

The Journal of the Association of Schools and Colleges of Optometry

OPTOMETRIC EDUCATION

Volume 18, Number 2



Winter 1993



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**VOL. 18
NO. 2**

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The photos on pages 46, 52 and 54 were taken at the Columbus, Ohio, VA Outpatient Clinic Optometry Service and show various aspects of optometric practice in the VA.



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EDITORIAL

Implementing Public Law 94-581 Academic Affiliations with The Department of Veterans Affairs

William E. Cochran, O.D.

In 1960 Public Law 86-598 provided for optometric services for eligible veterans. Sixteen years later, in 1976, Public Law 94-581 included a mandate by Congress to provide quality vision care to eligible veterans through sweeping changes in VHA Optometry Service. In 1977 an American Optometric Association (AOA)/Association of Schools and Colleges of Optometry (ASCO) report to the Veterans Health Administration (VHA) recommended the expanded utilization of optometrists and increased academic affiliations with schools and colleges of optometry. As a result of these efforts, by 1980 more than 70 full-time optometrists and some 12 residency programs were part of the VA Optometry Service. However, the full implementation of the intent of implementation of Public Law 94-581 has not been realized.

The U.S. Senate Appropriations Committee, the General Accounting Office, the Inspector General and the VA Advisory Committee on Prosthetics and Special Disabilities have consistently urged an increase in cost-effective primary eye care services within the VHA to increase efficiency and improve waiting times for primary eye examinations.

Currently, the VHA provides clinical training for 500 optometric students and 53 residents at 79

academically-affiliated facilities, making the VHA the largest clinical training program for optometry in the nation.

Without question, this is an improvement over the past ten years. Yet, the surface has only been scratched. The VHA consists of 171 medical centers and more than 700 other medical facilities. Most of the 27 million veterans require some form of eye care. Currently, veterans must wait an average of over 100 days for an eye examination. It is estimated that there are 560,000 veterans over 65 with severe visual impairment. The VHA has a congressionally defined mission of veteran medical care and health professional education. It is apparent that there is room for improvement in the delivery of eye care and in the provision of educational opportunities.

In September 1991, ASCO sponsored a Workshop on Optometric Academic Affiliations with the Department of Veteran Affairs in conjunction with its fall board meeting at the Northeastern State University College of Optometry in Tahlequah, Oklahoma. The workshop included representatives from the Department of Veterans Affairs as well as representatives from the National Association of VA Optometrists (NAVAO). At the

workshop, a number of papers were presented which raised the need for a strategic plan for optometry within the VHA to provide high quality, cost effective care. Consequently, ASCO, the American Optometric Association and NAVAO created a partnership to evaluate strategic alternatives for optometric education and the delivery of quality eye care within the VHA.

This profession-wide partnership resulted in the creation of *Recommended Strategic Actions for the '90s*, a strategic plan for optometry within the Veterans Health Administration. The blueprint calls for better defined and consistent reporting relationships for optometry, standardized privileging guidelines, increased academic affiliations and increased access to optometric service for our nation's veterans.

The adoption by the VHA of *Recommended Strategic Actions for the '90s* will help to fulfill the intent of Public Law 94-581 passed over sixteen years ago. The law mandates it, congressional committees have reiterated it, the VA wants it, the veterans need it and optometry can deliver it! □

Dr. Cochran is president of the Southern College of Optometry. He was president of the Association of Schools and Colleges of Optometry at the time of the Tahlequah workshop.

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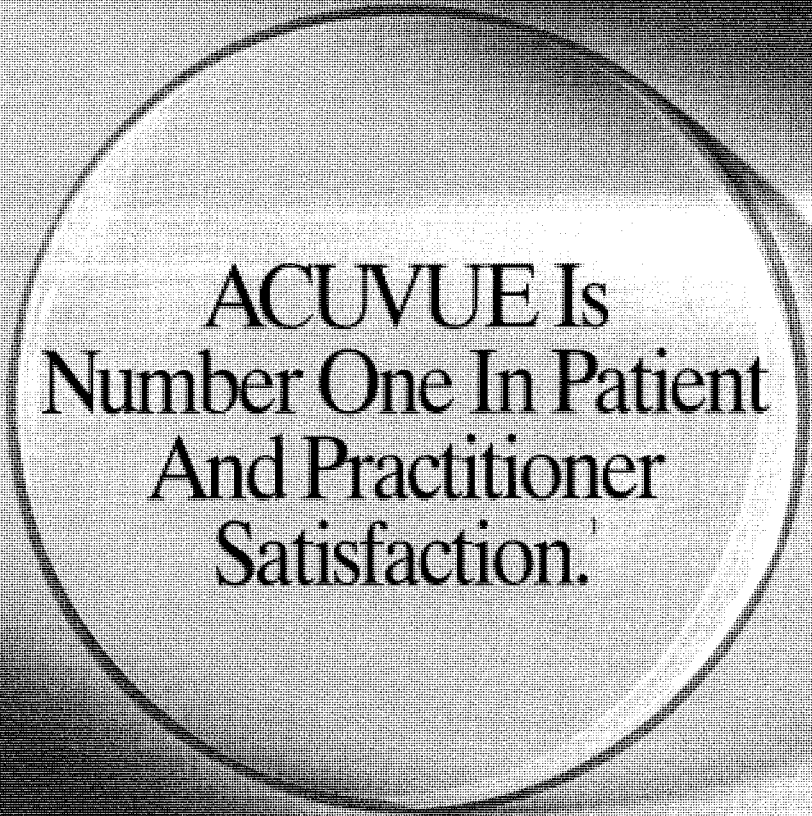
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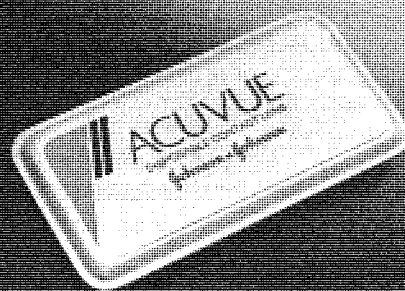
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INDUSTRY NEWS

Companies appearing on these pages are members of ASCO's Sustaining Member Program. 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.

Varilux Super Bowl Planned for AOSA Meeting

Varilux Corporation is sponsoring the Second Annual Optometry Super Bowl, January 8, 1993, in St. Louis, Missouri, during the American Optometric Student Association Conference. The competition is among the 19 schools and colleges of optometry in the United States and Canada. Preliminary qualification rounds will narrow the field to eight contestants by utilizing a quiz show format. The questions asked will be from all areas of the optometric curriculum. First prize is \$1000, second prize is \$500, and third prize is \$250. The traveling trophy will be placed in the winner's school for one year. Dr. John Potter, editor of the Journal of the American Optometric Association will be moderator, and distinguished executives of the American Optometric Association will serve as judges.

"Due to the increased student participation, many of the schools are already planning mini optometry super bowls to select their finalists for the national competition," said Danne Ventura and Dr. Rod Tahran, coordinators of the event for Varilux Corporation.

Corning Announces Scholarship Recipients

Corning Incorporated has selected two students to receive the 1992 Corning Scholarships in the amount of \$3000 each. The students are: Michael E. Bush, Illinois College of Optometry, and Michael W. Johnson, University of California at Berkeley School of Optometry. Mr. Reinhard Krause said, "A number of thoughtful essays were submitted along with applications reflecting impressive

academic and service achievements; the overall high quality of applicants made the final selection process very difficult."

Third year students attending an accredited optometry school is eligible. Applications for next year's scholarships will be mailed in February 1993. The Corning Scholarships are administered by the American Optometric Foundation. For more information, contact Ann Loew, executive director (301) 718-6514.

Ciba Expands Professional Services Department

Ciba Vision Corporation has expanded its professional services department with the appointment of Sally Dillehay, O.D., as Manager, Professional Services and Scott Hinkle, O.D., as Manager, Technical Services. The appointments were announced by Richard Weisbarth, O.D., executive director of professional services and customer satisfaction at CIBA Vision.

Dr. Dillehay will be the liaison to the schools and colleges of optometry. She will also supervise CIBA Vision's Creative Services Department. In addition, she will serve as a technical writer, lecturer, and liaison to the Clinical Studies Department. Dr. Dillehay was an assistant professor and assistant chief of optometric services at The Ohio State University College of Optometry.

Dr. Hinkle will serve as a medical/technical reviewer in the labeling process, and will manage CIBA Vision's Technical Training Program. Dr. Hinkle will lecture nationally on behalf of Ciba. Dr. Hinkle was affiliated with private and group primary care, contact

lens, and ophthalmological practices in Charleston, South Carolina.

Wesley-Jessen Announces Student Research Competition

Wesley-Jessen Corporation announced the details of "The Wesley-Jessen Excellence Award," its annual research competition for third- and fourth-year optometry students. Designed to further clinical understanding of contact lens and cornea-related topics, the prestigious research competition was begun by Wesley-Jessen in 1989. Plans are being made for the 1993 winner to present his or her winning research paper at the American Optometric Association's Congress, in Anaheim, CA, in June 1993.

Five student research papers written between September 1, 1992 and March 26, 1993 will be selected as winners by an independent panel of judges. Research papers should be submitted by March 26, 1993, to Gary I. Bekritsky, O.D., Manager of Clinical Research and Optometric Services, Wesley-Jessen, 400 West Superior St., Chicago, IL 60610.

Sola Introduces ASL Flat Top 28

Sola has combined its popular ASL aspheric design and Spectralite high-index material to create the ASL Flat Top 28 — the first aspheric, high-index flat top. "Practitioners have enjoyed great success with ASL single-vision and VIP Gold progressive in Spectralite," said Mark Mattison-Shupnick, vice president of new products. "Now, with the ASL Flat Top, they can offer virtually all their patients outstanding optics and cosmetics."

According to Mattison-Shupnick, "ASL Flat Top is up to 25% thinner and 28% lighter than CR-39 flat tops. It is 10% lighter than most other high-index flat tops, with comparable thinness. It's flattened, aspheric design results in a lens that's up to 30% flatter than other CR-39 flat tops and 20% flatter than high index, without compromising optics.

For more information, contact: Janice de Ryss, marketing communications manager (707) 763-9911, Ext. 695.

Sunsoft Introduces Sportsoft Lens

Sunsoft Corporation announced the introduction of Sportsoft, an innovation it calls Sports Equipment for the Eyes. Originally developed for professional athletes, the lens is now available to improve comfort and performance for patients who participate in a wide variety of sports and outdoor activities. The lens' 15.0 diameter and the 9.2 and 8.9 base curves provide excel-

lent centration and superior optics in a low-cost spherical lens.

Available in a convenient four-lens package, Sportsoft provides the ready replacement appropriate for active lifestyles. Sportsoft is available for daily, flexible or extended wear at no additional charge. For further information call Sunsoft at (800) 526-2020.

Vistakon and Alcon Join Forces

Alcon Laboratories and Vistakon, a division of Johnson & Johnson Vision Products, Inc., have teamed up to offer contact lens patients the increased convenience of contact lenses and lens care solutions in a single package. Together, the companies created a new OPTI-FREE® Dispensing Kit for use with SUREVUE® daily wear contact lenses, recommended for two-week replacement.

Patients purchasing the kits will receive everything they need for successful lens wear, including a 3-month or 6-month supply of

SUREVUE daily wear contact lenses, two bottles of OPTI-FREE Rinsing, Disinfecting and Storing Solution, one container of OPTI-FREE Daily Cleaner, one bottle of OPTI-FREE Rewetting Drops, and three lens cases. Kits also come with full instructions for patient training and a SUREVUE free trial pair certificate to encourage patient referrals to eye care professionals' offices.

"Vistakon and Alcon, the two leaders in the contact lens/lens care market, have joined forces for the benefit of doctors, and ultimately, their patients," said Jack Weightman, vice president/general manager for Vision Care at Alcon.

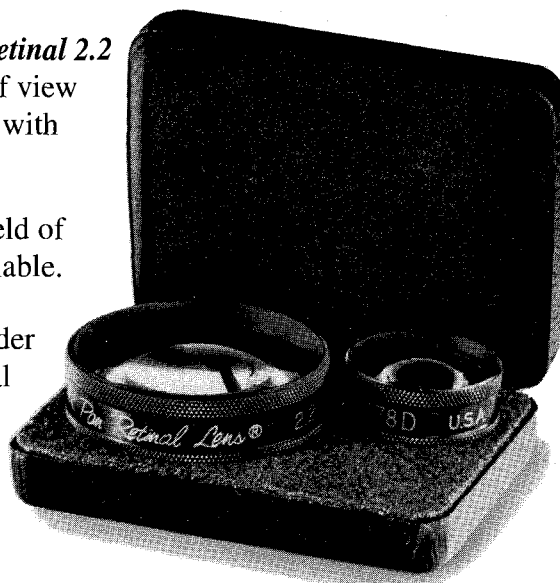
According to Philip R. Keefer, executive vice president of marketing at Vistakon, "It's a win-win situation. First and foremost, patients benefit. The bundling of SUREVUE lenses with OPTI-FREE solutions brings added value to these excellent products, increasing patient convenience and affordability.

