration of the Board. Great concern exists that education not only keep up with changes in the practice of optometry but that education take the lead role in the continuing evolution of the profession. This effort is evident in the commitment made



"The people involved in ASCO and other optometric organizations are among the most committed professionals I've ever encountered."

to the ASCO Strategic Plan and to advancing optometric research.

The most obvious changes have accrued in the expanded education of today's students in the treatment and management of optometric disease and in the broader exposure of students to a larger and more varied patient population. The former has been driven by the rapid change in state optometric laws expanding the scope of practice of the profession. Additionally, I see a shift from the memorization of facts to the integration of information for decision-making in diagnosis and treatment determinations. This is a healthy development for optometry and for patient services.

JOE: You have worked closely with other health professions through the Federation of Associations of Schools of the Health Professions (FASHP). What do you see as optometry's strengths and weaknesses compared to other health professions?

Smith: The health professions generally represent an attractive career opportunity and I would not downgrade any of them. Optometry, however, has the potential for independence of service. Some of that independence is eroding but the opportunity still remains. Optometry is a caring profession which can quickly and painlessly provide a service to people to improve the quality of their lives. The optometrist deals directly with his or her patient and influences that patient to good eye care. The fact that optometrists are among the highest paid health professionals is

obviously an attraction as well. To me, the most important strength is the fact that optometry is a growing, evolving health care group with great future potential. A true opportunity and challenge!

JOE: What have you enjoyed most about being ASCO's executive director?

Smith: There are so many things; it is difficult to know where to begin.

First has been the support of a truly dedicated group of deans and presidents. Their commitment to quality education and sure leadership has been the key to any real success we've had in advancing ASCO. As I've said, the association was very new in 1977 and I'm convinced that almost anything I had done would have produced positive results. Together we have achieved financial security for ASCO and made a mark within the profession to a point at which ASCO is considered a major force. We have established ASCO as a significant contract and grant recipient and made ourselves known within the ophthalmic industry. As noted, JOE was a major problem for the Association in 1977. In the last few years, it has consistently won awards from the Optometric Editors Association. All of these have been enjoyable challenges for which I'm proud to have been a part.

The most enjoyment has come from the acceptance of me as an individual into the family of optometry. The people involved in ASCO and other optometric organizations are among the most committed professionals I've ever encountered. To have been a small part

of their plans, their organization and their personal lives for ten years is a reward without price. I also have been blessed with committed staff persons in these ten years as well.

JOE: What do you see as some of the challenges for ASCO's new executive director, Robert J. Boerner?

Smith: I'm not sure that is a fair question. Bob will, working with the Board, find his own challenges and make his own mark on ASCO. There are a few things that come to mind, however. As with any growing organization, financial demands will continue to increase. Over the years, we worked to identify funding sources other than dues. We have met with a degree of success with grants and contracts and with our solicitation of the ophthalmic industry. Continued effort in this area is necessary.

Some progress in serving faculty needs was made with a few workshops. Bringing the optometric faculty into a closer relationship with one another and with the national organization must be an ASCO priority.

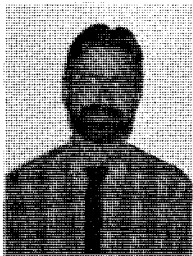
The declining federal role in health professions support provides a challenge as well. Either we mount an effort to further educate the Congress on the critical need of students or we work toward long term alternatives from other sources.

Finally, let me suggest that minimal expansion of the staff of ASCO will provide for much needed services to the schools and colleges and better coordination of needed information and data to the schools and the public. This development is the greatest challenge that Bob faces in the next two to three years.

JOE: What are your retirement plans?

Smith: Alma and I have established our new home in Bradenton, Florida. We look forward to having our family and friends visit. We do enjoy company. We expect to visit others on periodic trips. We are both antique lovers and will be visiting auctions, I'm sure. We do furniture restoration and expect this to keep us busy. Golf and fishing are on our agenda as well. Professionally, I would be open to some level of consulting and may do so. The important thing is for me to control the time.

My final comment is to give my best wishes to ASCO and its future and to the optometric profession. It has been ten years of absolute enjoyment and both Alma and I are pleased to have had such a marvelous opportunity. □



Dr. David Heath Appointed New JOE Editor

David A. Heath, O.D., assistant professor and director of student support services at the New England College of Optometry, has been named editor of the *Journal of Optometric Education*.

Dr. Heath has been a member of the Journal Review Board of the *Journal of Optometric Education*. Dr. Heath has published numerous research articles in several journals, including three in JOE.

Dr. Heath graduated from the New England College of Optometry in 1983 and completed a one year post-doctoral

fellowship the following year. In 1986, Dr. Heath was admitted as a Fellow in the American Academy of Optometry. He is currently teaching courses in optometric theory and methods and advanced optometry.

The appointment was announced by Jack W. Bennett, O.D., president of the Association of Schools and Colleges of Optometry, following a meeting of the Association's executive board in Orlando. The appointment will be for a three-year term beginning July 15, 1987.

Dr. Heath succeeds John W. Potter, O.D., who resigned the position in order to spend more time on his new venture as vice president with a co-management company, Vision-America, in Nashville, Tennessee.

In commenting on the appointment, Mr. Robert J. Boerner, ASCO executive director, said, "I look forward to our association with Dr. Heath and a continuation of the high standards readers have come to expect from JOE." □

Indiana University School of Optometry Begins Dean Search

On June 16, 1987, the Search and Screen Committee for the Indiana University School of Optometry located in Bloomington, Indiana, held its initial meeting and commenced its search for a new dean. Appointed by Vice President Gerald L. Bepko of the Indianapolis campus of Indiana University, the members of the Committee are: James R. Roche, D.D.S., Associate Dean for Academic Affairs of the Indiana University School of Dentistry, Chairman; Arthur Bradley, Ph.D., Bloomington, IN; Clifford W. Brooks, O.D., Bloomington, IN; Linda Casser, O.D., Indianapolis, IN; Robert D. DeVoe, Ph.D., Bloomington, IN; Jonathan E. Kintner, O.D., Mishawaka, IN; O. Oren Elinger, O.D., Muncie, IN; Rogers W. Reading, M.Opt., Ph.D., Bloomington, IN; Joseph J. Russell, Ed.D., Bloomington,

(continued on page 31)

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Personal Characteristics of Optometry Students at the Southern California College of Optometry

Lorraine I. Voorhees, O.D., M.S.Ed.
Julie B. Ryan, O.D., M.S.Ed.

The demographic characteristics of optometry students are described by gender. Three hundred seventy nine students at a private optometry college were surveyed; 202 men and 99 women responded. The questionnaire included thirteen demographic items. The respondents averaged 25.4 years of age. The results showed that women spent the majority of their early years in larger communities and that the educational levels of their parents were higher than those of the men. No significant differences on the remaining characteristics were found.

Introduction

During the years since the early 1970s, the enrollment of women in professional schools has increased dramatically. Several factors contributed to this increase. The enactment of the 1964 Civil Rights Act and Title IX of the Education Amendments of 1972 reduced the barriers to the professions for women. Secondly, the changes in women's attitudes and aspirations engendered by the feminist movement helped women to recognize their potential, thus encouraging them to seek non-traditional educations and careers.¹

As the number of women entering previously male-dominated careers has increased, there has been a concurrent increased need for research into possible sex differences which may influence career choice and educational experiences of men and women students.

Women were well represented in optometry at the turn of the century, an apparent result of an early feminist

movement. From the early 1900s until the mid 1970s, women represented approximately three percent of all optometrists.^{2,3}

However, in the last ten years, the number of women entering optometry schools has more than doubled. In 1983, almost 35 percent of the students entering optometry programs were women.⁴

With the exception of *Optometry: Education for the Profession*,⁵ published data on the characteristics of optometry students are non-existent. In this study, Robert J. Havighurst explored the personal characteristics and career expectations of all optometry students in 1971-72. However, his study did not include an analysis of the data by gender since it preceded the increase in the number of women attending optometry schools.

The purpose of this paper is to report the personal-social characteristics, socioeconomic background, and home communities of optometry students including an analysis by gender.

Review of the Literature

In the early 1960s, the American Optometric Association, prompted by an

awareness that optometry was entering a new era, recommended that an objective study of optometric education be conducted by an independent group. The study was not to be dominated by the profession but was to provide new insights into such factors as the changing nature of the profession, the changing requirements of optometric education, the role of practitioners and the type of students attracted to the profession. A grant was awarded to the National Commission on Accrediting, known for its broad conception of its mission in stimulating the professions and associations of education institutions to improve their activities in establishing minimum standards of educational quality and in evaluating performance of particular colleges and universities in terms of those standards. Under the directorship of Dr. Robert J. Havighurst, Professor of Education and Human Development at the University of Chicago, *Optometry: Education for the Profession* was published in 1973.⁵

In the Havighurst study, 61 percent of the students, a total of 2010, responded to a questionnaire. The data was analyzed for each school independently but very little difference in

Lorraine I. Voorhees, O.D., M.S.Ed., is the director of student affairs at the Southern California College of Optometry. Julie B. Ryan, O.D., M.S.Ed., is an associate professor and chief of the pediatric optometry service at the Southern California College of Optometry.

student characteristics was found among the schools. The Commission reported a pervasive impression that all students came from one large population and as a result, did not report on the students by school. Overall, the students ranged in age from 18 years to 53 years. The average age was 23.6 years. Less than four percent were women. Forty-five percent were married.

The students were asked to report their fathers' occupations and levels of education. Using a formula combining occupational level and educational level, the average student was determined to be from a lower-middle class background. Since the optometrist is considered to be of upper-middle class status according to studies of occupational prestige, the average student was reported to be upwardly mobile.

Women comprised 3.9 percent of the student population included in the study. In the interview and questionnaire studies, the women reported family backgrounds with slightly higher socioeconomic status than the men did, and therefore fewer of the women were upwardly mobile.

The students came from communities ranging in size from 2500 to over 500,000. The largest number (22 percent) were from small cities of 10 to 50 thousand population. More than half of the students were from cities of less than 50 thousand which was contrary to the national distribution at that time in which more than 65 percent of the general population lived in counties containing cities of 50 thousand or more.

With the changing distribution in optometry, gender-related characteristics no longer can be ignored. The student characteristics as reported in the Havighurst study may not be descriptive of the current student population.

Methods

The survey instrument used in this study was adapted, in part, from the instrument used by Havighurst (1973).⁵ The questionnaire included items of a general demographic information nature. These items were: age, sex, marital status, anticipated marriage, number of children, anticipated children, class year, size of the community in which the student was raised, parental income, parental education and occupation, and number of siblings. The results of these questions were analyzed by gender.