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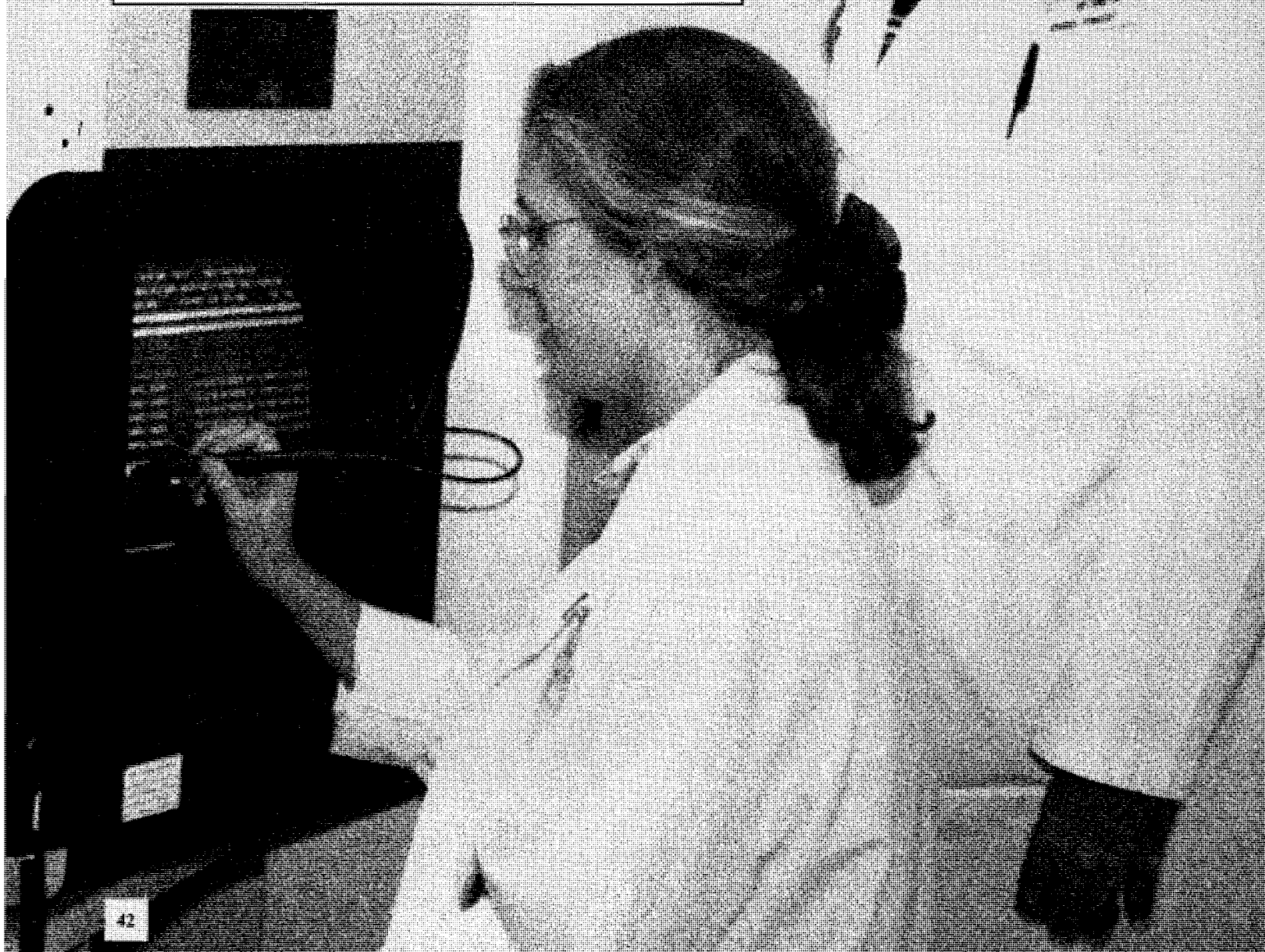


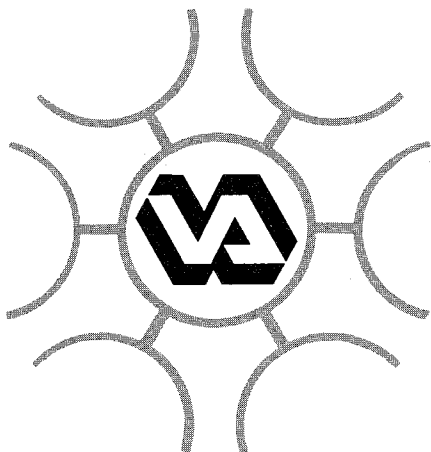
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The stimulus for this special issue on the educational programs of the VA came at the September 1991 Workshop on Optometric Academic Affiliations with the Department of Veterans Affairs. The workshop was sponsored by the Association of Schools and Colleges of Optometry and was hosted by the Northeastern State University College of Optometry in Tahlequah, Oklahoma. The papers included here by Drs. Mullen, Barresi, Newcomb, Messer, Selvin and Haffner are based on presentations they delivered at that meeting. Also included is the 1992 SUNY commencement speech delivered by Dr. James W. Holsinger, chief medical director of the Veterans Health Administration (VHA) of the Department of Veterans Affairs. Dr. Holsinger has been instrumental in strengthening the role of optometry within the Veterans Health Administration.





Looking Toward the Future—An Affiliated Educational System for Optometry

Charles F. Mullen, O.D.

Introduction

An unprecedented opportunity exists for the Department of Veterans Affairs (VA), the Association of Schools and Colleges of Optometry (ASCO), and the American Optometric Association (AOA) to develop jointly a large scale affiliated optometric educational system. Coordinated strategic action would establish and direct the dynamics of interaction among VA, ASCO member institutions and AOA, and could result in enhanced optometric patient care, education, and clinical research opportunities within the Department of Veterans Affairs.

Veterans Health Administration

The Department of Veterans Affairs includes three distinct organizations: Veterans Benefits Administration, National Cemetery System, and Veterans Health Administration (VHA). Figure 1 illustrates the overall structure of VA and the location of the VHA and Optometry Service within it.

The VHA administers the world's largest comprehensive health care system for the nation's 26.9 million veterans. It includes 172 medical centers, plus more than 700 outpatient clinics, nursing home care units, domiciliaries and vet centers throughout the United States and the Philippines. Operating with an annual budget of over \$13.5 billion, VHA treats 1.1 million inpatients and records over 23 million outpatient visits annually.

In addition to its primary mission of providing health care to veterans of the U.S. armed forces, VHA has three other roles. First, in times of war or national

emergency, VHA serves as the backup health care system to the Department of Defense. Second, VHA trains a broad range of health care providers, including optometrists. Third, VHA works to enhance patient outcomes through clinical research. Each year VHA appropriates over \$200 million for medical and prosthetics research. Currently, nearly 6000 investigators are engaged in more than 10,500 research projects located at VA medical facilities.

Optometry Service

In 1974 VHA recognized optometry's contribution to veterans' health care and named its first Director of Optometry to address the eye and vision care needs of veterans. Initially, the Director could not attract optometrists to service because of the outdated personnel system and salary schedule. There were just eight full-time optometrists in the system and no residents.

In 1976 VHA designated optometry a Service and placed staff optometrists under Title 38, in the same personnel pay system as physicians, dentists, and nurses. This provided more competitive salaries, created teaching programs, and increased optometric care for veterans. By 1980 there were over 70 full-time optometrists in the VA.

In the early 1970s, the VA also began establishing successful and innovative affiliations with schools and colleges of optometry. For instance, the nation's first clinical education program for optometry students began at the Birmingham VA Medical Center, in affiliation with the University of Alabama School of Optometry. Also, the nation's first VA optometry residency program began at the Kansas City VA Medical Center. By 1980, 12 residency programs had been established.

Providing primary eye care by staff optometrists proved to be cost-effective and efficient, and veterans and veterans' service organizations enthusiastically endorsed optometric care. This allowed VA Optometry Service to expand steadily and to begin to address the unmet need for primary eye care in the VA.

At present, 220 full- and part-time optometrists (150 FTEE) provide eye care services to veterans at 138 VA medical facilities. Optometrists manage over 300,000 patient visits annually and provide clinical training for 500 optometric students and 53 optometric residents at 79 academically affiliated VA facilities. Since many VA facilities have multiple affiliations, currently 121

affiliation agreements exist among schools and colleges of optometry and VA medical centers.

Included in Optometry Service's responsibility is the provision of vision rehabilitation services at three Vision Impairment Centers to Optimize Remaining Sight (VICTORS); three Low Vision Clinics, and five Blind Rehabilitation Centers (BRCs).

The Field Advisory Group, illustrated in Figure 2, is an integral part of Optometry Service. Fifteen chairpersons, all optometrists practicing within the VA medical system, head special committees on areas critical to the development of the Service and the delivery of quality eye care, education, and research. They remain in constant contact with the Director and address issues ranging from total quality to improvement of public relations. The

chairpersons, representing the dedicated work of their committees, provide invaluable assistance at biannual strategic planning meetings of the entire Field Advisory Group.

With regards to external relations, the Director of Optometry Service maintains liaisons with the AOA, ASCO, National Association of VA Optometrists (NAVAO), and the Special Medical Advisory Group (SMAG) Subcommittee on Eye Care. The Field Advisory Group and representatives from these organizations combine to form a significant network of advisors.

The Opportunities

In the Armed Forces, Health Maintenance Organizations (HMOs), and the private practice sector, the ratio of optometrists to ophthalmologists is a little over two to one. This balance has

evolved naturally in response to the need for cost-effective, logical approach to primary eye care services, subspecialty eye care services and surgery. In VA, the ratio is reversed; there are at least two ophthalmologists for every one optometrist. An opportunity exists to develop and implement a highly efficient and cost-effective national model for the provision of eye care, a model that minimizes duplication and overlapping of services among the eye care providers.

By the year 2000 the number of veterans at visual risk will increase from 4.0 to 5.7 million impacting greatly on the total number of eye care visits to VA facilities. Optometry Service presents a cost-effective and efficient means of providing primary eye care.

The veteran population of 26.9 million is aging. It is a population with a high incidence of ocular and vision disorders. VA presents opportunities for eye care research in early diagnosis and management of eye disorders in the elderly. Significant clinical studies of age-related macular degeneration, diabetic retinopathy, cataract, and glaucoma could be mounted.

Leaders within VA, ASCO, and AOA have a chance to dramatically shape the future of eye care delivery and optometric education. Opportunities within VA for enhancing patient care, clinical education, and research abound. The climate is right to jointly initiate constructive, strategic action.

Climate

VA has a history of support for sharing agreements and affiliations. VHA medical centers share extensively with academic health care centers, demonstrating a history of commitment to clinical education and research. Thousands of sharing agreements exist between the VHA and the Department of Defense and the Indian Health Service.

VA has an ongoing and active policy of cultivating new affiliations. Within the past two years, 18 new academic affiliations have been developed among VA medical facilities and schools and colleges of optometry. Also, three existing programs have been expanded. More affiliations are possible and have been encouraged by various government organizations and VA advisory groups.

Related to this is VA's high technology sharing program. This allows VA medical centers and its academic partners to purchase expensive equipment jointly and to share in the cost

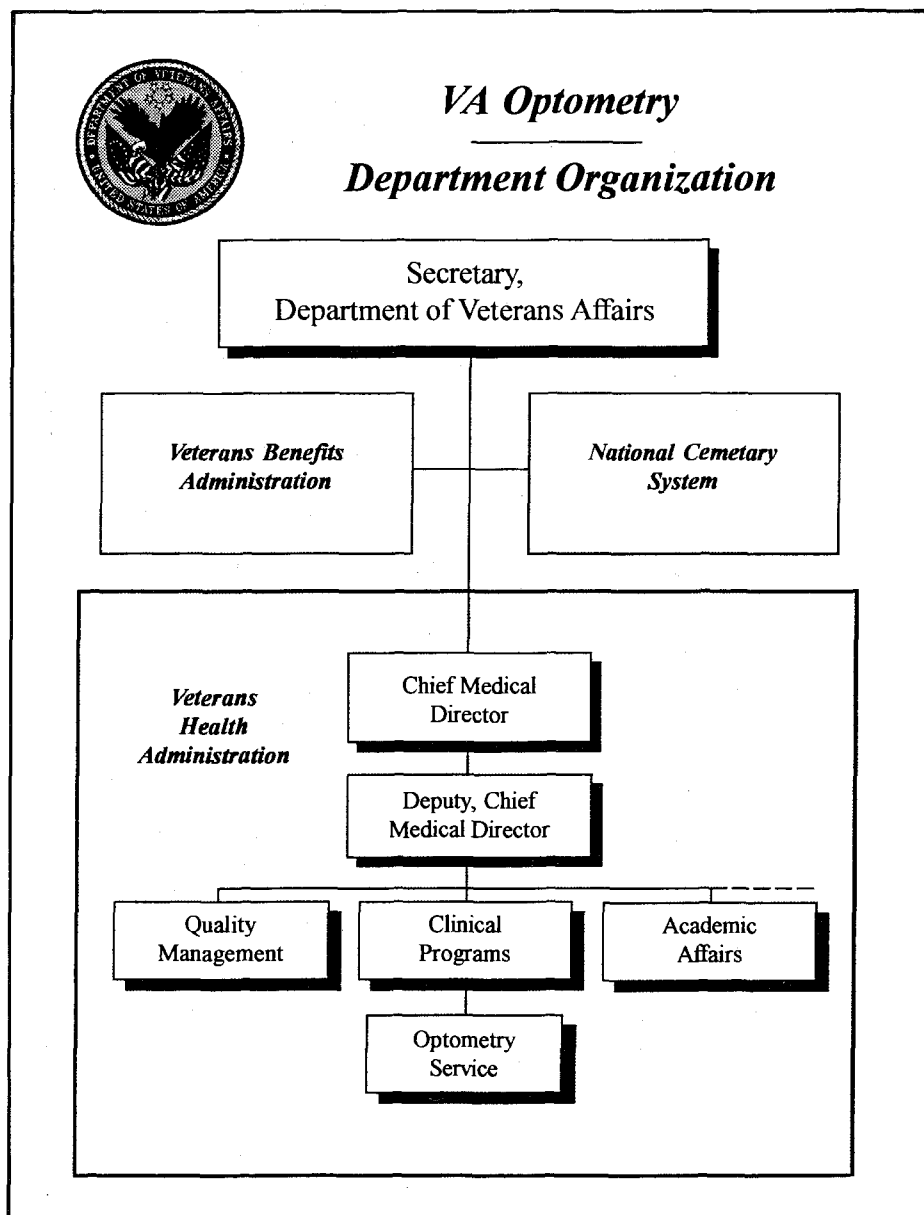


Figure 1.

of operation. Technology sharing agreements with schools of optometry should be explored.

The quality and cost-effectiveness of health care delivery is of prime importance to VA. Optometry Service provides quality, cost-effective, and accessible care and is often used as an example of a model program in which high quality patient care is inextricably combined with the training of students and residents.

Funds were recently made available for 35 new optometric staff positions. In an effort to improve accessibility to primary eye care, additional funds for staff expansion are anticipated.

With its Field Advisory Group, Optometry Service already presents a highly qualified team ready for constructive interaction with ASCO, NAVA, and AOA leaders. This extensive network of advisors covers every aspect of Optometry Service's operation. Together we will be ready to address the issues. Together we will be ready to face the challenges ahead.

The Challenges

VHA is concerned with health services research and the structure of eye care services delivery in particular. Optometry Service, ASCO, and AOA, together with VA Offices of Quality Management, Health Services Research and Development, and Clinical Programs could respond to the challenge by creating Regional Centers for Eye Care Excellence. These Centers would involve the disciplines of optometry and ophthalmology and their respective academic affiliates in the collaborative provision of eye care, ophthalmic education, and research. They would serve as demonstration and evaluation sites for evolving eye care models.

Within the VA, as in the private sector, sensitive issues surround the respective roles of optometrists and ophthalmologists. A unique, coordinated health services research project which addresses the interaction between optometry and ophthalmology in the VA could be developed.

Such a demonstration project would examine reporting relationships for optometrists and ophthalmologists in VA medical centers. It would also study the extent of clinical privileges granted ophthalmic clinicians. The project would address the issue of new and developing technologies and Clinical Practice Indicators for VA eye care.

Conclusions defining the practice of optometrists in relation to ophthalmologists and other health care providers

could serve as guidance for the entire system.

VA, ASCO and AOA should move forward in designing and implementing a comprehensive affiliation system. This would, however, present challenges in maintaining quality patient care and integration of educational programs. It is imperative that any system under consideration include guidelines for optometric faculty, resident, and student participation. Appointing all affiliated optometry school deans to VA Deans' Committees and appointing selected optometry school faculty as consultants and attending optometrists at VA medical centers would assist in maintaining proper integration of patient care and clinical education.

Participants in the September 1991 ASCO Workshop on VA Optometric Academic Affiliations stated that in the

development of large scale education initiatives there is a need for consultation by the AOA's Council on Optometric Education (COE), which has been successful in accrediting and counseling optometric programs within the VA.

In cooperation with the schools and colleges of optometry, the VA Optometry Service and Quality Management Office could review and update Optometry Service's Quality Improvement Program. Further, quality could be ensured by encouraging continued review of the VA Optometry Service patient care programs by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). However, optometric representation in JCAHO is essential to the success of the accreditation programs.

The greatest challenge faced by the

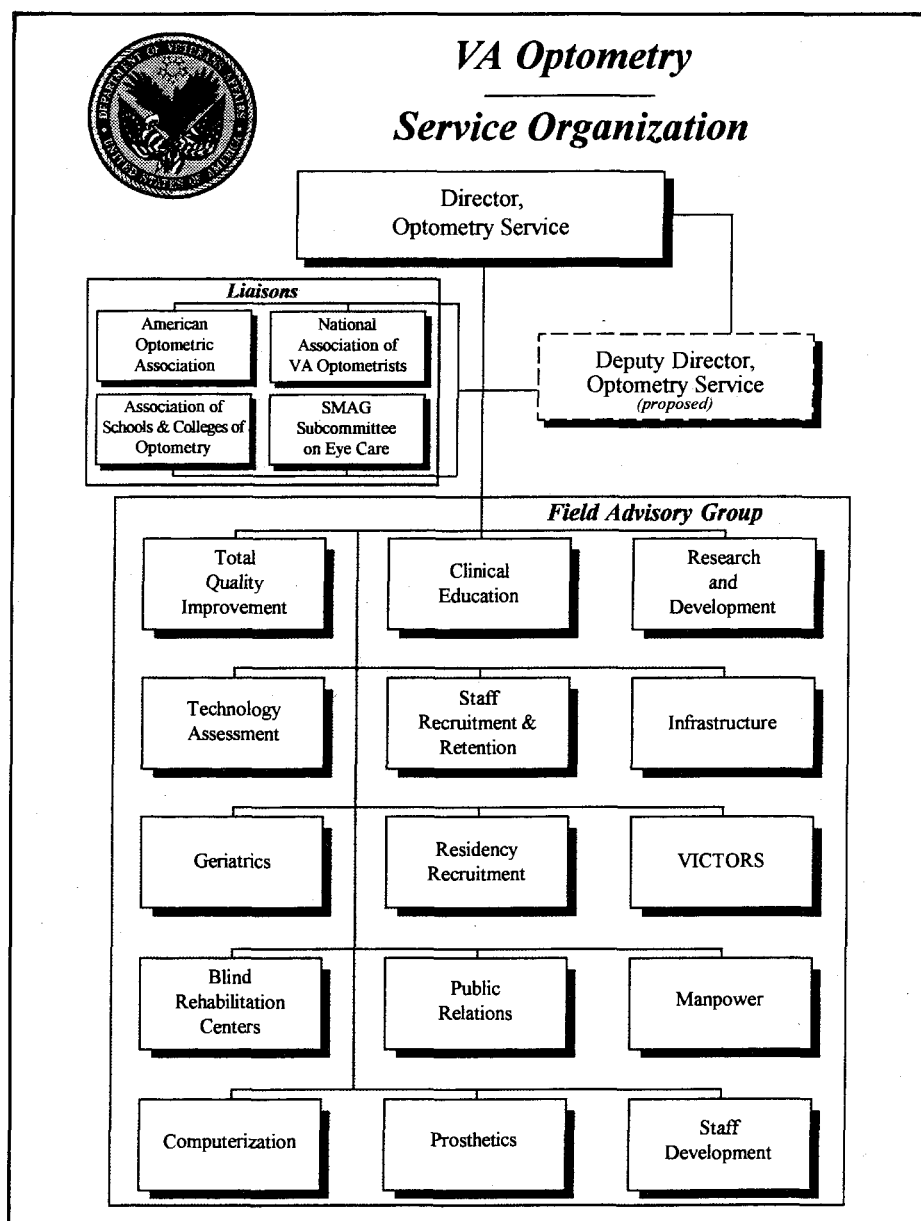


Figure 2.

VA, ASCO and AOA will be interacting on a comprehensive scale; planning will require foresight and coordination. However the outcome — a newly acquired ability to mount large scale educational initiatives, to evaluate new technology, to test quality assurance mechanisms and to develop innovative eye care programs — will be worth the effort.

VA, ASCO and AOA could work to develop or enhance affiliation agreements between ASCO member institutions and key VA facilities. VA medical centers in New York, Philadelphia, Houston, Memphis, Indianapolis and Boston present significant training opportunities not currently realized by ASCO members.

Summary

The time is right for VA, ASCO and AOA to take action. Cooperative strategic action by the health care system (VA), educational institutions (ASCO), and the professional association (AOA), could lead to the placement of hundreds of new optometric residents and externs in educationally cost-effective and clinically challenging environments.

If the initiative is consistent with the VA's mission and addresses the challenges previously described, it will

succeed. If the initiative creates improved models for optometric academic affiliations and includes discipline specific protocols for resident and extern placements, it will succeed. If the initiative includes innovative models for

more accessible, cost-effective and efficient eye care delivery, it will succeed. And above all, if the initiative systematically addresses the eye care needs of our nation's veterans, it will succeed. □

VA Will Test LVES Technology

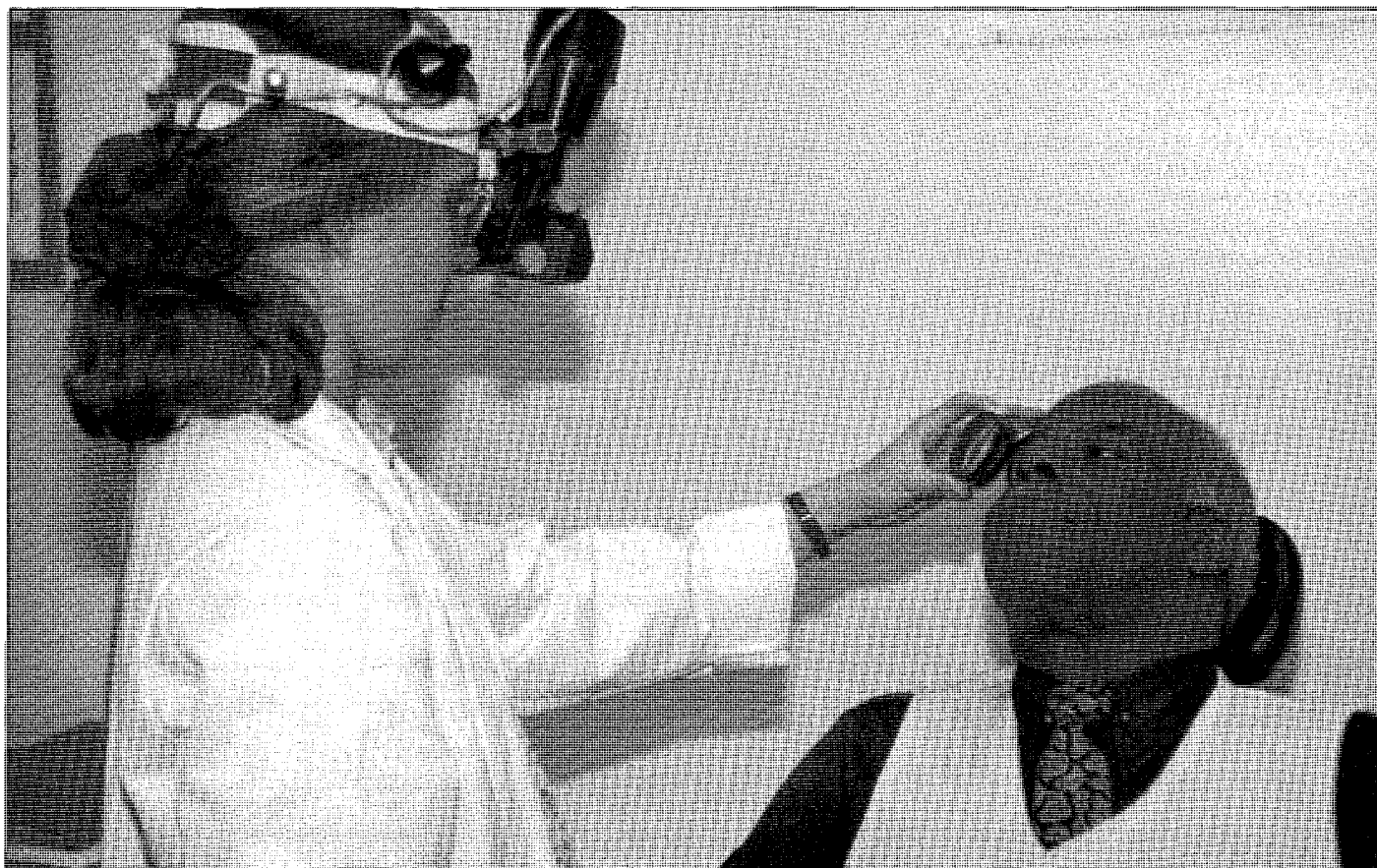
The Department of Veterans Affairs, through its Rehabilitation Research and Development Service, will provide the patient population and expertise for testing the Low Vision Enhancement System (LVES) project. Preliminary testing will take place in three phases and will involve VA medical centers (VAMCs) in Connecticut, Illinois, Alabama, California, Missouri, New York, and Maryland.

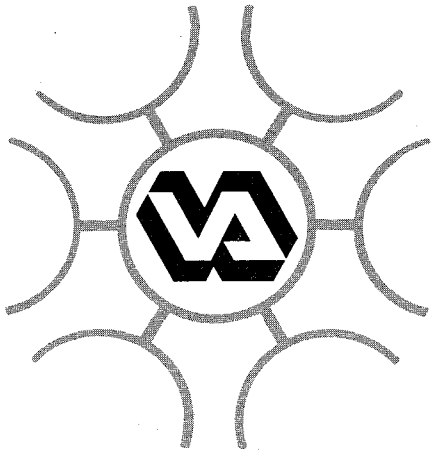
Based on clinical evaluations at these centers, the Veterans Administration Blind Rehabilitation Centers and Visual Impairment Centers to Optimize Remaining Sight (VICTORS) programs, final design modifications will be incorporated into the headset.

The VA has provided intensive, multidisciplinary care for visually impaired veterans for 44 years through its Blind Rehabilitation Centers and VICTORS programs. It is now reviewing plans to expand the program to accommodate an expected increase in elderly veterans.

In addition to testing the headset, the VA will provide financial support for the LVES project totaling more than \$1.2 million.

Peter A. Lalle, O.D., the chief of optometry for the Fort Howard and Baltimore VAMCs, is the main VA collaborator on the LVES project with Robert Massof, Ph.D., director of the Lions Vision Center at Johns Hopkins Wilmer Eye Institute. For further information on the project, contact Dr. Lalle at (410) 477-1800, Beeper 229.





A Vision of the Department of Veterans Affairs as the Model for a National Health Care System

James W. Holsinger, Jr., M.D.

Congratulations! What a joyous occasion, your graduation from the State University of New York, State College of Optometry. Thank you for inviting me to share it with you.

You may not believe this, but I can tell just by looking out into this audience that each of you graduates has a dream. Naturally, I have difficulty telling exactly what that dream is for each of you, but I see out there a "field of dreams."

Years ago Allvar Gullstrand likely sat through a commencement like this. And, we can be fairly certain, he had a dream or two. In 1911, you'll recall,

he earned the Nobel Prize in medicine and physiology for his work on dioptries of the eye.

What is your dream? Not long ago I would have begged any of you to come up with a way I could take my annual eye exam without suffering blurred vision for hours afterwards. But recently a director of an Arizona eye clinic tested drops containing the drug dapiprazole. Some of his patients were able to see clearly just 30 minutes after their pupils had been dilated and tested. Even I may be able to live with that!

What is your dream? When I was graduated from the Duke University School of Medicine in 1964, one of my biggest dreams was to be able to pay back my student loans.

You know, of course, that at my age I'm the one who's supposed to have dreams — foolish ones, at that. You young folks see visions. But humor me, if you will, while I acknowledge your

dreams and ask you to see a little of my vision.

My vision is that by the year 2000, VA will be the model for national health care.

With more than 30 million Americans lacking adequate health insurance coverage, that VA can serve as a demonstration project of care for older and poorer Americans. For many years we have seen that our veteran patients tend to be older and poorer than most Americans.