Subjects

All 379 students (257 men and 122 women) enrolled in the four-year Doc-

Table 1
NUMBER AND PERCENTAGES OF STUDENTS RESPONDING

Class Year	Men	Women
First	55 91.7%	33 91.7%
Second	55 84.6%	28 93.3%
Third	41 64.1%	20 65.1%
Fourth	51 75.0%	18 72.0%
Total	202 78.5%	99 81.8%

Table 2
AGE DISTRIBUTION OF RESPONDENTS

Age (years)	Men	Women
20	0	1
21	7	3
22	13	8
23	14	22
24	31	21
25	44	15
26	34	9
27	19	5
28	11	9
29	7	1
30	4	0
31	4	1
32	2	1
33	3	0
34	1	1
35	0	1
36	1	1
37	2	0
38	0	0
39	1	0
Mean 25.7	Mean 24.9	

Table 3
STUDENTS' HOME COMMUNITY SIZE

Home Community	Men	Women	x ²
Under 2,500	23 11.4%	6 6.1%	2.094
2,500-10,000	33 16.3%	9 9.2%	2.804
10,000-50,000	63 31.2%	31 31.6%	.006
50,000-100,000	36 17.8%	15 15.3%	.296
Over 100,000	47 23.3%	37 37.8%	6.870**

**p < .01.

"Within the last ten years, the number of female optometry students has more than doubled. This change in the gender distribution of optometry students has potential implications in curricular planning and student support services."

Table 4
PLACE IN FAMILY

Place in Family	Men	Women	χ^2
Only Child	6 3.0%	4 4.0%	.237
Oldest Child	49 24.3%	25 25.3%	.036
Middle Child	73 36.1%	44 44.4%	1.929
Youngest Child	74 36.6%	26 26.3%	3.221

Table 5
FATHER'S EDUCATION

Educational Level	Men	Women
High School	42 20.8%	16 16.5%
Vocational/Technical	22 10.9%	10 10.3%
Some College/No Degree	42 20.8%	13 13.4%
Bachelor's Degree	43 21.3%	16 16.5%
Graduate or Professional Training	53 26.2%	42 43.3%

Highest level of education attained by father: $p < .005$.

tor of Optometry program at a private college in Southern California in the Spring of 1984 comprised the sample. In the choice of a sample design we considered it desirable to conduct a survey of the college population rather than a sample, to eliminate error due to sampling variability. In view of the 79.4 percent response to the survey we are confident that the data generated are representative of the college population with minimal error (see Table 1). Bias may have arisen from self-selection factors in which non-responses may not have been randomly distributed.

Data Processing and Analysis

Each completed survey was read by one investigator. The responses to each question were entered into a computer program to facilitate the compilation of data and statistical analysis. All data entries were proofread by a second investigator to insure accuracy. Descriptive statistics were calculated for each item. Chi-square analysis was used to compare selected item subgroups as determined from crossbreak analysis. Where appropriate the two-sample t-test was used.

Results

Age. On the average, the women optometry students were approximately one year younger than their male counterparts. The average age of women students was 24.9 years and of men students 25.7 years. The critical value for t for the difference was not significant. Students ranged in age from 20 to 39 years (see Table 2).

Home community. The majority of men, 58.9 percent, stated that they were from small towns or urban areas with populations of 50,000 or less. However, slightly over half of the women, 53.1 percent, were from large urban areas and cities of greater than 50,000 population (see Table 3).

The number of women from areas with populations greater than 100,000 differed significantly from the number of men, $\chi^2(1) = 6.870$, $p < .01$. Overall the difference between genders was significant, $\chi^2(4) = 9.499$, $p < .05$.

Place in family. Very few students, 4.0 percent of the women and 3.0 percent of the men, reported being "only" children. Nearly one-fourth of both genders reported being the oldest child of the family. A smaller proportion of women than men were the youngest child. The largest percentage of women (44.4 percent) had both younger and older siblings; that is, they were neither

the oldest, the youngest, nor an only child (see Table 4).

Parental education. Of the men, 47.5 percent reported their fathers had at least a baccalaureate degree, with 26.2 percent having graduate or professional training. In comparison, 59.8 percent of women's fathers had at least a baccalaureate degree, with 43.3 percent having graduate or professional training (see Table 5).

More women reported their mothers had attained graduate or professional training, 17.3 percent, as compared to the men, 5.9 percent (see Table 6). These differences were significant for the students' fathers' highest achieved educational level at $\chi^2(1) = 9.357$, $p < .005$ and for the mothers' educational level at $\chi^2(1) = 12.943$, $p < .001$.

Parental occupations. The most frequently reported fathers' occupations by the men were other professions (21.9 percent), executive-business, government (17.9 percent), and skilled/crafts (12.4 percent). In comparison, the women's fathers were other professions (27.8 percent), executive-business, government (15.5 percent), proprietor-small business (12.4 percent) and other health professions (11.3 percent).

The men's mothers were most frequently homemakers (44.0 percent), followed by clerical/sales (18.1 percent) and other profession (12.6 percent). The most frequently reported occupation for the women's mothers also was homemaker (35.5 percent). Other frequently reported occupations were other professions (17.6 percent), clerical/sales (11.2 percent) and other health professions (11.0 percent). None of these differences were significant (see Tables 7 and 8).

Parental Income. Parental yearly income was estimated at greater than \$30,000 by 49.0 percent of the men and 58.9 percent of the women. No significant differences were found (see Table 9).

Marital and family status. More men than women students reported being married, 35.6 percent of the men versus 20.2 percent of the women. Very few of the sample reported being divorced. The majority of both women and men were single (see Table 10). Of those currently single or divorced, 97.5 percent of the women and 91.7 percent of the men anticipated future marriage.

Thirty-one percent of the men students as compared to 17.0 percent of the women students reported having children. Parenthood was anticipated by 85.7 percent of the women and 89.0 percent of the men.

Conclusions and Implications

Within the last ten years, the number of female optometry students has more than doubled. This change in the gender distribution of optometry students has potential implications in curricular planning and student support services. If colleges are to fully address the needs of their students, faculty and administrators must have knowledge of their characteristics and the similarities or differences that exist because of gender.

The student population averaged approximately two years of age older than the population included in the Havighurst study. On the average, the women students were 0.8 years younger than the men students.

A significantly different distribution by gender for home community size was found. Almost 60% of the men students reported spending the longest part of their first 20 years in communities with a population of 50,000 or less. This agrees with the Havighurst study in

Table 6
MOTHER'S EDUCATION

Educational Level	Men	Women
High School	77 38.1%	29 29.6%
Vocational/Technical	20 9.9%	15 15.3%
Some College/No Degree	51 25.2%	20 20.4%
Bachelor's Degree	42 20.8%	17 17.3%
Graduate or Professional Training	12 5.9%	17 17.3%

Highest level of education attained by mother: $p < .001$.

Table 7
FATHER'S OCCUPATION

Occupations	Men	Women
Unskilled	2.0%	1.0%
Farmer	3.5%	5.2%
Semiskilled	6.5%	3.1%
Service	2.5%	5.2%
Homemaker		
Skilled/Crafts	12.4%	9.3%
Clerical/Sales	7.5%	4.1%
Military Officer	1.0%	4.1%
Proprietor/Small Business	12.9%	12.4%
Executive-Business, Government	17.9%	15.5%
Optometrist	5.5%	1.0%
Other Health Professional	6.5%	11.3%
Other Professions	21.9%	27.8%

which more than 50% were from similar communities.

However, the majority of women in this study came from communities of more than 50,000 population. The results indicate that more women students spend their formative years in large urban areas or cities than the men students.

The implications of the Havighurst study were that the women students were not as upwardly mobile as the men students since their backgrounds included parents with higher educational levels and income. This trend seems to be substantiated. Parental educational level was significantly higher for the women students.

Apparently women optometry students have different backgrounds than their male counterparts. Both their fathers and mothers are more educated and their formative years were spent in larger urban areas. It is unknown if these were influences in their decision to pursue professional education. It is of interest, as well, to determine what influences these characteristics might exert on their future optometric practice preferences.

The optometric educational environment is rapidly changing from nearly all-male to mixed gender. This is a reflection of the societal changes occurring in this nation. As more women enter the profession they bring different talents and experiences, as well as problems which must be addressed. □

Acknowledgements

We appreciate the assistance of Dr. Paul Deland for statistical advice and Mr. Patrick Ryan for data processing.

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Table 8
MOTHER'S OCCUPATION

Occupations	Men	Women
Unskilled	1.1%	3.3%
Farmer		
Semiskilled	4.4%	2.2%
Service	3.8%	2.2%
Homemaker	44.0%	32.5%
Skilled/Crafts	3.8%	5.5%
Clerical/Sales	18.1%	13.2%
Military Officer		
Proprietor/Small Business	4.4%	5.5%
Executive-Business, Government	1.1%	4.4%
Optometrist		
Other Health Professional	6.6%	11.0%
Other Professions	12.6%	17.6%

Table 9
PARENTAL INCOME

Income (\$)	Men	Women	χ^2
0-10,000	3 1.5%	3 3.2%	.913
10-15,000	15 7.4%	4 4.0%	1.115
15-20,000	21 10.4%	7 7.4%	.694
20-25,000	29 14.4%	12 12.6%	.162
25-30,000	35 17.3%	13 13.7%	.633
30,000 +	99 49.0%	56 58.9%	2.557

Table 10
STUDENTS' MARITAL STATUS

Marital Status	Men	Women
Single	127 62.9%	76 76.8%
Married	72 35.6%	20 20.2%
Divorced	3 1.5%	3 3.0%
Widowed	0	0

The SUNY Summer Internship

The First Twenty Years

Rochelle Mozlin, O.D.
Irwin B. Suchoff, O.D., F.A.A.O.

Introduction

The SUNY Summer Internship Program stands out as a unique and innovative program in optometric education. It brings together 18 students from the various schools and colleges of optometry between their third and fourth years for an eight week program which emphasizes functional vision care and vision therapy. The selection process is designed to identify motivated students with growth potential. The key to the program's success has been its evolution, its ability to respond to the needs of optometric students.

The purpose of this paper is to present an overview of all aspects of this program: history, program structure, recruitment and selection, and evaluation.

History

The first SUNY Summer Internship was in 1966. It was the product of an agreement between the administration of the Pennsylvania College of Optometry and the Optometric Center of New York. The latter institution was to provide 11 weeks of didactic and clinical instruction for 10 students who were

about to enter their final year at P.C.O., in lieu of their clinical summer session in Philadelphia.

A major goal of the program was to broaden the educational process for the students to include a more functional model of vision than they had been exposed to at that time. To accomplish this, the 45 hour per week program was heavily oriented toward courses on Optometric Extension Program (OEP) theory and practice in both general and vision training optometry. Other courses were given in specialty areas such as low vision and contact lenses. In a like manner, the clinical component was spent primarily in the General Optometry and Vision Training Clinics.