To care for them, VA administers a network of 172 medical centers, plus more than 700 outpatient clinics, nursing home care units, domiciliaries and "storefront" Vet Centers. We have almost 90,000 beds and more than 200,000 employees.

More than 100,000 students receive clinical training and education through VA affiliation with some 1,000 institutions, including 104 medical schools.

There are more than 8,000 medical and 350 dental residency positions in the VA. More than 30,000 residents and 20,000 medical students pass through the VA each year.

VA makes a full array of health care available to our nation's veterans. This includes preventive health care, ambulatory care, acute inpatient care, hospital-based home care, and extended or long-term care and hospice care. With a budget of more than \$13.5 billion, VA treated more than 1 million inpatients and handled more than 23 million outpatient visits last year.

VA provides basic general medical, surgical and psychiatric care for conditions such as schizophrenia, Alzheimer's disease, alcoholism, spinal cord and tissue injury, AIDS, post traumatic stress disorder, cancer, lung and heart disease. Because of the intensity of our activity in these and other areas, VA excels in a number of specialties.

VA has long been known for comprehensive rehabilitation and prosthetics programs. Many aspects of VA's psychiatric and substance abuse programs have led the way in U.S. medicine. Since shortly after World War II, VA has been in the forefront of spinal cord injury treatment and research.

With our patient population aging, VA has assumed a major role in geriatrics. It has been projected that by the middle of this decade, one-third of U.S. males over the age of 65 will be veterans.

VA's elderly veterans have a much higher incidence of blindness due to age-related disease conditions, such as

Dr. Holsinger is chief medical director of the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA). This speech was presented at the 18th commencement exercises of the State University of New York, State College of Optometry, in May 1992, when Dr. Holsinger received the Benjamin Franklin Society Award for outstanding service to the profession.

diabetic retinopathy, macular degeneration and glaucoma.

By the year 2000, about 9 million veterans will have reached 65 and 1.3 million will be 85 or older. VA has developed a highly acclaimed system of caring for these patients, while training geriatricians and conducting geriatric research.

VA was the first to develop effective drug therapies for tuberculosis, mental illness, hypertension and drugs to control rejection of organ transplants.

VA built the first artificial kidney for renal dialysis, performed the first liver transplant and put the first cardiac pacemaker into a patient.

VA is the birthplace of isotopic medicine and has two Nobel laureates with prizes in medicine and physiology for their scientific breakthroughs.

The concept of computerized axial tomography, or CAT scans, originated at a VA medical center. VA researcher Dr. Millie Hughes-Fulford took her investigation of muscle and bone cell growth into the fringes of space aboard the shuttle "Atlantis," making her VA's first Astronaut.

In the early 1970s, the first VA program for training optometry students was initiated at the Birmingham VA Medical Center, which is affiliated with the University of Alabama School of Optometry.

The nation's first optometry residency program was at the Kansas City VA Medical Center. Today clinical training for 500 optometric students and 53 residents is conducted at 679 academically-affiliated VA facilities. This

makes VA's the largest optometric clinical training program.

VA Optometry Service ranks third nationally in research, publications and invited lectures. It operates five Blind Rehabilitation centers, in Illinois, California, Connecticut, Alabama and Puerto Rico.

VA also operates three Visual Impairment Centers to Optimize Remaining Sight (VICTORS) Programs at Northport, N.Y., Chicago and Kansas City.

"The Benjamin Franklin Award is being presented for Dr. Holsinger's outstanding services to the Department of Veterans Affairs and for his dynamic leadership in the growth and development of optometry services."

Dr. Alden N. Haffner
President
SUNY College of Optometry

A few weeks ago, VA announced clinical trials of a new low vision enhancement system, called "LVES." This cooperative effort brings VA together with Johns Hopkins University, NASA, a Baltimore eye clinic and private industry. The system is a head-mounted video display with video cameras on the frame. It looks like night vision goggles similar to those worn by helicopter pilots.

The device enhances the contrast between walls and the floor, so wearers

don't run into walls. It's quite a breakthrough for persons suffering from light sensitivity and macular degeneration. Since about 85 percent of blind persons do have some vision, this device will help make what vision they have useable.

Clinical trials will be done in VA medical centers, with VA patients. We are excited by this research and the potential benefits for the aging veteran. There are an estimated 560,000 veterans over 65 with severe visual impairment.

All of this progress in medicine, and particularly in optometry, brings to mind that years ago, Marcel Proust observed, "The real voyage of discovery consists not in seeking new lands, but in seeing with new eyes."

The practice of optometry is changing around us. The population we serve is changing around us. The political and social environment we work in is changing around us.

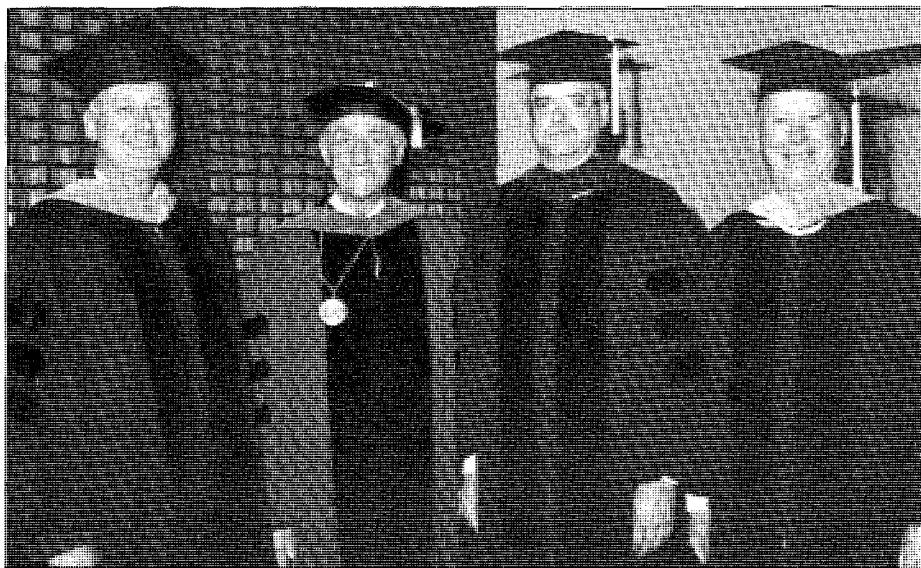
We will not meet our moral obligation to our dreams, or to our patients unless we embark on a voyage of discovery in the new world we face. That voyage will require us to see with new eyes.

The VA, as it plans for the year 2000 and beyond, is ready to provide models for quality health care, and to provide demonstration sites for quality assurance and quality management programs, as well. We have the ability to mount large-scale quality assurance initiatives with carefully developed evaluation efforts, modeled on our highly successful cooperative studies program.

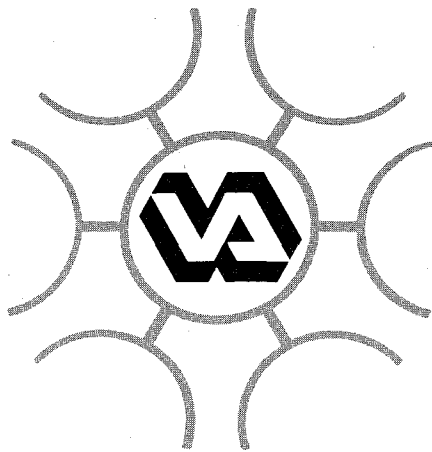
Functioning as a fully integrated system, providing direct health care through a full spectrum of modalities of care, the VA is capable of testing models of quality assurance. There are no other opportunities for such broad testing of quality assurance techniques.

In these few minutes I have tried to give you a glimpse of my vision of VA as the model for a national health care system. There is a place in that vision — in that future — for you new graduates. I invite you to join your dreams with mine as we work to continue providing our nation and its people with the best health care possible. That is the field where all our dreams and our visions can come together to change what must be changed and to build on what remains.

Oh, I have one more vision. It is that when your turn comes to stand before a graduating class such as this, our dreams and visions of today will be reality. □



Posing before the 18th commencement ceremonies of the SUNY, State College of Optometry were (l to r) Dr. James C. Leadingham, President of the American Optometric Association, Dr. Alden N. Haffner, College President, Dr. James W. Holsinger, Jr., Chief Medical Director, U.S. Department of Veterans Affairs and Dr. Charles F. Mullen, Director of Optometry Service, Department of Veterans Affairs.



Academic Affiliations with the Department of Veterans Affairs: Characteristics of The Ohio State University Model

Robert D. Newcomb, O.D., M.P.H.

Richard M. Hill, O.D., Ph.D.

History of the VA

While the genesis of the Department of Veterans Affairs actually began in Colonial America 140 years before the Revolutionary War, its formalization as an agency of the executive branch of the federal government did not occur until 1930 under President Hoover. In 1946, in order to meet the medical care needs of the millions of returning World War II servicemen, President Truman signed legislation which created a separate

department of Medicine and Surgery within the VA. As a direct result of this legislation, academic affiliations with the nation's medical schools were initiated, and these partnerships have served the VA and society at large well during the past 45 years. According to a former VA chief medical director:

"The VA-medical school partnership ... brought the country's medical schools and their residency programs into VA hospitals, and thus helped guarantee quality health care to wounded, sick and disabled veterans by providing an immediate answer to the physician-staffing dilemma VA hospitals faced. In the long term, it added significantly to the support of American medical education, provided a stable base for biomedical research, and influenced the direction of both medical education and medical practice."¹

Today, almost every health care discipline has some rotation through a VA-operated facility; the education of health professionals, including optometrists, is one of the three stated major missions (along with patient care and research) of the Department of Veterans Affairs.

In 1988, under President Reagan, the position of the VA within the federal government was elevated to cabinet-level importance. Today, the Department of Veterans Affairs is the second largest federal government workforce (after the Department of Defense) with more than 240,000 employees. It administers the world's largest comprehensive health care system for the nation's 26.9 million veterans, and operates 172 medical centers, 700 outpatient clinics, nursing home units, domiciliarys and vet centers distributed throughout the 50 states, the District of Columbia, Puerto Rico, and the Philippines. Each of these health care facilities has a unique but complimentary mission. Between October 1, 1989, and September 30, 1990, the VA treated 1,113,125 inpatients and 22,599,532 outpatients with a total medical care budget of \$11,840,000,000.²

History of VA Optometry

The history of optometry in the VA is a recent but rapidly-expanding one, beginning in 1960 when Public Law 86-598 defined the patient care services of an optometrist as "medical services" and thereby made them available to eligible veteran patients. In 1972, the first program in the nation for the training of optometry students was initiated at the Birmingham, VA Medical Center (affiliated with the University of Alabama at Birmingham School of Optometry)³; and in 1975, the nation's first VA optometry residency program was begun at the Kansas City VA Medical Center (affiliated with the Illinois College of Optometry).⁴

In 1976, a Joint Project Team of the American Optometric Association (Dr. Ron Fair, president) and the Association of Schools and Colleges of Optometry (Dr. Norman E. Wallis, president) published a document entitled, *A Report to the Department of Medicine and Surgery of the Veterans Administration for the Development of A Program of Optometric Service*. The AOA/ASCO Study Project Team included Drs. Henry B. Peters (chairman), Gordon Heath, Frederick W. Hebbard, Charles F. Mullen, and David Ferris. One of the Report's recommendations read:

Dr. Newcomb is the chief of optometry service at the Columbus, Ohio, VA Outpatient Clinic and clinical associate professor of optometry at The Ohio State University College of Optometry. He is also chair, Total Quality Improvement Committee at the VA Optometry Service Field Advisory Group.

Dr. Hill is dean of The Ohio State University College of Optometry.

"It is appropriate that the VA-DM&S significantly expand the utilization of optometrists in its hospitals and clinics to provide primary eye and vision care services for eligible veterans; and that, where possible, such programs be developed to include clinical education and services in affiliation with schools of optometry.⁵⁷"

The Ohio State University Experience

The Ohio State University College of Optometry established its first academic affiliation with a VA Medical Center in 1976, and now has four affiliations with VA facilities in Chillicothe, Columbus, Dayton and Cleveland, Ohio. All of these facilities are unique; therefore, the arrangements for student and/or resident rotations are somewhat different. However, there are certain cardinal principles of philosophy and cooperation that are common, and we feel, essential, to maintain a mutually-beneficial working relationship. While other schools and colleges of optometry in the United States have established similar academic affiliations with VA facilities, this paper will highlight some of the components we have found to be important for a productive and long-term educational experience for our students and residents.

Administrative Issues

1. The Department of Veterans Affairs and External Programs Committee

To assure high quality and continuity in our external teaching sites, a committee within the College has been established and is charged with the responsibility of coordinating several important programmatic elements, which include:

- Assuring open lines of communication between VA and the College for maximum exchange of information as it relates to optometric patient care, education, research or administrative issues.
- Coordinating VA and College curricular elements to assure a solid theoretical as well as an applied clinical background for students and residents.
- Evaluating VA clinical facilities, including VA staff credentials for faculty appointments, adequacy of their space and equipment, library resources, control of confidential patient records, and other aspects

of delivering high quality patient care consistent with the standards of the College's own clinical teaching facilities.

- Collating materials for residency candidates, scheduling their site visits and interviews with key faculty members, and selecting qualified applicants in priority order for presentation to the Clinical executive Board at the affiliated VA medical center.

Other secondary assignments of this Committee include establishing assignments at the University that provide for a full range of resident skills not available at the VA (i.e., contact lenses, children's vision); providing opportunities for residents to learn and practice teaching skills, both clinical and didactic, by working with senior optometry students; and encouraging participation in University-sponsored seminars and continuing education lectures at no cost to the resident.

The Committee is chaired by the College's chief of special testing service, and is comprised of all VA-affiliated chiefs of optometry, chiefs of non-VA affiliated programs, and the College's chairs of its clinic and curriculum committees. It meets quarterly, with mail and telephone communications occurring throughout the year, as necessary. The Dean is advised of the Committee's activities throughout the year as well.