Over the years, the Internship has changed significantly in several ways. It was expanded to a maximum of 25 students at one point, but after the Optometric Center of New York became an integral part of the State College of Optometry in 1971, the number was set at 18 because of the summer requirements for the College's own students. The internship was opened to students from all the schools and colleges of optometry in 1968, so that in the intervening years, virtually all of the presently accredited institutions have been represented in the program. Both European and Canadian students or newly graduated optometrists have also attended part or all of the internship. In the 1985 program, students from the following colleges of optometry comprised the group: University of Missouri/St. Louis, Inter-American University/Puerto Rico, The Ohio State University, Pacific University, Illinois College of Optometry, New England College of Optometry and the University of Waterloo.

The curriculum also has undergone a number of revisions. During the 1970s, didactic and clinical education became totally focused on the constellation of areas that are basic to and generally associated with vision therapy in response to the summer interns' program evaluations (see Table 1). Although the basic concept of the program has not changed since that time, the evaluation process has led to minor changes and refinements in the curriculum and faculty.

The Program

The program has two major components: didactic and clinical (see Table 1). The first half of the program is 70% didactic and 30% clinical. As the students gain knowledge in the classroom and are given the opportunity to practice in the laboratory, the emphasis of the program shifts. In the second half of the program, 70% of the intern's time is spent in the clinic and 30% in the classroom.

The opportunities to learn while enrolled in the summer internship do not begin and end at the college itself. The students are encouraged to take advantage of the opportunity to interact with optometrists in other clinical settings. Approximately 1/2 day per week is designated as "free time," for this purpose. A number of the part-time faculty members of the college invite the summer interns to visit their private practices. For some summer interns, this is the first chance to see a highly successful specialty practice in operation. Arrangements are made for those interested to visit the Veteran's Administration hospitals where there are teaching and residency programs, and other

Rochelle Mozlin, O.D., is assistant clinical professor at SUNY College of Optometry. Dr. Mozlin has been the program supervisor for both the summer internship and vision training residency programs since 1982.

Irwin B. Suchoff, O.D., F.A.A.O., is professor of optometry at SUNY and has served as coordinator of clinical teaching in vision training and as associate dean of professional programs. He has been involved in both didactic and clinical teaching in the summer internship for twenty years and is currently director of residencies and the summer internship.

unique institutions such as the New York Lighthouse for the Blind. Some interns extend their stay in New York to visit these facilities.

The diversity of the students, both academically and culturally, is an integral part of the program. Each student brings a unique perspective to the program, the product of personal biases and the teaching philosophy of that intern's primary school or college of optometry. As the interns interact with 17 other interns from throughout the country, they begin to understand that their point of view is not the only one. Over the eight weeks, they begin to develop a broader view of optometry and a more comprehensive model of vision care. Some of the summer interns have become involved in curricular issues at their parent institutions, trying to initiate changes designed to broaden the scope of optometric education. They become more sensitive to the political issues such as optometric utilization of DPAs and TPAs, and certification of specialties. In 1984, an optometrist from Belgium participating in the program, enlightened students and faculty to the great differences between optometry as practiced in the United States and abroad.

Recruitment and Selection

Eighteen summer interns are selected for the full summer internship program, including clinical and didactic portions. Recruitment occurs during the fall quarter. In order to attract applicants from all the colleges of optometry, letters including several copies of the application are sent to all student representatives of the American Optometric Student Association and the Optometric Extension Program. The vision training residents as well as other faculty members speak to student groups at optometric conferences such as the annual meeting of the College of Optometrists in Vision Development. An advertisement in the AOA News reaches students at the colleges who are less familiar with our program. The most requests for applications come from students who heard about the summer internship from 4th year students who had participated in the program the previous year.

The application for admission is designed to evaluate several factors:

- Academic achievement, both clinical and didactic. This is judged from college and optometry school transcripts.
- Social skills and patient management abilities, as judged by letters of recommendation from clinical faculty and other optometrists.

- Most important are the applicant's own experiences and motivational factors. The applicant must answer these short essay questions:

Why are you applying to this program?

What are your plans professionally upon graduation?

What experiential, educational and motivational factors make you an outstanding applicant to this program? In other words, what can you bring to the summer internship to share with other students and faculty?

The selection committee seeks students that will not merely sit in a classroom absorbing information, but will ponder and question, integrate their past and present experiences, seek to teach others and serve the profession.

A selection committee consisting of the director of residencies and summer internship, the program supervisor, and the chief of the vision training department meet at the end of January to select 18 summer interns and three alternates. All applicants who are not accepted into the full program are given the opportunity to audit the program. They are not able to participate in the clinical aspects of the program, but may attend all lectures and labs. Of all the work and various processes involved in the administration of the Summer Internship, the most difficult is the selec-

tion of the 18 persons who will be accepted into the program from the applicant pool of as many as 50. It is almost impossible to compare students from different schools because of their different academic and clinical exposure. An attempt is made to judge each applicant's strength and growth potential rather than emphasizing a grade, per se.

Geographical distribution is also taken into account, attempting representation from as many schools and colleges of optometry as possible.

Upon completion of the program, each summer intern receives a certificate and a letter verifying his or her participation is sent to the registrar at the parent school or college.

Program Evaluation

The evolution of the SUNY summer internship has come about as the result of two components: program evaluation and an institutional structure that is sensitive and responsive to changes in optometry and in optometric education.

Since its inception, an evaluation of the program by the current interns has been utilized. During the 1970s these evaluations revealed the perceived need for a greater emphasis on vision therapy to the exclusion of other specialty areas. In 1978, the present structure of the program was developed as a response to this need (see Table 1). The program evaluations in the 1980s have helped refine this basic format, by consolidating courses, developing new

Table 1
DIDACTIC AND CLINICAL COMPONENTS OF THE PROGRAM

The 1985 program was composed of the following:

Didactic

1. OEP Philosophy and Functional Vision Analysis	12 hours
2. Non-strabismic Binocular Dysfunctions, Diagnosis and Treatment	20 hours
3. Strabismus	15 hours
4. Amblyopia	15 hours
5. Perceptual-Motor Development and Vision	15 hours
6. Optometry and Learning Disabilities	9 hours
7. Guest Lectures on Related Vision Therapy Topics	15 hours
8. Vision Therapy Diagnostics-Laboratory	15 hours

Clinical

1. Vision Therapy	75 hours
2. Primary Care	40 hours
3. Elective Clinical Rotations	5 hours

courses and modifying the clinical structure of the program.

The different perspectives students bring have been very important to the evaluation process. Certain components which may be perceived as key to the educational experience by one intern might not be viewed as such to his or her fellow intern. For example, the summer interns spend five hours per week examining patients in the primary care clinic. Some of the interns view this as a time to learn and sharpen their

clinical skills with supervision in an atmosphere where they are being evaluated but not graded. Others wish only to examine patients in the Vision Training Clinic, because that is the reason they came to SUNY. When all these viewpoints are revealed, it often becomes possible to plan for changes in the program which reflect the changing needs of optometric students as well as the profession.

The program evaluations (see Table 2) are the key to the program's evolu-

tion, since they are the basis for changes in the program's structure and content. The Committee on Internship and Residencies reviews the summer interns' formal evaluations of both the program and the participating faculty. With the program supervisor acting as a consultant, recommendations are made to the director of residencies, who then consults with the president-dean before proposed changes are implemented or rejected.

For example, the evaluations of the 1984 program pointed out that the various guest lecturers on topics related to learning disabilities were not presenting a perspective on appropriate management of these cases. The program supervisor recommended the development of a nine hour course on Optometry and Learning Disabilities to be supplemented with guest lectures. The diversity of the program was preserved and still presented a basic approach—a foundation in management of learning-related vision problems.

Another evaluation instrument, an outcomes survey, is being developed to analyze the effect of the SUNY Summer Internship on the mode of practice of the participants. We expect to find a greater percentage of the former summer interns involved in vision training than their fellow graduates. This also will help guide the program's evolution by utilizing feedback from optometrists who have had the opportunity to judge the program's impact on their professional careers.

The Next Twenty Years

What lies ahead for the summer intern program?

Some schools have had a greater representation in the program than others. Recruitment will be directed at all schools, attempting to bring students from as many schools as possible into each program. The program also will be international in scope, accepting optometrists from countries such as Colombia, Belgium and Australia. The summer interns themselves will guide other changes in the program, as their evaluations reveal their perceived needs. Perhaps more lectures on practice management or the use of DPAs in a vision training practice will need to be added. The Summer Internship will continue to serve the students it has been created for, each year offering 18 highly motivated individuals the unique opportunity to expand and apply the knowledge base they have acquired at their own institutions in a new and exciting educational environment. □

Table 2
SUMMER INTERN PROGRAM EVALUATION

In an effort to improve the Summer Intern Program for next year, we need your input. Please take the time to evaluate this year's program as honestly as possible. All evaluations are anonymous. Members of the Committee on Interns and Residents will read these evaluations.

These questions should be used as guidelines. Please feel free to comment on anything you feel is significant or worthwhile, even if it is not addressed by one of these questions. You may use the back of the sheet for additional comments.

1. Did the Summer Intern Program meet your expectations?

- a. organization and administration
- b. content and format
- c. clinical experience and patient care

2. What did you consider the most "positive" aspects of the program?

3. What did you consider the most "negative" aspects of the program?

4. Would you recommend this program to other students from your school? If not, please indicate why.

5. For each course, please evaluate the instructor in these areas on a scale of 1-5. 1 = poor, 5 = excellent.

- a. instructor preparation
- b. instructor answers questions appropriately
- c. amount of material matches number of scheduled hours
- d. presents material in clear, concise interesting manner
- e. ability to impart knowledge

6. Do you think this course will help you become a better optometrist, i.e. was it relevant to the real world?

Improving Lectures

Challenge Both Sides of the Brain

Anita McClain, Ed.D

Mind mapping is an educational technique to use in addition to outlining and/or the use of flow charts. Mind maps particularly stimulate students who are right brain oriented. Reading research suggests that mind mapping as an organizational skill will help to elicit more effective and efficient comprehension of what is read or studied. In challenging the right side of the brain, mind maps tap into a neglected and important human resource.

Introduction

As more research is generated regarding the use of both sides of the

Anita McClain, Ed.D., is director of the master of education in vision function learning degree and teaches reading courses in the education department at Pacific University, Forest Grove, Oregon.

brain,¹ it is becoming apparent that professors need to stimulate students in different ways. To meet all students' needs educators must consider teaching to the right brain as much as we teach to the left brain. Over the years left brain teaching techniques have dominated the variety of strategies being imple-

mented in classrooms. For example, professors lecture from linear outlines and students take notes in a linear fashion. However, the brain is very capable of absorbing information which is non-linear. Right brain oriented students continue to doodle and draw pictures in their notes. They also relate

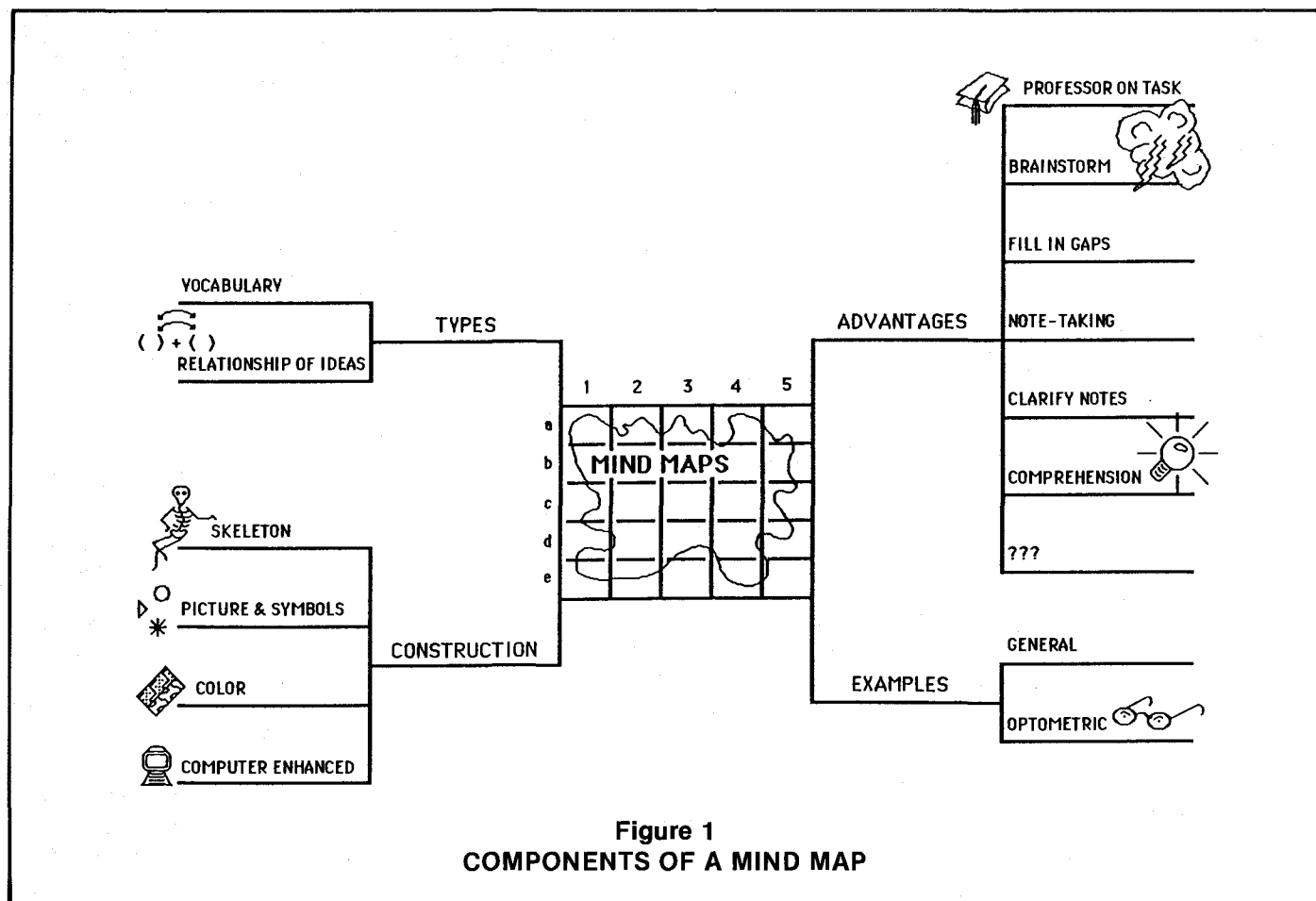


Figure 1
COMPONENTS OF A MIND MAP

1. Mind Maps

A. Types

1. Relationship of ideas
2. Vocabulary

B. Advantages

1. Professor on task
2. Brainstorm
3. Fill in gaps
4. Note-taking
5. Clarify notes
6. Comprehension
7. ??

C. Construction

1. Skeleton
2. Pictures and symbols
3. Color
4. Computer enhanced

D. Examples

1. General
2. Optometric

Figure 2
COMPONENTS OF A MIND
MAP IN OUTLINE FORM

new concepts to pre-learned information by use of illustrations and by the use of mnemonic devices. For the brain to absorb information more efficiently, research is suggesting that we stimulate both sides of the brain. Instead of always lecturing from linear outlines, use mind maps (Figure 1) to supplement the use of traditional linear techniques. Different skills will work for different people depending upon lobe dominance. Give students skeletal overviews of mind maps to fill in as they listen to a lecture (Figure 3). More effective comprehension will occur if related ideas are conceptualized from the cen-

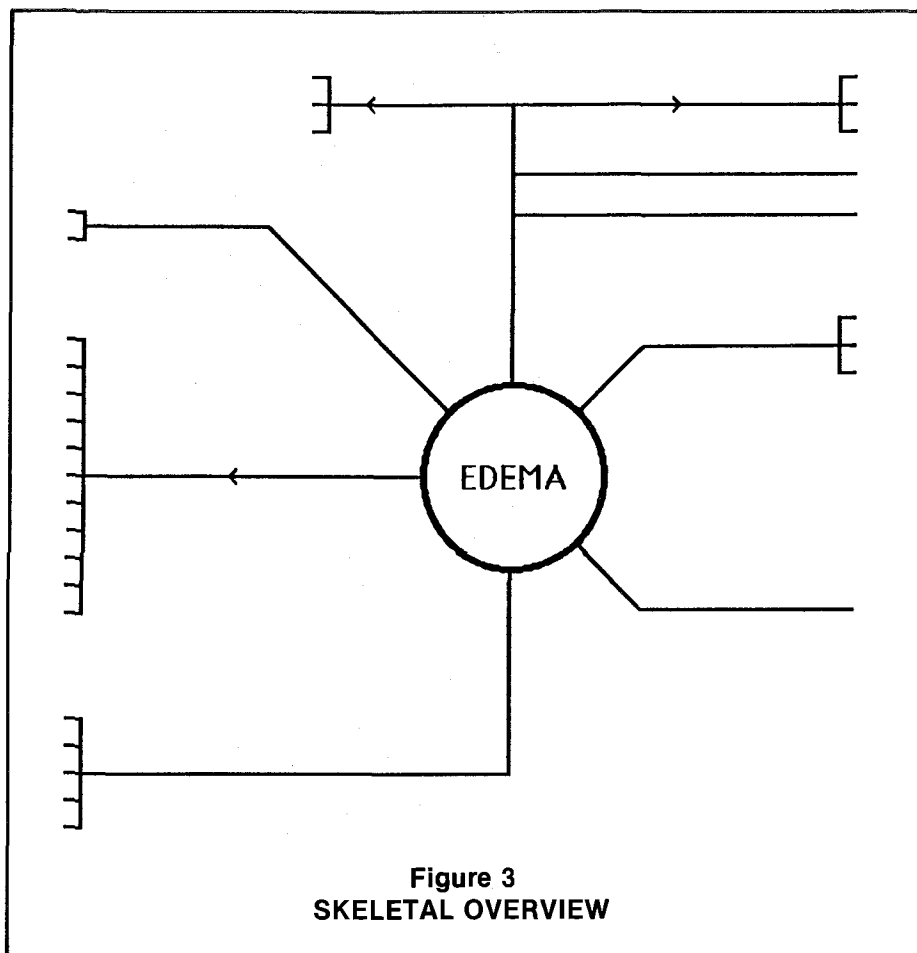


Figure 3
SKELETAL OVERVIEW

ter out to supporting details as well as from top to bottom or left to right. The brain does not retrieve information in just a linear direction.

Definition of Mind Maps

A mind map is an organizational skill which helps students to more effectively comprehend a concept or an objective. A mind map can introduce a total course (Figure 4) and each facet might lead to further developed maps for ensuing lectures (Figure 5). Other more familiar organizational skills are the outline and/or the flow chart. The outline is totally linear and the flow chart is very sequential. By comparing Figure 1 to Figure 2, the mind map introduces the concept that the center contains the most important point and as one moves out from the center, supporting details relate to the center and to one another, rather than the traditional linear fashion of the outline. Relationships of concepts become even more difficult to perceive if a linear outline continues over several pages. Mind maps infuse the use of flow chart techniques such as the use of arrows and/or outline strategies such as lists (Figure 1). In addition to mind maps, there are many synonymous words available for this organizational

skill. The literature refers to this skill as semantic maps, webbing, mapping overviews, structured overviews, and networks.^{2,3,4}

Advantages

At Pacific University School of Optometry, several contact lens professors met to design mind maps for particular courses and subsequent lectures (Figures 4 and 5). As a result, a review of the curriculum surfaced which caused them to realize that a key concept might be lacking in a specific course. Likewise, by scrutinizing the general overview, mind map, or "total picture" of a course, an excessive overlap between several courses was discovered. This might have been more difficult to discover had the professors studied linear outlines of courses. More obvious benefits of mind maps (Figure 1) resulting from a total picture overview are: 1) Professors or lecturers are more likely to stay on task if they fill in the map as they lecture. 2) Because mind maps are open-ended, students can brainstorm and add their personal concepts, ideas, or reactions as the topic is presented. 3) If skeletal maps (Figure 3) are provided, students can clarify notes and record only pertinent information thus having more time

to think during the lecture.¹ 4) Because of previously stated reasons, comprehension should be more effective and efficient. Also, the webbing of concepts allows for a better understanding of the relationships of ideas presented.²

Other advantages might be the following: 1) The main idea is clear as it is central to the map. 2) More important supporting concepts radiate out to lesser important points. 3) Study techniques of review and recall are more effective when analyzing a total map of related ideas. Pictures, symbols, color, and other spatial configurations encourage better recall since relations become more obvious.^{2,5} As intended from the open-ended nature of the map, the reader of this article could probably generate more advantages than those presented herein.

Construction

The construction of maps is very open-ended. A person's creativity determines his/her creative use of symbols, color, pictures, and the use of the computer (Figure 1). First, one must determine the main objectives, key concepts and supporting information. Next, one must design a lay-out or skeleton for the information, remembering to leave open spaces for student input (Figure 3). Lastly, one can add the creative touches or mnemonic devices which aid review and recall.