2. Faculty Appointment for VA Staff

It has always been the policy of the College that grades entered into any student's official transcript can only originate from a University-appointed faculty member. This policy is true for extern sites as well, with affiliated faculty required to pass through the same rigorous review procedures for academic advancement as those at the main campus.

Part of the ongoing evaluation of external site faculty is based on lectures they are asked to provide for professional students within areas of special expertise and experience. A secondary benefit of this activity is that professional students who might be interested in becoming residency candidates after graduation can readily identify and subsequently interact with these external site faculty at an optimum time in the student's career decision-making process. Of course, published papers and other evidence of scholarly activity are also considered when VA optome-

trists are eligible for faculty appointments or promotions.

3. Annual Site Visits

Each external VA teaching site is visited annually by representatives of the College, and this site visit team typically consists of one member of the VA and External Programs Committee and one of the College's specialty clinic chiefs as well as a representative from the Dean's office. The physical plant of the VA as well as the programmatic elements pertaining to its optometry program are visited; key VA officials including the director, chief of staff, chief of medicine, chief of nursing, chief of pharmacy, chief of social work, the librarian, and others are interviewed at this time. A written report is then submitted to the facility director which summarizes the optometric educational program from the College's perspective. This report contains observed and reported strengths and weaknesses as well as recommendations for improvement and possibly new programming for the future.

4. The University Health Center Level - The Dean's Committee

This is a VA-authorized body of external advisors, and includes deans of affiliated health science colleges as well as selected department chairs from the affiliated College of Medicine. Its purpose is to advise the local VA medical center on issues relating to educational programs, including the appointment of new VA staff members who may serve as preceptors for rotating students and residents. The Dean of the College of Optometry at The Ohio State University is a full-voting member of our local VA Dean's Committee, and attends meetings on a quarterly basis. These meetings are always informative, since issues relating to local as well as national VA concerns are discussed within the context of the educational mission of the Department of Veterans Affairs.

5. Preparation/Orientation for 4th Professional Year Students

It is critical for students to be informed of and to understand fully the special educational opportunities that VA experiences can provide for them. There are at least six objectives for VA rotations which supplement and complement patient care activities provided within the College:

- **Provide** an expanded clinical experience with patients having a broad spectrum of eye and vision prob-

lems commonly seen in a geriatric population.

- **Create** an opportunity for optometric training in a multidisciplinary health care setting where students can gain experience as primary entry point providers, while at the same time working closely with other practitioners to deliver coordinated health care services.
- **Advise** students of health careers available within the Department of Veterans Affairs and other institutionalized practice settings, in order to broaden their outlook beyond the traditional individual mode of practice.
- **Train** students in the proper inter-professional referral process by increasing their knowledge of the roles played by other health care practitioners.
- **Encourage** students to function at their highest level of clinical competence and to utilize their time in the examination rooms efficiently.
- **Instruct** students in the proper use of the problem-oriented record-keeping system for both clinical and legal purposes.

6. Joint Selection of Residents

The joint selection of residents is critical for our program, since all VA residents spend twenty percent of their time as clinical instructors within the College of Optometry. It is during this period of time that the residents perform examinations on specialty-clinic patients (i.e., contact lens, low vision, disease evaluation), provide information in classes and laboratories, supervise students in campus clinics, and work on their required research papers. Observation of research laboratories within the College as well as surgical operating suites in private practice is also offered during this time. The resident is assigned a supervisor while working within the College's curriculum, just as he or she is constantly supervised while working within the VA clinic.

The VA and External Programs Committee is responsible for assembling residency application materials and scheduling interviews for Ohio State students as well as any interested out-of-state candidates. We require candidates to send us their paperwork directly in addition to submitting their application form, transcripts, and letter of reference to the national Optometric Residency Matching Service (ORMS). This requirement allows us plenty of lead time to schedule interviews and

secure all necessary confidential documents. After the interviews are completed, the Committee lists all applicants in priority order, and submits its recommendations to the Dean. The Dean reviews the list, discusses it with the Committee if necessary, and forwards his recommendations to the chair of the Clinical Executive Board at the appropriate VA medical center. Since the residency is funded by the Department of Veterans Affairs Office of Academic Affairs, the VA has the final authority to approve or disapprove the College's recommended candidates. Happily, over the past fifteen years, the VA and the College have always agreed upon the best qualified residency applicants.

Clinical Issues

Prior to reporting for their first day of VA patient care, each student is informed of the policy regulations shown in Table 1. This information is presented as part of a one-hour orientation class provided by the chief of the VA optometry clinic through which the student is scheduled to rotate. It is at this time that a variety of site-specific logistics, record-keeping formats, VA

eligibility rules, and other pertinent information is presented. An overview of major VA patient care issues, such as eligibility/accessibility, cost-effectiveness, and total quality improvement, is also introduced during this orientation class; these themes are reinforced during the ten-week rotation. This procedure allows student to understand better their roles within the Department of Veterans Affairs and to represent effectively the Department and to Veteran patients and co-workers. Site-specific clinical space, equipment, staffing, scheduling, and paper flow are all discussed in order to prepare the student to work comfortably and efficiently within the new VA clinical environment.

Program Strengths and Weaknesses

All joint programs have strengths and weaknesses, and our academic affiliations with VA facilities are no exception. We feel our strengths include a multi-sited partnership with a major academic health center, three VA medical centers, one VA independent outpatient clinic, and our own educational institution. There are highly qualified and

Table 1
POLICY REGULATIONS GOVERNING STUDENT ROTATIONS
THROUGH VA FACILITIES

1. Students will report to the optometry clinics at the appointed time and will be appropriately dressed for direct patient care activities.
 2. Students will initially observe experienced optometric clinicians and then gradually be phased into conducting their own examinations of veteran patients.
 3. Students will use the problem-oriented optometric record format, and will discuss their tentative diagnoses and proposed treatment plans with a staff doctor prior to charting and case presentation.
 4. Students will keep all privileged information in strict confidence according to the regulations of the VA and the Code of Ethics of the American Optometric Association.
 5. Students must be proficient in special procedures such as binocular indirect ophthalmoscopy, gonioscopy, threshold visual fields, applanation tonometry, photography, and fundus biomicroscopy with Volk-type lenses. Tonometry and assessment of the anterior chamber angle will be accomplished prior to the installation of mydriatic pharmaceutical agents.
 6. All ophthalmic appliances prescribed for a patient must be approved by a staff member in writing prior to dismissing the patient. This included appliances from both VA and non-VA funding sources.
 7. Students will be graded by the chief of the optometry clinic at mid-quarter and at the end of the quarter. The method of grading will be the same as the one used at The Ohio State University College of Optometry.
 8. Students must always remember that they are representatives of both the Department of Veterans Affairs and The Ohio State University College of Optometry when engaged in direct patient care activities. Therefore, any behavior deemed to be unprofessional or unethical will result in immediate dismissal from the rotation.
-

experienced staff at all VA facilities, all of whom hold University appointments and serve as excellent role models for our students and residents. There is large and diverse patient population within the VA, as well as state-of-the-art instrumentation available at most sites. The VA affords our trainees the opportunity for interdisciplinary interaction on a daily basis. The combined resources of the University and the VA are enormous, including vast library holdings, research laboratories, talented faculty and staff, and access to some of the most advanced diagnostic and therapeutic instrumentation in the world.

The weaknesses include limited clerical/secretarial support at some of our VA external sites, a low resident stipend and a fringe benefits package which limits our candidate pool for VA residents, aging ophthalmic examination equipment at some VAs, a limited opportunity to observe ophthalmic surgery cases within the VA, and limited VA experiences beyond the optometry clinic. There is also inadequate space for specialized testing at all VAs, a patient population that is primarily geriatric, and a short period of time spent by each student on a VA rotation (presently only the equivalent of five to ten working days per year).

By working in harmony with the VA and by modifying some of our own curriculum requirements, we hope to address each of these weaknesses to make an even more productive and satisfying education experience for our trainees as well as providing even better and more timely patient care services for our nation's veterans.

Summary

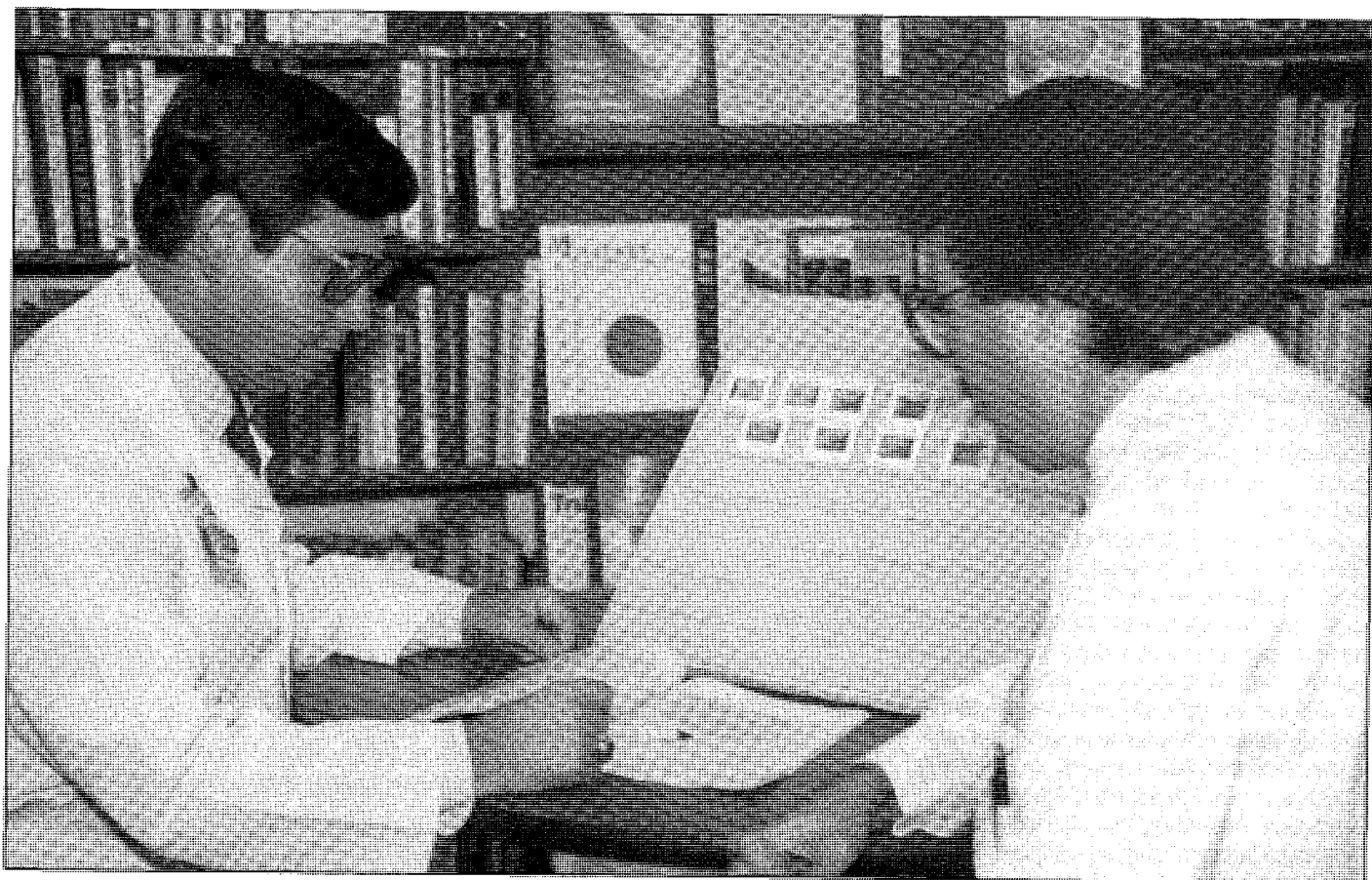
We have described one model for an academic affiliation between an optometric educational institution and the Department of Veterans Affairs. The main characteristics of The Ohio State University College of Optometry model are: (1) a central governing committee at the College with representation from each of the participating VA facilities as well as faculty from the College's Clinical and Curriculum Committees; (2) regular faculty appointments for all VA staff involved with teaching residents and/or students at VA facilities; (3) a high level of interaction between the College and each VA site, including an annual site visit and evaluation report to each facility director and to the Dean; (4) the Dean of the College serves as a regular member of the VA Deans' Advisory Committee for policy issues as they relate to educational programming within the local VA

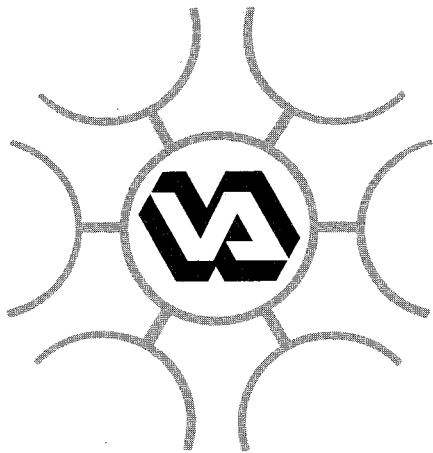
facility; (5) a strong orientation program for rotating senior optometry students prior to their first day at the VA training site; and (6) joint selection of residents, with each candidate being evaluated by University as well as VA officials to assure that the very best applicants are chosen for our highly-integrated program.

Although highly formal in its structure, this model has worked well for The Ohio State University College of Optometry and its affiliated VA partners for well over a decade. □

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Advancing Optometric Research in the Veterans Health Administration

Barry J. Barresi, O.D., Ph.D.

Background

Health professionals in VA Medical Centers are expected to care for patients, teach students and residents, and conduct research programs. In the tradition of the academic medical center mode, pursuit of this triad of goals is made possible by strong affiliations between the VA Medical Center and educational institutions. The shared mission of patient care, education and research for the VAMCs and the academic affiliate optometry school or college can provide an effective partnership to benefit both the interests of educational institutions and the Veterans Health Administration. Optometry's role in this three way

mission typically evolves at a local level from first establishing an optometry section or service, and then adding a teaching program with optometry students and residents. Typically, the development of a full scale research component can be pursued only after immediate patient care needs are met and academic ties are well established.