Dr. Don West of Pacific University "scratched out" a map from his linear notes. The author of this article, with the help of secretarial staff, developed a skeleton (Figure 3), and used a computer to finish the overview of edema (Figure 4). If a professor wishes, the skeleton can be distributed in class for "notetaking." This would encourage a variety of the points made in the section covering advantages of mind maps.

Summary

Mind maps, webs, semantic maps, overviews, are fairly new terms which encompass a creative way to organize information. They can be used as overlays on the overhead projector for lectures, skeletons, for notetaking or "total pictures" for enhancing recall and retention. Because of comparisons, contrasts and relationships which are illustrated, mind maps elicit critical and analytical thinking and thus more effective and efficient comprehension. Mind maps are not a panacea. They are a new skill to use in addition to outlining, flow charts

and other study skills. Lastly, this organizational skill challenges the right side of the brain, a neglected human resource. □

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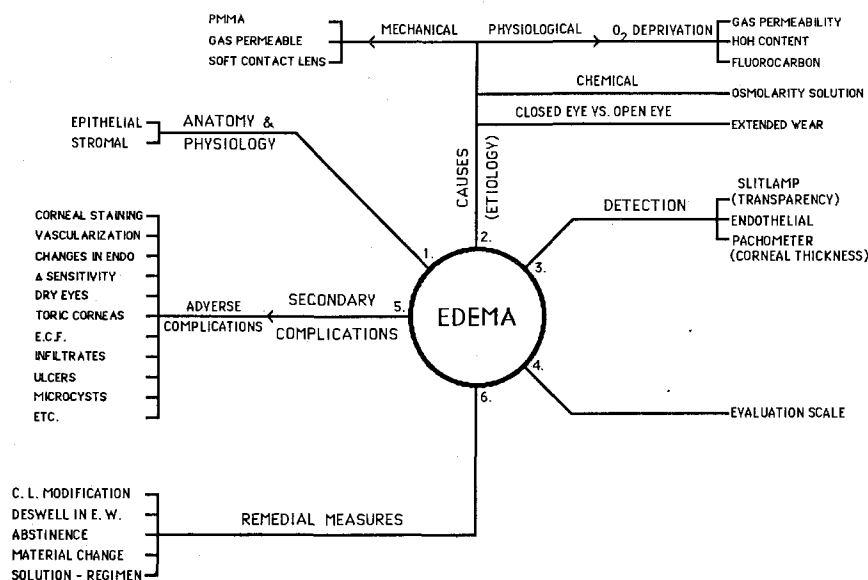


Figure 4
COURSE OVERVIEW

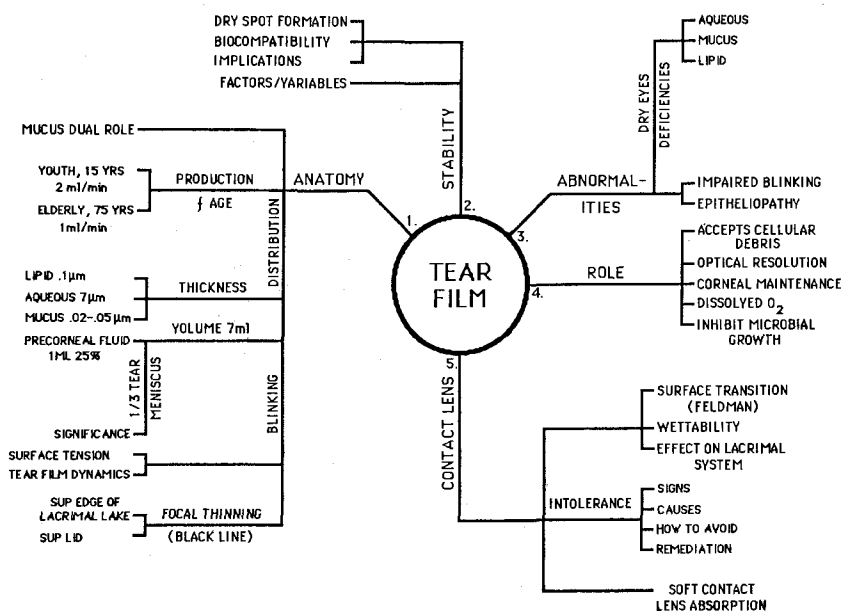
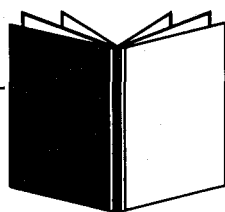


Figure 5
LECTURE FROM FIGURE 4



Toxicology of the Eye, 3rd ed.,

W. Morton Grant, M.D., Charles C. Thomas, Springfield, Illinois, 1986, 1083 pp., hard-bound, \$137.50.

First published in the early 60s, Grant's *Toxicology of the Eye* has become a standard reference for the diagnosis and treatment of chemical injuries and drug induced ocular side effects. This third edition update will certainly help to maintain the text's status in this important area.

Toxicology is organized into four chapter sections. The first is an introductory outline summarizing toxic effects that involve the eyes and vision. This chapter is subdivided by anatomical feature and briefly discusses the general types of injury or toxicity that can occur. The contents of this chapter are meant to be introductory and are therefore brief. Nevertheless, readers can rapidly orient themselves to the area prior to using the topical section of the book.

The bulk of *Toxicology* is contained in the second chapter which is an encyclopedia of drugs, plants, toxins and venoms as they relate to eye damage and toxic response. This section is alphabetically arranged by agent with each being explained in its action in from a few sentences to several pages depending on available toxicity information. The citations are referenced to current literature and related agents are mentioned for cross-reference.

There is a short third chapter on the immediate treatment of chemical burns. This is a very brief discussion which emphasizes the first-aid that should be rendered on presentation as well as some theoretical discussion of other longer term treatment issues. The final chapter is another short presentation, this time on the methods which can be used for assessment of ocular and visual toxicity. This discussion merely mentions the value of the ERG and other specialized tests in the comprehensive work-up of the patient.

The strength of this handbook is, of course, that it provides the clinician with a rapid reference for eye emergencies. It also gives rather in-depth analysis in cases of more subtle chronic toxicity. *Toxicology* is a standard reference that should be available in every clinic. It

should be used both in clinical care and in teaching the effects of chemicals and drugs on the eye.

Perimetry, With and Without Automation, 2nd Ed.,

D.R. Anderson, M.D., C.V. Mosby Co., St. Louis, 1987, 496 pp., illus., hard-bound, \$60.

Perimetry is a multi-purpose text on the general subject of visual field measurement. It is clearly written and very well illustrated by Leona M. Allison. The author presents visual field testing by manual methods and by automated techniques without falling into the trap of discussing the intricacies of specific brand instruments and models which will quickly outdate such a text.

The presentation format is a strength in that each procedure is presented and discussed in one or a few pages with very helpful illustrations. It is possible, therefore, to use this book for programmed learning by practitioners, students and technicians both independently and in the context of a formal course.

Field defects are discussed in reasonable detail with an emphasis on the underlying causes of each type. Specific diseases are covered such as glaucoma and neurological problems. Artifacts and problems associated with field testing are given a good deal of coverage as well.

There is a balanced approach between manual and automated perimetry, with a good portion of the text devoted to the proper performance of Goldmann bowl perimetry. It is certainly nice to see this in print but one wonders about the longevity of this information's usefulness as automation progressively reduces the frequency of manual field testing in the modern clinic.

Nevertheless, the author of *Perimetry* provides the reader with a rapid clinical reference and in-depth instructional tool in the increasingly important area of visual field testing. It is recommended for teaching programs, for in-office on-the-job training and for patient care reference.

The Ocular Lens—Structure, Function and Pathology,

Harry Maisel, Ed., with twenty contributors, Marcel Dekker, Inc., New York, 1985, 479 pp., illus., hard-bound, \$85.00.

Periodically an editor solicits eminent authorities and others to approach a subject from different backgrounds and research interests in order to provide an overview of the current research in a given field. The result, in this volume is twelve free-standing chapters covering a wide range of lens research including anatomy, developmental genetics, physiology, biochemistry, photobiology, and physical and physiological optics; the overall theme considers structural and biochemical changes in the lens as they relate to cataract. It provides a timely update to the Ciba Foundation Symposium, "The Human Lens," published in 1973.

The opening chapter on lens morphology is delightfully illustrated with crisp electron micrographs demonstrating the beauty and intricacy of lens structure which eluded the ocular anatomist until the development of scanning and transmission electron microscopy. The reader is thus prepared for an equally well illustrated chapter on the structure of cataractous human lenses. I suspect that few readers will negotiate and enjoy every chapter with ease; at the same time it is impossible not to be impressed by the complexities in structure and function of what was once considered a relatively simple suborgan. Each chapter is followed by an extensive list of references; unfortunately they vary in format and repetition substitutes for comprehensiveness.