The major challenge to optometric research development in the Veterans Health Administration is simply that academic affiliation of Veterans Affairs Medical Centers with schools and colleges of optometry is a relatively new advancement. It has been less than two decades since the first optometry academic affiliations were established with VA Medical Centers. In this short time clinical education programs have flourished to a 1992 level of 500 optometry students and 53 residents being trained at 79 academically affiliated VA facilities.

Patient Care and Teaching Program Demand Attention First

Patient care needs must be addressed first. Deans and presidents in optometry must be personally involved. The schools and colleges, from the highest level of leadership to the front line administrators of externship and residency programs, must insist on resolution of any problems that stand in the way of optimal patient care and teaching. For example, the Council on Optometric Education, the accrediting body for professional and residency programs, has noted how the festering problems of inappropriate reporting relationship and narrow clinical privileging procedures for optometry in VAMC can undermine the potential quality of patient care teaching programs.

Furthermore, the AOA/ASCO/NAVAO Strategic Action Plan has detailed how many optometry affiliated VA facilities still have insufficient numbers of optometric professional staff and residents, limited clinical privileges for optometrists and inappropriate organizational and reporting relationships for effectively meeting the needs of patient care and education. It is hard to establish strong research programs when these deficiencies are present.

Optometry Colleges Must Advance VA Research

The schools and colleges of optometry must vigorously press for strong teaching programs as a way to improve the provision of optometric care in the Veterans Health Administration. Likewise, strong leadership is needed to advance VA based research as a way to bring new technology and treatments to veterans. Optometry schools and colleges should also encourage faculty to study the organization and delivery of care within the VA system as a way to provide insights on how to improve the accessibility, cost-effectiveness and quality of professional services. Here again, advocacy for an expanded research role for optometry affiliated VAMC requires the personal involvement of top line and front line administrators from the schools and colleges of optometry.

Academic Affiliate as Partner With VAMC Optometry Service

Being there, the simple task of showing by action that the optometry

Dr. Barresi is vice president and dean for academic affairs at the State University of New York, State College of Optometry.

affiliate expects quality patient care and teaching in the VAMC optometry service is a prerequisite to advance a successful VA based optometry research program. Site visits to VAMC by college staff, hosting tours and visits to optometry colleges by VAMC staff and securing representation on deans committees, are ways to show that the affiliate really cares about an effective partnership with the VAMC and with the Optometry Service. Likewise, the "being there rule," applies to the VA faculty. VA based faculty must come to the college on a regular basis, to teach and interact with their faculty colleagues. This must be a two-way street. The colleges should encourage, but the VA faculty must reciprocate and faithfully serve their academic obligations to the affiliated school or college of optometry.

An affiliate college attempting to build a working partnership with the VA could:

1. organize meetings or workshops to bring together the VA based and the campus based faculty to stimulate individual initiatives in collaborative research
2. directly fund or help secure local VA funds for research skills or grant writing training for VA based faculty
3. help recruit research trained optometry faculty to medical staff appointments at VAMC
4. involve VA based faculty in cam-

pus level planning and problem solving typical of events like faculty retreats

5. recognize in formal ways the achievement by students and faculty in VA based research
6. provide access to college research funds and grant writing staff
7. make special arrangements for university library services such as online search and copy service for VA based faculty
8. work with VHA Central Office, Director of the Optometry Service and the Director's field committee to write research manuals and help with other projects that assist the VA optometrist in the field.

Specific Research Proposals

Veterans at visual risk are projected to increase from 4 million to 5.7 million by the year 2000. This patient care challenge highlights the unrealized potential for VA based clinical research in the early diagnosis and management of conditions such as cataracts, glaucoma, age-related maculopathy and diabetic retinopathy.

Health services research is also a fertile area for investigation. Some specific project ideas that come to mind are:

1. How to improve access and effectiveness of eye care in geriatric evaluation and management (GEM) programs.

- a. the eye care services needed for targeting GEM care on patients who are most likely to benefit;
- b. the role of optometrists in outpatient GEM clinics in direct care and as a member of consultation teams

2. How to improve the environment for ambulatory care research. Explore how to provide adequate protected research time to VA based faculty. Develop uniform ambulatory eye care database to facilitate longitudinal, population-based research.

3. Develop extended research fellowships in ambulatory care and faculty development programs for existing staff to create a core of competent investigators.

4. Study the predictors of the use of eye services by older veterans.

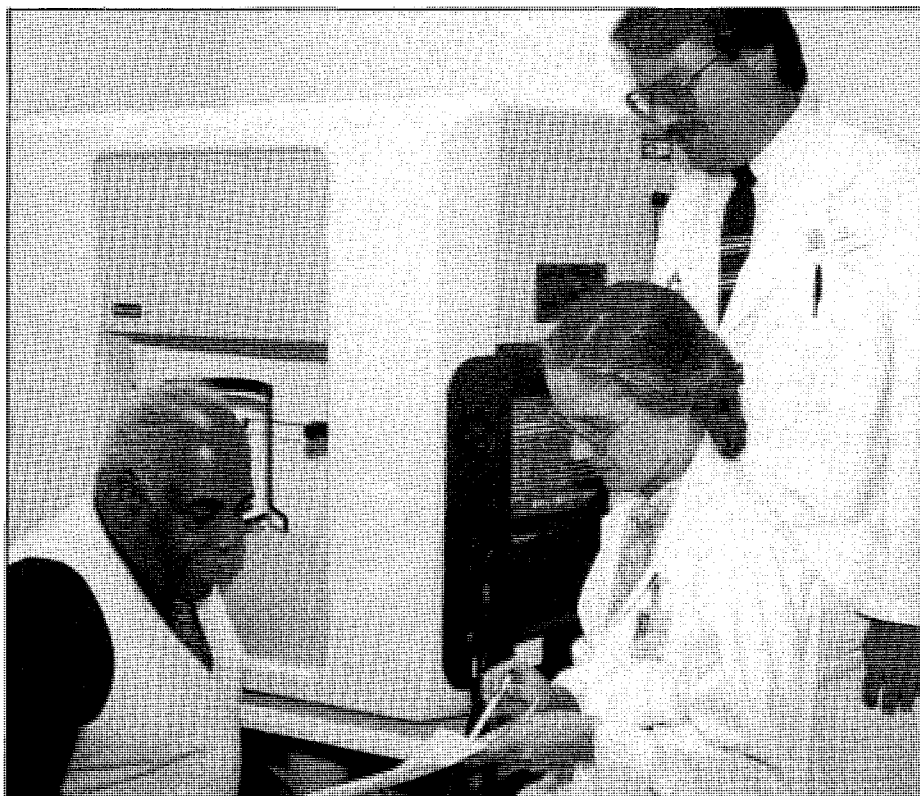
- a. identify and examine factors that explain use of eye services by noninstitutionalized veterans older than 55 years.

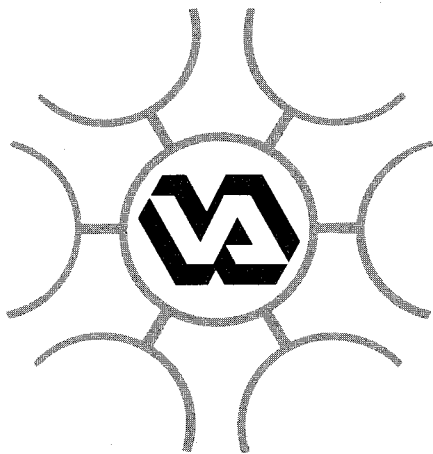
- b. what are the predisposing, enabling, and need factors that determine use of health care services from optometrists and ophthalmologists.

5. Determine the level of access to eye care such as waiting time, screening and symptom profile. What factors explain variation in access level across different VAMCs?

Building Partnerships for Academic Excellence

Leaders at the schools and colleges of optometry, from the top line to the front line, should expect optometrists at affiliated VA Medical Centers to effectively care for patients, teach students and residents and conduct research programs. Academic excellence and a prosperous partnership that benefits the veteran demands strong affiliations between the VA Medical Center and the educational institutions in optometry. Both parties, the school and the VA based faculty must be there to help one another. By working together, learning from each other and jointly advocating excellence in all patient care, teaching and research activities, VA optometry and academic optometry will prosper. Research development poses new and special demands on the academic affiliation. Now the ongoing success story of optometry in the Veterans Health Administration must open a new chapter of progress in clinical and health services research. □





ASCO/VA Affiliations The Perspective of VA Externship and Residency Program Directors

Timothy I. Messer, O.D.

Externship and residency training programs provide optometry students and graduates an outstanding educational experience. Currently, there are 53 residents and nearly 500 students trained at optometry programs within the Department of Veterans Affairs (VA)¹. The interrelationship between member institutions of the Association of Schools and Colleges of Optometry (ASCO) and their VA affiliates can greatly impact the quality of the educational process. Recognizing the importance of this interrelationship, the ASCO Board of Directors provided a forum for its constructive and critical analysis of optometric affiliations within the VA at their quarterly meeting held in September 1991 at Northeastern State University College of Optometry in Tahlequah, Oklahoma. Various aspects of the education conjointly provided by the two parties were discussed at the board meeting and are presented elsewhere in this issue. The

unique perspective of VA optometrists who actively train students and/or residents was also discussed and is the topic of this paper.

An informal survey was conducted by the author to determine VA practitioner concern on issues pertinent to their relationship and interactions with their ASCO affiliate regarding joint educational efforts. Twelve VA optometry externship and/or residency program directors, each representing a different school or college of optometry, were contacted. Overall, the majority of the VA program directors' responses reflected positively upon their affiliation. Nevertheless, certain issues were raised concerning promotion of externship and residency programs, externship vacancies and rotation length, students' clinical preparedness, program evaluation, faculty appointment/promotion, scholarly activities, support, and residency selection processes.

A number of the polled VA optometrists expressed a desire for their ASCO affiliate to promote more effectively their externship and residency programs to students. The establishment of an annual "VA Day," which is

currently conducted at some institutions, is one positive example of the support sought. With guest speakers and informational tables and displays set up by affiliated VA programs, the event is promoted to students as an excellent opportunity to be introduced to the outstanding educational services available to them. Whereas, these events are typically directed toward third and fourth year students, it was felt that other joint efforts should be developed which introduce the students to the VA as early as the students' first year.

A related component of the program promotion issue regards externship vacancies. The sentiment of program directors was that if the educational opportunities they are offering warrant the establishment or continuation of an externship training program, the ASCO affiliate should adequately promote their program and ensure that slots are filled. Programs directors design patient care schedules with the goal of establishing a smooth, efficient clinic flow while accommodating the time needed to allow externs to independently examine patients under direct supervision. Vacancies are disruptive, requiring time-consuming schedule juggling on the part of the program director and result in inefficient use of clinic resources, e.g. space, equipment.

The educational experience students gain from a VA externship is affected greatly by their level of preparedness. Students with shortcomings in their clinical training are not able to optimize their experience. The program directors noted that most students are competent in primary care skills and techniques, but would benefit markedly by being more proficient in these areas prior to their matriculating into external clinics. And many directors felt they could provide their affiliates with useful input regarding the preparatory background most conducive to an optimal externship experience.

In addition to preparedness, the length of time students spend at their VA rotation was also felt to have a significant impact on the educational value of the externship. VA program directors reported externships which ranged from once a week for a ten-week period to a full sixteen-week rotation. VA programs serve an aged, ailing patient population and provide unique opportunities for multidisciplinary interaction. Most program directors felt that at least a twelve-week rotation should be allotted in order to maximize fully the educational experience.

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Many program directors reported having received minimal feedback from their affiliates on the positive and negative experiences expressed by students in their program evaluations. Most program directors have developed various internal means for receiving critical feedback about their programs; however, the ASCO affiliates could provide trainees a non-incriminating vehicle for airing true views about their educational experience. Constructive critiques of the programs could provide directors with some new insights for enhancing their educational programs.

A concern to both VA externship and residency program directors is faculty appointment. Because of their academic credentials and their didactic and clinical teaching skills, VA optometrists view themselves as integral contributors to the educational welfare of students and residents. Most program directors reported that they are currently on the adjunct faculty, but they felt that full professorial faculty appointment (without compensation) based upon clinical and academic credentials and with all the rights, privileges, responsibilities, and promotion opportunities of their academic colleagues

would be most appropriate. Such an appointment would demonstrate the affiliate's recognition of the VA optometrist as a key contributor to the education of optometric professionals and would contribute to VA optometrists' efforts to meet qualification standards for VA promotion. Full faculty appointment would serve to provide the ASCO affiliate with regular access to the perspective of VA clinicians regarding educational issues and might also facilitate more collaborative research efforts.

Scholarly activities provide all faculty with a means for maintaining and enhancing their clinical and didactic skills. There is a great deal of variability among the ASCO institutions regarding support of their faculty VA optometrists in this regard, with some being granted assistance to attend multiple programs while others receive no support. The overriding sentiment of the respondents was that all affiliate-based educational programs should be provided gratis to the directors, while at least one external program be covered by the school or college. The ultimate benefit would be to the students and residents under the purview of the affiliate.

Lastly, continued and further cooperation between the VA and the affiliate in the area of residency selection is sought by VA program directors. The consolidation of the residency selection processes of programs at VA facilities and of programs at ASCO institutions (as well as at other accredited residency program sites) could result in a uniform, straight-forward selection service benefitting applicants and program directors alike.

In summary, VA externship and residency program directors appreciate the existing benefits of affiliating with an ASCO institution. They feel their contribution to the educational process is very significant and wish to be fully recognized by the affiliate for their efforts. They also realize that improvement in the educational program under their direction will require additional efforts on their part as well as by their affiliates. □

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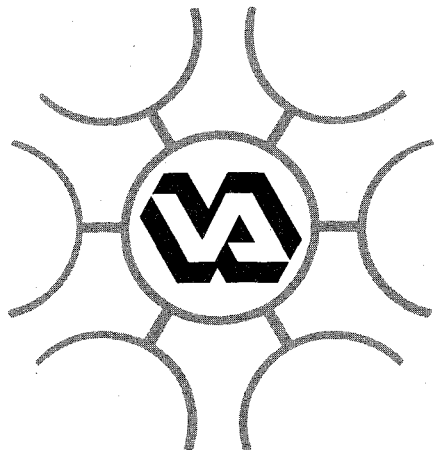
1. Data obtained from the office of the Optometry Service, Department of Veterans Affairs.