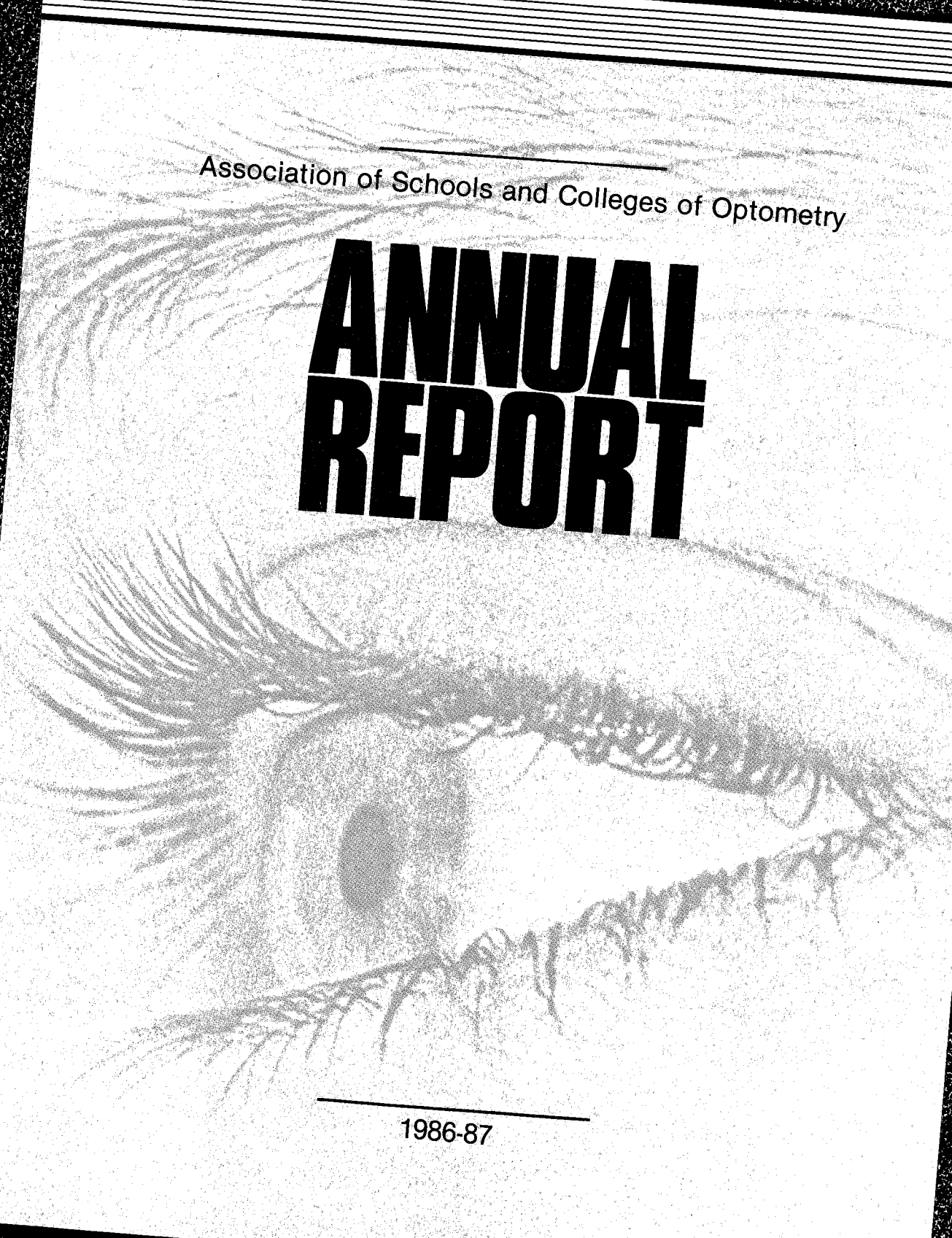
Although the concluding chapter discusses both the problem and clinical implications of lens research as it relates to clinical care, the very limited attention to clinical aspects of cataract and its management may be a disappointment to some readers. Despite this, I highly recommend this book to educators, basic and clinical scientists and graduate students with an interest in the crystalline lens.

Guest Reviewer:

Anthony P. Cullen, O.D., Ph.D.

University of Oxford

Nuffield Laboratory of Ophthalmology



Association of Schools and Colleges of Optometry

ANNUAL REPORT

1986-87

President's Message

Annual Meeting
July 3-5, 1987
Orlando, Florida



The past two years ASCO has devoted a considerable amount of time to analyzing the future of the health delivery system, the role that optometry should assume and the impact this future will have on optometric education and ASCO in particular. As a result a ten point *Strategic Plan—1986-91* was approved by ASCO as its blueprint to meet the needs of the early 21st century.

That blueprint has given direction to the activities of ASCO during the past year and a half. Seven of the ten Strategic Planning objectives have been acted upon in part:

1. A 25 point Strategic Plan of *Optometric Education—Year 2000* has been adopted that recommends actions to be taken by both ASCO and its member institutions in order to impact positively on the education offered to our students 10-15 years from now.

2. A part of the *Optometric Education—Year 2000* document is a plan for curricular enrichment as called for in our Strategic Plan.

3. The Council on Student Affairs has been asked to recognize that ASCO's budget priority at this time is student recruitment and student financial aid. The Council has developed a plan for bringing a greater amount of ASCO's resources to bear on this important area. The choice of a new executive director, with a strong background in student affairs, is evidence of the Board's commitment to this goal.

4. Several faculty seminars have been sponsored by ASCO during the past two years in an effort to bring more of our faculty into contact with ASCO. The faculties of our schools and colleges were also encouraged to provide input into the Strategic Planning process both directly and indirectly.

5. The joint ASCO, AOA, IAB effort to coordinate and standardize continuing education within the profession has resulted in a structure with responsibility for developing a plan and program.

6. ASCO's long sought after improvement in data collection and dissemination is now focused on a process to address this problem through the assistance of an outside consultant. Resources have been expended to develop data to and from the individual schools that can be of value in the planning and evaluation of ASCO's member institutions.

7. With the selection of our new executive director ASCO has insured an easy transition from our executive director of the past 10 years to one who has the expertise to continue to act as our "Washington Window."

One additional step that ASCO has taken that is essential to the success of our Strategic Plan is the adoption of a six year program of dues increase. The dues increase, together with an evolving Sustaining Member Program, will help to provide the resources necessary to accomplish our objectives.

With all of this accomplished ASCO now is ready to attack problems and issues that have been isolated as critical to the future of optometric education. Through the leadership of the next several ASCO administrations, projects and budgets will be set in place to further address the goals adopted in the Strategic Plan. Some of the projects that have been placed before the Board already requiring decisions are:

- a. Increasing ASCO's reserves in order to meet unexpected contingencies.
- b. A five year plan for recruitment of and financial aid assistance to students.
- c. A review of ASCO's curriculum model with the aim of establishing a core curriculum with electives as options.
- d. Further clarification of the status of residencies as the method of preparing for specialties.
- e. The completion of a relevant system of gathering and distributing data on and about optometric education.
- f. The development of data retrieval software that can be used to supplement teaching as well as be available to the practitioner to reduce dependency on memorization of essential facts or minutia.
- g. The computerization and linking of our library resources for students, faculty and practitioners.
- h. The fostering and, to some extent, the coordinating of research efforts within and between schools.
- i. The stimulation of even greater participation of faculty within the activities of ASCO, between schools and among themselves as it relates to curricular issues, instructional methodology and subject development.
- j. The establishment of a coordinated effort between ASCO, NBEO and IAB to evaluate and develop testing instruments that are more relevant to the needs of the student, the practitioner and the public.
- k. The ongoing effort to improve the quality and availability of continuing education in cooperation with the profession.
- l. Guidance in the curricular enrichment of such important areas as the treatment and management of ocular disease, geriatrics, public health and practice management.

The stage has been set for ASCO and its member institutions to move into the 1990s with bold new initiatives that can keep optometric education in the forefront as an effective and creative instrument in producing graduates who will be able to meet the public's need for comprehensive vision care.

Edward R. Johnston, O.D., M.P.A.
President
July 1, 1987

National Activities

Executive Director

In response to the retirement of the ASCO executive director, Mr. Lee Smith, a search committee was established. Following review of applicants and interviews, Mr. Robert J. Boerner was selected. He joined ASCO on June 1, 1987 and assumed the directorship of the association at the conclusion of this year's annual meeting.

Migrant Worker Vision Care

As the year began ASCO was advised of the approval of all of our pro-

posed demonstration projects in the provision of optometric vision care to migrant workers and their families. We have had programs functioning during the year at:

Site: Traverse City, Michigan
School Sponsor: Ferris State College
Director: Dr. J. Randall Vance

Site: Brownsville, Texas
School Sponsor: University of Houston
Director: Dr. Ian Berger

Site: Woodburn, Oregon
School Sponsor: Pacific University
Director: Dr. Alan Herndobler

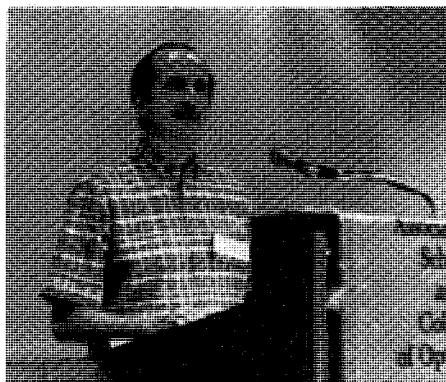
Site: Harrisburg, Pennsylvania
School Sponsor: Pennsylvania College
Director: Dr. Satya Verma

Site: Martinsburg, West Virginia
School Sponsor: Pennsylvania College
Director: Dr. Satya Verma

Site: Dover, Delaware
School Sponsor: Pennsylvania College
Director: Dr. Satya Verma

These projects operated for three months or nine months depending on the availability of migrant workers at the sites. Over 3000 patients have been provided services with higher MCT failure rates than experienced in the general population. The total funding for these projects was \$110,000.

A special project was conducted by Drs. Alan Herndobler and Willard Bleything to provide a training program for health aides performing vision screenings. This will result in a training manual available this summer. The project was funded at \$29,650.



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



Dr. Allan Freid presents the report of the Council on Post-Graduate Education.



Toni Kumer, secretary to ASCO's executive director, gets acquainted with SUNY's John Iamele, AOSA's liaison to ASCO.

ASCO Student Endowment Fund

For the fourth year 90% of the earnings of the invested endowment were distributed on a capitation basis to the schools and colleges to provide financial aid to students in need. This year nearly \$15,000 was distributed and has been applied by the schools to scholarships, emergency loan funds and college work study projects to assist students.

Student Indebtedness and Other Student Data

Under a DHHS-Bureau of Health Professions contract in the amount of \$10,008, the National Office, in conjunction with the Council on Student Affairs, completed a report on student characteristics for the five year period 1981-86 as compared to students for the school year 1976. In addition, a survey on 1st year and 4th year indebtedness was analyzed.

Another contract proposal has been responded to which will provide for greater indepth analysis of the indebted-

National Activities

ness survey and for analysis on a comparable survey conducted by the Council on Student Affairs this year.

Faculty Directory

A revised edition of a faculty directory of the schools and colleges of optometry in the United States and Canada was produced by ASCO in early 1987. Many names were added by schools that had not been provided in the 1985-86 edition of the directory. The directory is organized by school as well as by the major teaching topics and major areas of optometric research. A biannual revision of the directory is planned.

Faculty Development

ASCO assumed responsibility for the annual survey of optometric educational institutions and will issue the 1986-87 report in the next few weeks.

Sustaining Member Section

Twenty three ophthalmic companies currently are members of ASCO's sustaining member section. Membership benefits of the sustaining member program include mailing labels of senior optometry students, a year of discounted advertising in the *Journal of Optometric Education*, publicity in the *Journal*, an invitation to a Sustaining Member/Deans & Presidents reception at ASCO's annual meeting and a free copy of the ASCO Directory of Faculty in the Schools & Colleges of Optometry. Sustaining member support has made possible a number of the activities in this report and we are indebted to them for their loyalty and contribution to optometric education.

Strategic Plan

A Five Year Plan of Action was approved by ASCO's Board of Directors in Spring 1986. The plan includes ten specific tasks to be addressed in the 1986-1991 time period. The ten initial tasks are: 1) define clearly the scope of optometric education; 2) curricular enrichment; 3) student recruitment and student aid; 4) recruitment and devel-

opment of faculty; 5) consumer education; 6) continuing professional education; 7) data collection; 8) acting as a Washington window; 9) quality assurance; and 10) administrative development.

During the first year of the plan, it was decided to focus on goals one and seven. To that end, presentations were invited by various board members relative to the Scope of Optometry in the Year 2000. Those presentations were made at the Memphis Board Meeting in October 1986. A number of the papers will be collected in a future issue of the *Journal of Optometric Education*.

Regarding goal seven, Dr. Meredith Gonyea, a private consultant, has been employed by ASCO to work with the executive committee and the executive director on identification of data to be collected and appropriate utilization formats to make the data useful.

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 1986 meeting was held at Southern College of Optometry in Memphis and in Spring 1987 at the Southern California College of Optometry.

Annual Meeting Symposium

The 1986 annual meeting symposium topic was "A Strategic Plan for Optometric Education 1986-1991." Presentations were made by Dr. Edward Johnston, ASCO president; Dr. Jack Bennett, ASCO president-elect and Dr. Jerry Christensen, ASCO vice president.

Legislation and Appropriations

With the Health Professions Educational Assistance Act reenacted, the primary focus has been on seeking adequate appropriation levels for the authorized programs. Working primarily with the Federation of Associations of Schools of the Health Professions, ASCO has contacted key committee members and staff of both the House and Senate with our views. We have encouraged the American Optometric Student Association to mount letter writing activity as well.

In conjunction with the Federation of Associations of Schools of the Health Professions, ASCO sponsored a student visitation day to the Hill. Six optometry students joined students of nine other health professions in teams to visit House and Senate budget and appropriations committee members to encourage adequate funding for health professions programs. This was considered a great success.



Chatting at a coffee break were Dr. Arthur J. Afanador, dean of the Inter American University School of Optometry in Puerto Rico; Dr. Irvin M. Borish, University of Houston College of Optometry; Dr. Frederick W. Hebbard, dean of the Ohio State University College of Optometry; Dr. William R. Baldwin, dean of the University of Houston College of Optometry; and Dr. Giovanni Alberto De Stefani of the College of Optometry in Verona, Italy.

Interprofessional Activities

Tripartite Meeting

The annual tripartite meeting between ASCO, IAB and NBEO was hosted by IAB in September in Myrtle Beach, South Carolina. The COE and AOSA attended as well. Subjects of mutual interest and concern were discussed. Major issues centered around the new NBEO exam and development of Part III, student performance and score reporting.

IOOL

Mr. Lee Smith, ASCO executive director, represented ASCO at the General Delegates Meeting of the International Optometric Optical League in Vienna. He served on the education committee of IOOL. At the conclusion

of the meeting, Mr. Smith was elected as a delegate emeritus for his ten years service as the ASCO representative and for his contributions to the work of the League.

PMP/Clinical Skills Conference

In October 1986 representatives from 14 schools and colleges of optometry met in Bethesda, Maryland for a "Patient Management Problem/Clinical Skills" conference sponsored by ASCO and conducted by the National Board of Examiners in Optometry. The conference was designed to explore the potential of new methods to improve students' clinical problem solving and to develop standardized approaches for assessing the clinical data gathering ability of students.



U.S. Representative Bob Whittaker speaks at ASCO's annual luncheon.

Council Activities

Council on Student Affairs

Through the Council on Student Affairs, active recruitment to ensure an adequate applicant pool continues. This year it produced a new and exciting recruitment poster funded in part by Volk Optical and expanded its distribution of literature. ASCO fully supported the National Association of Advisors to the Health Professions in bringing optometry as a career to the attention of college students.

A new and revised optometric admissions examination was developed during the year and the first offering of the Optometric Admissions Test (OAT) was provided in March 1987. Nearly 1000 potential optometry students took the exam.

Other Committees

ASCO appointed committees to review, revise and develop curriculum models in a number of areas during the year. The committee on behavioral vision under the chairmanship of Dr. Nathan Flax has completed the "Curriculum Model for Oculomotor, Binocular and Visual Perception Dysfunctions." This project was supported by a grant from the College of Optometrists in Vision Development. Those addressing the "Treatment and Management of Ocular Disease" and "Public Health and Community Optometry" are expected to submit their work by the end of the year. The Geriatric Curriculum Committee has also reported a curriculum model and has developed a grant proposal submitted to the Administration on Aging.

1987 Annual Meeting

Election of Officers

At its annual meeting held July 3-5, 1987 at the Marriott World Center in Orlando, Florida, the Association of Schools and Colleges of Optometry (ASCO) elected new officers for the next two years. They are: president—Jack W. Bennett, O.D., dean of the Ferris State College, College of Optometry; president-elect—Jerry Christensen, dean of the University of Missouri/St. Louis School of Optometry; vice-president—William E. Cochran, president of the Southern College of Optometry and secretary-treasurer—Brad Wild, dean of the University of Alabama School of Optometry.

Resolutions Passed

At the meeting, recognition by resolution was accorded to Dr. Edward R. Johnston who completed two years as ASCO president; to Mr. Lee W. Smith who was ASCO's executive director for 10 years; to Dr. David Davidson who served as chairman of the Council on Student Affairs from 1983-1987; to Mr. Donald O. Cordell, an optometry student at Ferris State College, College of Optometry who received honorable mention in the competition for the Department of Health and Human Services, Secretary's Award for Innovations in Health Promotion and Disease Prevention 1987; to ASCO's sustaining members for their continuing financial support; and to Dr. and Mrs. Richard Hopping and the SCCO Faculty and Staff for their gracious hospitality at the 1987 ASCO Spring Board meeting.

Luncheon Symposium

A highlight of the meeting was the annual luncheon program. U.S. Representative Bob Whittaker addressed more than 80 attendees on current developments in health professions education.

Lee Smith Honored

At the annual meeting luncheon, special recognition was accorded to Lee W. Smith, ASCO's executive director, 1977-1987. Tributes were delivered by ASCO past presidents who served with executive director Smith. The past presidents were doctors: Alden N. Haffner, 1977-1979; Alfred A. Rosenbloom, 1979-1981; Willard B. Bleything, 1981-1983; Richard L. Hopping, 1983-1985; and Edward R. Johnston,

1985-1987. Speakers praised Smith's integrity, dedication and continuous growth in the position. Special tribute was paid to his wife, Alma, for her support. Smith was declared "executive director emeritus" with all attendant privileges. For his part, Smith thanked the Association and optometric education for the privilege of serving them, for the characters he had met and for the warm community they had provided to him for 10 years.



Lee W. Smith receives the praise of ASCO's luncheon guests. Joining in the applause were ASCO's new president Jack W. Bennett and retiring president Edward R. Johnston.

Journal of Optometric Education 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 eleven papers and reports. Eight of these were original papers, two were staff prepared reports, one was an interview by the editor and one was an annual index.

In addition, papers were published from the American Academy of Optometry symposium on the Treatment of Eye Disease—The Challenge to Optometric Education and the symposium, Optometric Manpower Needs: Implications for the Future Structure and Orientation of Optometry Schools. *American Journal of Optometry and Physiological Optics* editor, William M. Lyle's cooperation in the publication of these symposiums is gratefully acknowledged.

Also published were papers dealing with a variety of other topics: the characteristics of optometric residencies in the Veterans Administration, the alumni survey as a tool in curriculum evaluation, suggestions for presenting a paper at the American Academy of Optometry, the minority recruitment program at the Pennsylvania College of Optometry, team teaching optometry, computer-aided instruction and an instructional design for the optometric teacher.

Publication guidelines for the *Journal of Optometric Education* were presented as well as an interview by JOE editor John Potter with outgoing UAB president Henry B. Peters.

Editorials this year were: "The Neglected and Abused Case Report," by John W. Potter, O.D.; "An Expanded Scope of Practice—Three Trends Converge," by William R. Baldwin, O.D., Ph.D.; "The National Institutes of Health—1887-1987," by Lee W. Smith, M.P.H.; and "Are There Too Many or Too Few Optometrists?" by Michael H. Heiberger, O.D., M.A.

The Journal is on a regular quarterly publication schedule with nearly a one year's lead time on manuscripts available for publication. Plans for the coming year include the publication of papers presented by ASCO Board members on the Scope of Optometric Education in the Year 2000.

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 1987 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, "Clinical Competency—Some Important Questions," by Egon R. Werthamer, O.D. A Certificate of Honorable Mention was received in the "Best Technical Article—National" category for the article, "A Pilot Study of a Computer Based PMP," by Samuel D. Hanlon, O.D. and Julie B. Ryan, O.D.



Robert J. Boerner, ASCO's new executive director, meets optometry students Lee Peplinski of Ferris State and Dianne Scurio of Indiana University at ASCO's exhibit booth.

NEW OFFICERS



**Jack W. Bennett,
O.D.,
President**

Dr. Bennett is dean of the College of Optometry and vice president for Administration at Ferris State College, Big Rapids, Michigan. Dr. Bennett's professional career has included many appointments at the state level for both the Indiana and the Michigan Optometric Associations and at the national level with the American Optometric Association. He was in private practice in Indiana for 12 years and was an associate professor of optometry at Indiana University before assuming his administrative positions at Ferris State College.

Dr. Bennett has had a distinguished record of holding various administrative appointments. He is a past-president of the Indiana Optometric Association and the Michigan Association of the Professions and served for five years as a trustee on the board of the American Optometric Association.

Dr. Bennett has authored numerous papers on various aspects of optometric manpower, curriculum developments and vision care practice, and has co-authored numerous accreditation and consultation reports. He received the Distinguished Service of Optometry Award from the Indiana Optometric Association in 1974, was named Indiana Optometrist of the Year in 1975, was named Professional Man of the Year by the Michigan Association of the Professions in 1984, and received the Keyman Award from the Michigan Optometric Association in 1985.



**Jerry L.
Christensen,
O.D., Ph.D.
President-Elect**

Dr. Christensen is dean of the University of Missouri-St. Louis School of Optometry, St. Louis, Missouri. He was appointed as the first dean when the school opened in June, 1980.

Dr. Christensen received his bachelors, masters, and doctoral degrees from the Ohio State University in Columbus, Ohio. After completing his doctorate, Dr. Christensen became a faculty member at the New England College of Optometry in Boston,

Massachusetts. He served as an assistant professor and track-coordinator of Physiological Optics. In 1974, he joined the faculty of the University of Alabama in Birmingham School of Optometry/The Medical Center. He served as assistant dean of student affairs from 1974 to 1976, and as chairman of the Department of Physiological Optics and director of the graduate program from 1976 to 1980.

Dr. Christensen has participated as a member of the National Advisory Eye Council—the advisory council to the National Eye Institute, the Scientific Advisory Board of the Friends of Eye Research and Therapy, the American Academy of Optometry and the Association for Research in Vision and Ophthalmology. In 1975 he received an American Council of Education Fellowship in Academic Administration. He has recently been appointed to a four-year term on the Council of Optometric Education.