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Developing Ideal Student and Residency Programs

Gerald J. Selvin, O.D.

The mission of education within the Department of Veterans Affairs was established shortly after World War II. On January 30, 1946, the Department of Medicine and Surgery (DM&S) of the then Veterans Administration developed DM&S Policy Memorandum Two establishing an affiliation between the VA and the nation's medical schools. In the 46 years which have followed, the VA has become one of the primary educators of physicians and allied health personnel in the United States.¹

Optometry's role within the education mission of the VA began relatively recently. In 1972, the first optometry

program for the purpose of training began at the Department of Veterans Affairs Medical Center in Birmingham, Alabama, affiliated with the UAB School of Optometry.² In the ensuing 20 years, the VA became a primary educator of optometry students nationwide with each college of optometry being affiliated with at least one and sometimes many more VA facilities.

There are clear-cut advantages to both our nation's veterans and to the affiliated colleges of optometry in the symbiotic relationships which have been established. By establishing training programs, colleges of optometry have significant input (as do medical schools at affiliated facilities) in the appointment of professional staff. This serves to ensure that the most qualified clinicians deliver care to veterans.

The advantage to the affiliated optometry schools is the access granted to a willing population of patients with

multi-system disease in a hospital setting. Each patient encounter typically yields a far richer learning environment than found in healthier populations. Additionally, colleges of optometry can provide these educational opportunities through the VA with minimal expenditure of financial resources.

Student Program

The student program of optometric education within the VA is a cornerstone to the entire program. The opportunity which began in the VA Medical Center in Birmingham, Alabama, in 1972 has now become an integral educational component of all optometry schools in the nation.

Ideally, 4th year optometry students rotate through a specific VA facility full time (40 hours per week) for about 12 weeks. The format for education within these facilities is somewhat variable. If preceptors also see patients full time, the preceptor-to-student ratio tends to be 1:1. However, if preceptors have the latitude to schedule their own patients at times other than when students are assigned to them, a typical preceptor-to-student ratio is 3:1.

The Ideal Student Program

The Clinical Education and Training Committee within the Field Advisory Group of the Optometry Service, VA Central Office, has established guidelines for the ideal educational setting for 4th year optometric interns.³

The most important recommendation of the Committee is that the only individuals providing hands-on patient care be 4th year students. Students in the 3rd year or lower can function only in a supporting technical role. The complexity of the typical patient presentation within the VA dictates that this policy be adhered to for the sake of the veteran as well as to maximize the educational experience of the student involved in the care of the patient.

VA staff optometrists who supervise students should be eligible to be appointed to the faculty of the affiliated optometry school. Additionally, the Committee has recommended that VA staff optometrists serving as preceptors be appointed to the faculty of the affiliated optometry school without compensation but with otherwise full faculty rights and privileges. Of course, the staff optometrist appointed to the affiliate's faculty would be expected to adhere to the same standards that are

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required of all other faculty of the affiliate. This applies to scholarly activity, promotion in rank, funding to necessary meetings, attendance at faculty meetings, and many others.

Since some of these duties may be difficult for the staff optometrist appointed to a faculty of an affiliate when the affiliate is separated geographically by more than 100 miles, it is recommended that optometry schools seek affiliations with the closest VA facilities. The Committee acknowledges that this is not always possible, especially for excellent programs far from any optometry school.

Case conferences should be conducted several times per week in order to enhance the educational experience garnered from each patient encounter. Case conferences also serve to enable each student to experience each patient care experience.

Some optometric educational programs within the VA incorporate student presentations with written case reports required before the end of their rotation. Additionally, grand rounds programs primarily designed for postgraduate optometry students (residents) are often included as part of student rotations.

Residency Program

Residencies within optometry have become a popular and sometimes necessary postgraduate option over the past 20 years. The single largest sponsor of optometric residencies is the Department of Veterans Affairs. VA residencies fall within three specific areas: Hospital Based Optometry, Geriatric Optometry and Rehabilitative Optometry. It is not unusual for one facility to have more than one residency discipline.⁴ The two or more disciplines are often combined within the same facility, giving rise to programs which might, for example, be called Hospital Based/Geriatric Optometry.

Residencies within the VA are designed to enable clinicians to become expert in a particular area. Although residencies are not currently required for licensure within the United States, they are often required as a prerequisite of employment. For example, completion of a residency is strongly encouraged in candidates for appointment to an optometry school faculty, staff positions in many VA facilities, some HMO's, many medically oriented offices and numerous other settings.

The first residency in optometry within the VA was established at the

VA Medical Center in Kansas City, Missouri, in 1974. Today, there are 53 VA residency positions in 33 VA facilities. It is anticipated that there will be a need for at least another 100 VA resident positions by 1999.

All postgraduate residencies can and should be accredited by the Council on Optometric Education (COE) of the American Optometric Association. Typically, VA residencies are accredited in their specific discipline. After COE accredits the residency with its initial site visit, accreditation site visits occur every three to seven years depending upon the results of the previous site visit.

By establishing training programs, colleges of optometry have significant input (as do medical schools at affiliated facilities) in the appointment of professional staff. This serves to ensure that the most qualified clinicians deliver care to veterans.

The Ideal Residency Program

The ideal residency program, according to the Education and Training Committee of the VA Central Office Optometry Service Field Advisory Group, consists of a mix of patient care, research, case conferences and grand rounds. The Committee recommends that at least 1-2 hours per week be devoted to grand rounds. At least 3.5 days per week should be devoted to direct patient care. At least 0.5 days per week should be allotted to resident development. Development typically includes library time, research time, and time to liaison with the academic affiliate.

Additionally, the Committee recommends a publishable paper or case report be completed before a residency certificate is awarded.³ Some academic affiliates require the publishable paper

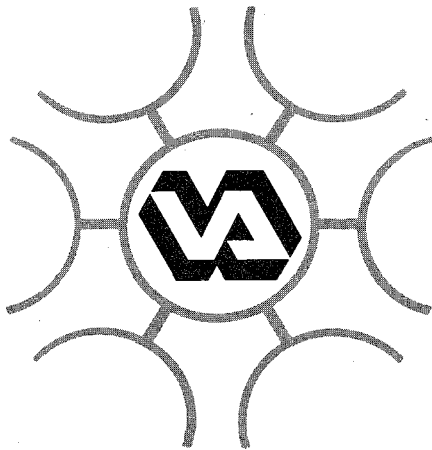
be segmented to ensure that the final product be of the highest possible quality. For example, the abstract may be due December 1, the first draft due May 1, and the final draft due June 30.

Selection of residents is typically determined by a team of optometrists from the VA facility and the academic affiliate. Many programs require successful completion of the National Boards including the Treatment and Management of Ocular Disease exam. In order to ensure that residents are placed appropriately, applicants are processed through a central matching service. If both a specific applicant and a specific VA facility list each other as first choice, the applicant will be "matched" and automatically assigned to her or his preferred site. Individuals not matched are placed in a central pool which is used in case some facilities do not match with individuals, applicants change their mind at the last minute, or facilities do not have enough applications to meet their needs. In the past 18 years, all residency positions have been filled at all times.

The symbiotic relationship between the VA and optometric academic institutions continues to thrive. The VA, despite severe funding restrictions for the past 12 years, continues to be a leading provider of optometric and medical education in the United States. The unsung heroes in this process, however, are our nation's veterans, who willingly participate in this educational process. In optometry, we have not forgotten the contribution of the veterans, and we pledge to provide for them the highest quality optometric care possible. □

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Optometry's Unfinished Agenda

Alden N. Haffner, O.D., Ph.D.

The leadership in our profession oftentimes has railed against the establishment of public policy that was hostile to optometry and to optometric practice. Surely, this statement has been heard over the decades since the legal recognition of our discipline. The statement holds true for any of the bureaucracies of governments, federal, state and local, where public policy is developed. The United States Public Health Service, the United States Department of Health and Human Services, and state and local health departments are but a few agencies that can be cited. More often than not, we have complained about branches and agencies of governments because they ignored optometry or because they had

little appreciation of the background and potential of the clinical optometrist.

The Veterans Health Administration of the United States Department of Veterans Affairs has oversight and regulatory jurisdiction over the 172 medical centers that form its health matrix. Optometry's role is growing in the VA system. Secured by statutory language, the VA has a single optometrist — the Chief of the Optometry Service — in the administrative bureaucracy. The Special Medical Advisory Group to the Chief Medical Director likewise has an O.D. as a member. However, the Veterans Health Administration has a large cadre of physicians, dentists and nurses who are engaged in administrative practice, not clinical practice. They operate the bureaucracy, and they help to formulate policy and to administer it. The same staffing pattern (physicians, dentists and nurses) exists in other bureaucracies where public policy in health is pro-

mulgated and administered. It is a rare exception to find an O.D. in an administrative role at a policy-making level in the agencies and units of governments.

Optometry is legally a twentieth century profession with its initial recognition in the State of Minnesota in 1901. Yet, our profession has failed to recognize, in the course of the past nine decades, the potentially important, if not critical, role of the administrator who is an optometrist. It is essential to note the distinction. The O.D. as an administrator is a person possessing solid administrative experience coupled with an advanced degree and/or training. It is an ideal career path for the O.D./M.P.H., the person with an O.D./M.P.A., an O.D./M.B.A. or the individual with an O.D./J.D. Individuals with graduate degrees in public health are the most numerous in our profession, among the four degree combinations cited above. But even with more than 125 O.D./M.P.H. professionals in optometry, it is fair to state that their impact upon the administrative bureaucracies in governments at all levels is very small, indeed. That is not at all to diminish their fundamental role in the public health movement in optometry, though I am constrained to add that the public health movement in our profession currently is seriously weakened.

Why, then, have optometrists not recognized the importance and the legitimacy of the administrative career path? And, why has the leadership of our profession not emphasized the potential opportunities and stressed their importance? If it has proved to be so important to medicine, dentistry and nursing, why then have we not recognized its fundamental value to our profession? While this is a complex question, I believe that there are at least six major reasons which, individually and together, respond to this issue.

1. The leadership in organized optometry has been composed exclusively of privately practicing O.D.'s. They form the backbone of the state optometric associations and of the American Optometric Association. In effect, the leadership is reflective of the membership, and appropriately so. But this private clinical practice membership and leadership homogeneity makes any other career path a serious deviation from the norm. Career path deviations from the "real world" of private clinical

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practice historically have not been well understood or tolerated by the majority, though some moderation is in evidence during the last two decades. In effect, private clinical practice was and is viewed as the idealized career path. Notable among the very few exceptions are the handful of administrators of the schools and colleges of optometry.

2. Another very important reason, arguably a quintessentially fundamental one, is the absence of visible and dynamic multiple role models. Emphasis must be placed on the word **"multiple."** One or two optometrists in administrative practice will hardly be viewed as a real career path. Rather, they will tend to be viewed as exceptions to the norm. Moreover, the administrative role model will have to be geographically dispersed and sustained over the years in order for it to have legitimacy in the profession.
3. There is a natural tendency on the part of optometrists to want to maintain and sustain their clinical skills and acumen. The education and training of the optometrist as a clinical practitioner is a long and arduous experience. Clinical practice is viewed as an end, of and by itself. To achieve that end and then to abdicate the achievement of clinical skills proficiency for a different role tends to be viewed as a considerable career sacrifice. Such a sacrifice, or the perception of one, constitutes an impediment to the preparation for, or to the seeking of, an administrative career role for an optometrist.
4. The overwhelming numbers of optometrists in our professional associations are privately practicing clinicians. Frequently cited as one of the attributes of private practice is the relative independence that it affords the individual. **"One can be one's own boss,"** is often heard as a motivational theme. Indeed, the foregoing is true, and it has become a deeply ingrained attitude in our profession's fabric. For an O.D. to enter the field of administration, particularly in a bureaucracy of government, is to surrender that independence which is so valued in the world of private practice. Moreover, governmental structures constitute the world of public endeavors where public policy is

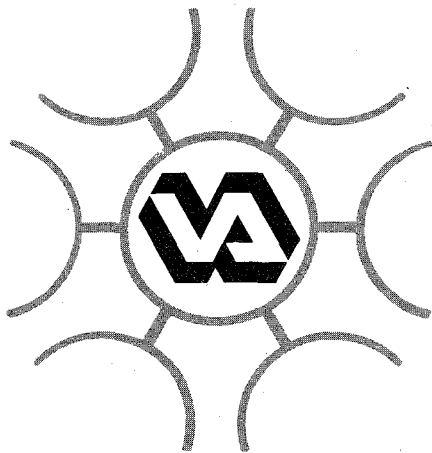
designed, constructed and administered. Individual behavior and attitudes must be moderated to the theme of the public endeavor. It is my view that the perceived loss of individual freedom of action in a government bureau, agency or department constitutes a very potent deterrent to the pursuit of administration as a career choice for an O.D.

5. Successful private clinical practice traditionally has been viewed as steady, secure and stable. To engage in private practice is to build equity that generally sustains and grows during the years of practice. This economic investment is a powerful one that has consequences for the achievement of **"the good life"** and for a comfortable retirement. Moreover, the variation of initial earnings to ultimate earnings is considerable in private clinical practice when compared to employment in a bureaucracy of government. But it must be added that in the recent two decades, fringe benefit programs in government employment, including health coverage and retirement benefits, have been viewed as more generous. But overall, employment rather than private clinical practice tended to be viewed as a financial sacrifice. Indeed, evidence exists to show that income in the aggregate is more substantial in private practice as compared to public employment.
6. There is yet another important factor that, in my view, tends to mitigate against an administrative role for an optometrist in an agency of government. For lack of another term to describe it, I would call it the **"trailblazing"** phenomenon. If one reviews the job descriptions of all managerial and administrative positions at policy making levels in the agencies and bureaus of governments, it would be difficult, if not impossible, to discern that positions were made for optometrists or that optometrists, with or without additional education in administration, were eligible for appointment. In effect, in order to be appointed to an administrative position, an O.D. will have to **"convince"** the appointing authority of the ability to perform in the role outlined in the job description. However, once the optometrist occupies a posi-

tion, it is always easier to have another optometrist occupy the same or similar positions. In effect, the optometrist will have to trailblaze through the bureaucracy of government and to act as an administrative pioneer. That it is difficult at all levels is not debatable.

This subject is not a difficult one for me to analyze and address. For more than ten years, until I stepped down, I served as vice chancellor for research, Graduate Studies and Professional Programs in the Central Administration of the State University of New York. With over four hundred thousand (400,000) students on sixty-four (64) campuses throughout New York State, SUNY is the largest university in the world administered by a complex bureaucracy. As a senior officer, I was responsible for policy engagements within the university; in addition, I actively participated with senior level administrators of other departments and units of New York State government in policy design and administration. Not infrequently I was involved in intergovernmental issues and problems where SUNY interfaced with local government agencies or with agencies of the federal government. The rich administrative experience of more than a decade in policy development and administration was not because I was an optometrist. Rather, my education and background in optometry was an important professional adjunct to my graduate education in public administration (M.P.A., Ph.D.). My academic combination provided the essential ingredients for a productive administrative career path.

But a tiny cadre of persons engaged in administrative roles at policy making levels is not enough. There are obstacles to be overcome and deeply ingrained prejudices to be defused. That can only be done by optometrists who are willing and professionally able to commit themselves to an administrative career path. While it is largely unorthodox for our profession, it is not impossible. Though difficulties abound, the rewards for the individual are potentially considerable in terms of professional achievement. But it cannot be emphasized too strongly that the rewards for our profession in terms of its standing, its recognition and its nobility are incalculable. In my respectful view, it is optometry's unfinished agenda and the leadership must reckon with it. □



Strategic Actions for Optometry Within the Veterans Health Administration

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

In 1991 the American Optometric Association (AOA), the Association of Schools and Colleges of Optometry (ASCO), and the National Association of VA Optometrists (NAVAO), each a major contributor to optometric education and the profession of optometry, created a partnership to evaluate strategic alternatives for optometric education within the Veterans Health Administration (VHA).^a

The AOA's mission is to develop a critical mass of optometric practitioners with extensive experience in the management of eye disease. ASCO members regard the partnership and the outcome of its work as an opportunity to encourage existing and proposed academic affiliations for

training students, residents and fellows; to enhance funded research; and to provide opportunities for faculty development. The third partner, NAVAO, looks to the recommendations of the project for help in addressing key issues affecting the provision of eye care within VHA.

During the course of the project, representatives of the three planning partners reviewed and synthesized the opportunities, strengths, risks and challenges to the profession — internal and external to VHA. They defined and recommended explicit strategic actions to enable all the parties to fulfill their individual and joint missions. The members of the advisory panel were: the American Optometric Association: Donald E. Jarnagin, O.D., secretary/treasurer and Michael D. Jones, O.D., trustee; the Association of Schools and Colleges of Optometry: Barry J. Barresi, O.D., Ph.D., vice president and dean for academic affairs, State University of

New York State College of Optometry and William E. Cochran, O.D., immediate past president, ASCO, and president, Southern College of Optometry; and the National Association of VA Optometrists: Robert D. Newcomb, O.D., M.P.H., VA Columbus Outpatient Clinic and Gerald Selvin, O.D., VA Boston Outpatient Clinic.

The concerns addressed by the panel included:

- The veteran population is in the midst of an aging trend that will have profound implications for veterans' health care well into the twenty-first century. Increasing numbers of veterans requiring eye and vision care emphasize the need for more cost-effective and efficient care.

Veterans who are, or will become, severely visually impaired will account for 3.7% of all veterans. Veterans at visual risk are projected to increase from 15%, or 4.0 million, to 24%, or 5.7 million, by the year 2000, a jump of 1.7 million.

- The ratio of optometrists to ophthalmologists in the military, HMOs and private practice sector ranges from 2+1 to 4:1, while the ratio is the reverse in the VA, i.e., 2+ ophthalmologists for every optometrist. The Senate Appropriations Committee, the General Accounting Office (GAO), and the VA Advisory Committee on Prosthetics and Special Disabilities Programs have urged an increase in cost-effective eye care services within VA to increase efficiency and improve waiting times for primary eye examinations.

In 1977 AOA and ASCO had presented the first cooperatively-written plan to increase academic affiliations between the schools and colleges of optometry and the VHA. The plan was well received by the VHA — five of eight major recommendations contained in the plan were implemented. Now AOA, ASCO and a new planning partner, NAVAO, look forward to making a further contribution. In beginning the project, the three partners outlined the factors motivating their partnership:

- We understand a report by the Department of Veterans Affairs Advisory Committee on Prosthetics and Special Disabilities Programs initiated a request that VA Optometry Service develop a strategic plan addressing key issues in eye care provision. Our document will provide additional perspective

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for that effort.

- A primary purpose of this document is to provide the SMAG Subcommittee on Eye Care optometric panel members with information and guidance as they fulfill their duties. The members are: A. Norman Haffner, O.D., PhD; Lesley L. Walls, O.D., M.D.; and Charles F. Mullen, O.D.
- We understand VA's National Health Care Plan is in the comment and input stages. It is our hope that ideas from this plan will provide beneficial input for the final document.
- There is an absence of national policy in key areas, such as reporting relationships and clinical privileges for optometrists. For example, the absence of consistent policy has permitted excessive attention to an unauthorized eye care model distributed throughout VAMCs earlier this year. We are concerned that this unsanctioned model will erode progress in patient care and education.
- The Council on Optometric Education, the recognized accrediting group in optometry, consistently reports concerns pertaining to optometrists' privileges at VAMCs.

This study assesses the accomplishments and requirements for quality eye care delivery within VHA. It details the strategic actions the three participating organizations believe are necessary to deliver excellent care to America's veterans in the face of the changing health care environment.

After a review of the aforementioned issues, the advisory panel developed 50 major and minor recommendations for strategic action within the VA, by the AOA, and by ASCO, which are described in the body of the strategic plan. High priority recommendations include:

- In cooperation with the schools and colleges of optometry and the VA Quality Management Office, the VA Optometry Service must review and improve the existing system-wide Quality Improvement Program. Implement a system-wide optometric patient care accreditation program. Seek accreditation of the patient care component of all VA optometry sections and services and encourage the Joint Commission on Accreditation of Health Care Organizations (JCAHO) to continue to review VA optometry programs. Optometric representation to JCAHO is highly recom-

mended. Implement Clinical Indicators for VA Eye Care, promoting appropriate optometric care for specific clinical circumstances.

- Increase access to primary eye care services by establishing optometric services at all VA medical centers and appropriate clinics. An additional 138 FTEE optometrists by the year 2000 is recommended.
- Implement standardized reporting relationships for optometrists that promote coordination of clinical services with all members of the health care team, while assuring professional independence.
- Implement, in all VA medical facilities, guidelines or a template for clinical privileging of optometrists. Clearly defined privileges will improve working relationships between optometry and ophthalmology and access to eye care services for the veteran patient population, and will address recommendations of the accrediting group, the Council on Optometric Education.
- Realize major academic affiliations among VA medical facilities and all proximal colleges of optometry. Affiliations at Philadelphia, Indianapolis, Memphis, Houston, Boston, and New York should be addressed immediately. Increase the number of optometric residency and student training programs. (One hundred new resident positions and 700 new student placements are recommended.) Appoint all optometry school deans to the appropriate VA Deans' Committee.
- Improve efficiency in the provision of eye care services by developing and implementing an eye care model that promotes a systematic, logical approach to primary eye care service, subspecialty eye care and surgery. Evaluate successful managed care models, make extensive use of the expertise of health services researchers to verify workability and quality of model.
- Develop a system of compensation parity for optometric residents. Increase optometric resident stipends, provide geographic and cost-of-living stipends, and add health care benefits to remain competitive.
- Increase access to low vision services by increasing the number of Visual Impairment Centers to Optimize Remaining Sight (VICTORS) programs and optometric participation in Blind Rehabilitation

Centers and Clinics. Twelve new VICTORS programs by the year 2000 are recommended.

- Review and enhance personnel recruiting programs and policies to appeal to a diverse population, including qualified minority groups.
- Implement a recruitment, retention, and career development strategy by maintaining competitive compensation for staff optometrists and by updating optometry qualification standards.

Other recommended actions included assurance of optometry's input to VAMC policy and enhancement of participation in the health care delivery team by granting medical staff membership to optometrists; updating and implementation of discipline-specific guidelines for faculty, student, resident and fellow participants in VA-affiliated programs; and investigation of methodology for computerizing clinical eye care management.

In addition, the plan advocated action to draft and incorporate an optometry service chapter in the VHA manual, assuring optometry program representation in other appropriate manual sections, and preparation and distribution of an Optometry Service Guide.

The recommendations within the strategic plan support cooperation and professional interchange, support the enhancement of patient care through sound management and cost-effective care, and lay the groundwork for an exciting and fulfilling professional career path for optometrists within the VHA.

Working together, the AOA, ASCO, and NAVAIO defined a series of strategic actions. These actions, when implemented, will contribute significantly to the goal of high quality, cost-effective health care for all Americans.

The recommendations contained in the plan are important to preserve and build upon the success of the VHA Optometry Service. Implementation of these actions will help to assure superior eye care for America's veterans in the face of a changing health care environment. These actions, outlined in Recommended Strategic Action for the '90s, will help to assure a steady stream of highly skilled, well-educated eye care professionals into the next decade. □

Footnote

a. AP Technologies, a private consulting firm headquartered in the greater Philadelphia area, was engaged to assist the three planning partners, AOA, ASCO and NAVAIO, in the strategic planning process.

ABSTRACTS

Using Patient-Instructors to Teach and Evaluate Interviewing Skills.

Stilwell N, Reisine S, *Journal of Dental Education* 56(2), 1992.

This paper presents the results of a program to educate and evaluate students using patients trained to provide consistent responses and reactions during clinical interviewing. Each of the thirty-five students spent about 20 minutes interviewing each patient. Immediately afterwards the patient evaluated the interview process with a standardized rating scale and provided constructive comments to the student. An evaluation of content was also performed by determining the percentage of significant history items the student elicited during the interview. Each student performed five interviews in one session.

The results showed that this program was viewed positively by the students and improved the interview process during the session, but it did not improve the ability to elicit history content. Although the class sizes in the schools and colleges of optometry would make this process time consuming and expensive, the results indicated the greatest improvement occurred between the second and third interview, so it may be possible to shorten the process to allow its incorporation into optometric education.

Reviewer: Nada J. Lingel, O.D., M.S.
Pacific University College of Optometry

Hypermedia in Medical Education.

Robertson DR. J. *Med Educ Tech* 1(4): 21-4, 1991.

Computer assisted learning tools are an important aspect of basic science education. The use of HyperCard stacks for gross anatomy instruction is described. In addition, lecture presentation and a short

(review) version of embryologic concepts employing SuperCard stacks is described.

Analysis of the use of the stacks in a learning resource center was done by voluntary comments over a 14-week period. Of the 62 recorded uses of the pelvic anatomy series, 14 were reviewed for less than one minute. The mean duration of use was 10 minutes per use (range: 1.8 to 17.7 min.) Most uses were by more than one student at a time.

The author discusses the apparently short mean duration of usage and speculates that even the variety of novel modes for learning (e.g., digitized video images) suggests a short attention span or that a specific bit of information is sought. With respect to the SuperCard format for lecture presentation, the advantages include highly visible coloration of anatomical details while preserving control of pace and labeling options. Hypermedia will play an increasing role in basic science teaching.

Reviewer: Leo Semes, O.D.
University of Alabama at Birmingham School of Optometry

Correlating Students' Undergraduate Science GPAs, Their MCAT Scores, and the Academic Caliber of Their Undergraduate Colleges with their First-Year Academic Performances Across Five Classes at Dartmouth Medical School.

Hall FR, Bailey BA. *Acad. Med* 67(2), 1992.

The authors clearly note the importance of the process of assessing medical school applicants so that an admissions committee selects those candidates best suited to the program. They review the findings of previous investigators

who have shown undergraduate GPA in combination with MCAT scores to be important predictors of academic success. Others have also shown the influence of the academic caliber ("selectivity") of the undergraduate institution on the predictive value of science GPA.

The objective of the study was to explore how an admissions committee could utilize the factors discussed above in the selection pro-

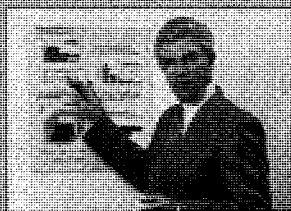


cess without quantifying formulas. The investigators studied 420 medical students entered at Dartmouth over five years. The results indicated that, during the first year, students who did well in one course generally did well in the others. This correlation was equally strong for those who did poorly. The highest correlation with first year performance was MCAT scores, and college selectivity was used as a weighting factor. MCAT performance is a valuable leveler in assessing applicants from diverse colleges, and it was apparent from the data that the Dartmouth admissions committee had informally factored into their decision the candidates' college selectivity.

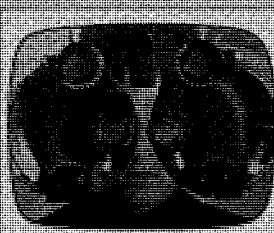
This information can be useful to optometric admission committees who face the same problem of candidates from undergraduate schools with a varying range of academic caliber. However one must put the matter into context using the words of the authors: "It is important to remember that performance in the preclinical curriculum is but the start of a lifetime of learning."

Reviewer: Lester E. Janoff, O.D., M.S., Ed., Southeastern University of the Health Sciences College of Optometry

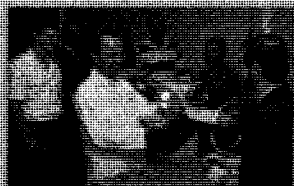
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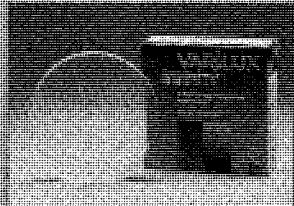
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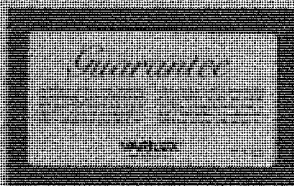
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