**William E.
Cochran, O.D.
Vice-President**

Dr. Cochran is president of the Southern College of Optometry, Memphis, Tennessee. Dr. Cochran has held many administrative positions in civic and professional organizations. His American Optometric Association activities have included Leadership Development, Nominating Committee, NOW Chairman, Keyperson, and Communications Division Executive Committee. He served through the chairs of the Mississippi Optometric Association including president in 1978.

Dr. Cochran has been active in the Southern Council of Optometrists by chairing the Long-Range Planning Committee in 1982 and the Economic Affairs Forum in 1981. He served on the Board of Directors of the Better Vision Institute, Inc. and as vice-president in 1984.

As a student at Southern College of Optometry, Dr. Cochran served as the Student Government Association President, was named Outstanding Senior in 1968 and was elected to the Gold Key Honor Society. He served as an officer in the United States Army from 1968-70.

While practicing in Mississippi, he was active in civic organizations and was awarded the Outstanding Citizen Award and the Jaycee Distinguished Service Award of his community. He was a member of his community's Board of Directors of the Chamber of Commerce and served as president of the Jaycees and Lions Club.

Since moving to Memphis to become Southern College of Optometry's fifth president, Dr. Cochran has become active in the Tennessee Optometric Association and the Memphis Rotary Club.



**Bradford W. Wild,
O.D., Ph.D.
Secretary-
Treasurer**

Dr. Wild is dean of the University of Alabama at Birmingham School of Optometry. He received his Ph.D. degree in Physiological Optics from The Ohio State University, his optometry degrees from Columbia University and his bachelor's degree from Brown University. He received the Honorary Doctor of Science degree from Southern California College of Optometry.

Prior to being appointed dean at UAB, Dr. Wild served as the UAB associate dean and director of the professional program for 12 years. He is a senior scholar in the Center for Health Risk Assessment and Disease Prevention, UAB School of Public Health. He was dean at the Pacific University College of Optometry for five years before joining the faculty at UAB. He was a member of The Ohio State University faculty from 1955 to 1969 and was the director of clinics there for 10 years. Prior to serving in the U.S. Army from 1953 to 1955, he was in private optometry practice in Fall River, Massachusetts.

Dr. Wild is a past president of the American Academy of Optometry and of The Ohio Optometric Association. He served for 12 years on the Council of Optometric Education of the American Optometric Association, and was the chairman of the council from 1984 to 1985. He has served as head of the American Optometric Association's Division of Public Health Optometry, and has served on the Public Health and Optometric Care Committee and the Committee on Publications for the AOA.

He has served the board of directors for the American Rural Health Association and the American Optometric Foundation.

He currently chairs the Committee on Admittance Scientist/Educator Division of the American Academy of Optometry and the Academy's Committee on Research. He has been a member of the Editorial Council of the American Journal of Optometry and Physiological Optics.

He served on the National Academy of Sciences, National Institute of Medicine's Cost Study Advisory Committee and has worked on a variety of professional and community committees.

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.

Available Now From Varilux

"Seeing Better After 40," a brochure on presbyopia, is being offered by Varilux in packs of 100. The brochure explains presbyopia and assures the patient it is a normal condition of aging with various corrections available. Patients are urged to discuss their visual requirements and possible solutions with their eye doctor. The brochures have a panel on the back cover to personalize to individual eye care practitioner's name and address. A supply of 100 is available at no charge. Contact Varilux directly at 1-800-BEST PAL.

Available in July 1987 is a comprehensive book on presbyopia. Available from Professional Press, it contains the proceedings from the Third International Symposium on Presbyopia held in Haiti in 1986, sponsored by Essilor International and Multi-Optics Corporation.

Paragon's Gas Permeable Lens Debuts in Europe

FluoroPerm,TM Paragon's newest rigid gas permeable extended wear contact lens was recently introduced in Europe. FluoroPerm lenses are made from a firm fluorosilicone acrylate material which makes them highly resistant to protein deposits.

According to Paragon President Don Ratkowski, "FluoroPerm is a clinically superior RGP lens because it allows more oxygen to reach the eye than any contact lens on the European or American market." The new lenses offer a Dk of 92×10^{-11} and are suitable for daily, occasional overnight or extended wear.

However, Ratkowski says that higher Dk materials alone do not necessarily make for a safer contact lens. "FluoroPerm is formulated to be a highly stable material which allows the lens to maintain structural integrity while efficiently transmitting oxygen to the eye," he said.

The structural integrity of FluoroPerm

contact lenses also promotes a tear-pumping action which continually circulates fresh tears and flushes out debris that accumulates between the lens and the eye.

According to Ratkowski, FluoroPerm clinically outperforms other materials by significantly reducing edema, staining and injection. Patients experience fewer, if any, complaints, which is primarily contributed to the superior functional wettability of the FluoroPerm, along with its high Dk and deposit resistance.

Compared to soft lenses, or other RGP's, FluoroPerm's unique material characteristics offer patients a clinically safe lens with additional comfort and easier patient compliance.

Paragon Optical expects FDA clearance for U.S. sales of FluoroPerm lenses later this year.

FDA Approves Cibathin for EW Lenses

Ciba Vision has gained approval from the Food and Drug Administration for its Cibathin lenses to be worn for extended wear. Cibathin lenses were first introduced in 1982 for daily wear. Cibathin lenses have a center thickness of .035 mm making them "ultrathin" soft contact lenses. They have a water content of 38 percent.

The lenses have been approved for 30-day wear, but, according to Ciba product manager Dave Brock, "We're leaving it up to the practitioner to recommend wearing times." He estimated most practitioners are suggesting the lenses be worn for a week's duration.

Allergan Optical Introduces New Enzymatic Cleaner

A new enzymatic cleaner for use with hydrogen peroxide that will make the care of soft contact lenses easier and more convenient is being introduced this summer. UltrazymeTM Enzymatic Cleaner from Allergan Optical, a divi-

sion of Allergan, Inc., allows the disinfection and protein removal stages of soft lens cleaning to be combined into one easy step.

Ultrazyme received marketing clearance from the Food and Drug Administration on June 1; Ultrazyme will be available nationally in August. Developed by Allergan, Ultrazyme is a unique formulation of the proteolytic enzyme, subtilisin.

"Ultrazyme Enzymatic Cleaner will help reduce the compliance problem that has plagued the contact lens practitioner for years," said David Applegate, Marketing Manager for Allergan Optical. "It is designed to be used with our preservative-free LENS PLUS[®] OxyseptTM Disinfection System or any other hydrogen peroxide disinfection system currently on the market."

One Ultrazyme tablet dissolved in the hydrogen peroxide disinfection solution allows patients to remove protein deposits while simultaneously disinfecting their soft lenses. It can be done in as little as 15 minutes, or as long as overnight. The soak time is dependent upon the patient's individual needs, as well as the hydrogen disinfection solution used. One tablet will remove protein deposits from both lenses at the same time.

The new product should help practitioners overcome patient noncompliance with soft lens care regimens. "Consequently, by combining Ultrazyme with our hydrogen peroxide system, we expect to eliminate many of the excuses patients have for not complying with their soft lens care regimen," said Mr. Applegate.

Ultrazyme is the newest innovation from Allergan Optical. Ultrazyme Enzymatic Cleaner will be available in packages of five or ten tablets, in patient starter sizes, and as part of the LENS PLUS Oxysept System kit.

For more information about the Ultrazyme Enzymatic Cleaner, contact Allergan Optical, a division of Allergan, Inc., 2525 Dupont Drive, Irvine, CA 92715.

□

News makers

(continued from page 9)

IN; R. Lewis Scott, O.D., Hartford City, IN; Steve Smith, B.A., Bloomington, IN; P. Sarita Soni, M.S., O.D., Bloomington, IN; Larry N. Thibos, Ph.D., Bloomington, IN.

Dean Gordon G. Heath, O.D., Ph.D., who has headed the optometry program since 1970, will retire on June 30, 1988. As dean, Dr. Heath has been responsible for the administrative leadership of educational, research and professional service activities of the Indiana University School of Optometry. The new dean, whose duties will commence on July 1, 1988, must have demonstrated achievements in academic, administrative and professional positions in or related to optometry.

The Committee invites nominations or letters of application, including a curriculum vitae and a statement about the candidate's interest in the position, to be submitted to: James R. Roche, D.D.S., Chairman, Search and Screen Committee, Indiana University School of Optometry, 800 East Atwater, Bloomington, Indiana 47405.

Acceptance of applications will continue until October 31, 1987. For further information, contact James R. Roche, D.D.S., Chairman, (317) 274-2070. □

Dr. Johnston Resigns from SUNY

Edward R. Johnston, O.D., M.P.A., resigned as president of the State College of Optometry at State University of New York effective July 8, after nine years in that position.

Dr. Johnston's decision to resign was prompted by his recognition that it was time for new leadership to bring a renewed vigor and effectiveness to the position as well as his personal desire to pursue additional study and professional career options.

"I leave this position with one overwhelming impression that this College continues to be blessed with an abundance of rich personnel resources in its faculty and staff, a supportive profession, and a dedicated and enthusiastic group of lay leaders who sit on its Boards and Council," he noted in an open letter to the College community.

During his tenure, the College established the Center for Vision Care Policy and the Adolph and Ruth Schnurmacher Institute for Vision Research, a community of 21 scientists engaged in major vision research. The four-year professional curriculum also underwent major revision and revitalization under his leadership. Prior to his appointment as president, he served as dean for academic affairs.

A graduate of the Pennsylvania College of Optometry and New York University's graduate School of Public Administration, Dr. Johnston recently completed a two-year term as president of the Association of Schools and Colleges of Optometry.

Alden N. Haffner, O.D., Ph.D., vice chancellor for research, graduate

studies and professional programs, will serve as acting president. □

1987 IOOL General Delegate Meeting

Seventy delegates from twenty-five countries gathered in Vienna, Austria, May 9-12, for the General Delegate Meeting of the International Optometric and Optical League.

The meeting was the first chaired by President G. Burt Holmes from the United States. He was assisted by the vice president, Mr. J.B.D.C. Lewis, from the United Kingdom.

A symposium on "Changing Consumer Attitudes" highlighted the effects of growing commercialism, particularly relevant in developed nations. In contrast, the problems for optometry in the Third World were the topics of an interesting and informative lecture by Professor David Pickwell of the United Kingdom. This was the inaugural Herbert L. Moss Memorial lecture founded by Mrs. Eva Moss in memory of her late husband. □



Pictured left to right at the 1987 General Delegate Meeting of the International Optometric and Optical League held in Vienna are: Dr. Edward Marshall, executive director, NOA; Dr. Jack Von Boerken, AOA delegate to the IOOL; Dr. G. Burt Holmes, President, IOOL; and Lee W. Smith, executive director, ASCO.

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