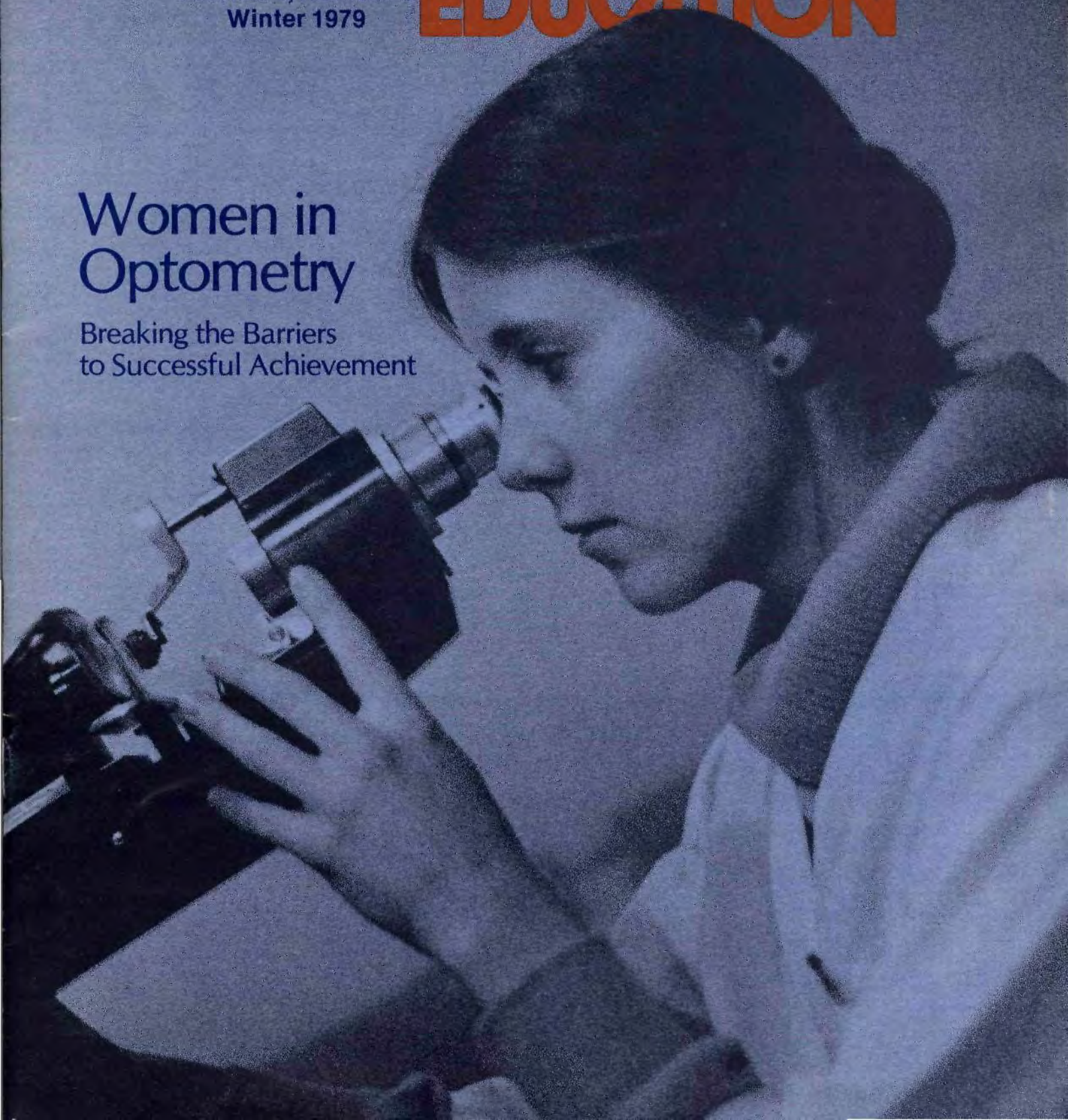


JOURNAL OF OPTOMETRIC EDUCATION

Volume 4, Number 3
Winter 1979

Women in Optometry

Breaking the Barriers
to Successful Achievement



ASSOCIATION of SCHOOLS and COLLEGES of OPTOMETRY

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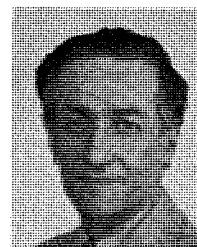
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Journal of Optometric Education

Editorial Board

The *Journal of Optometric Education* (JOE) has established an Editorial Review Board under the direction of Dr. John F. Amos, Chairman of the Editorial Council. This Review Board, consisting of two representatives from each of the member institutions of the Association of Schools and Colleges of Optometry (ASCO), will serve in a three-year capacity as referees for manuscripts being considered for publication and as liaison representatives to the individual institutions to encourage and stimulate submission of material for publication.

These representatives are well qualified to serve the *Journal of Optometric Education* in a wide variety of subject areas. Four of the members have been selected to serve with Dr. Amos on the Editorial Council. They will assist in advising on editorial policy and other matters concerning management and publication. The JOE staff wishes to thank all of these individuals for their time and assistance in our endeavor to publish the highest possible quality educational journal for the profession.

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Constraints on all Sides— Crisis and Opportunity

The Chinese symbol for crisis is identical to that for opportunity. Optometric education, not unlike professional education in the other health disciplines, faces a variety of new constraints. Some of these have very recently come upon the educational enterprise. That they will precipitate new crises is assured. But more so, the crises will force us to stop, make careful assessments of our present capabilities and potential directions and allow us to seize the opportunities for adjustments and new directions. These, of course, must be consistent with current patterns of health services and coordinate with the direction of the body of the profession of optometry.

Without establishing a list in order of any particular priority, the following should be noted:

1) Joseph A. Califano, Jr., Secretary of the Department of Health, Education and Welfare, in a major recent address before the Association of American Medical Colleges, charged that we had now produced a sufficient number of new physicians and that this country was well on its way to a condition of a surplus. While he referred to the other health professions, he did not name them. Clearly, though, he was enunciating a new health manpower policy for the federal government—the achievement of a steady state and the avoidance of a surplus. The immediate challenge to optometric education (and to the general optometric community) is the necessity for a reassessment of optometric manpower needs, region by region. Optometric education is not necessarily similarly impacted as is medical education. But the opportunity for a geographic and demographic manpower reevaluation is now before us as an imperative of public policy.

2) The gradual and progressive withdrawal of federal funding sources together with the progressive shift to increased student borrowing have had their major fiscal, financial and student impacts. If the federal government totally withdraws from the financial infrastructure of professional education in optometry (and the other health sciences), the basic budgetary shifts will result in higher and higher tuitions together with increased student borrowing. While some of the details may be different in the

independent institutions from those which are state related, the outcomes are similarly stark. Increased pressures for cost control and fiscal restraint will govern all of the schools.

3) Optometric education (and the leadership of the optometric community) will have to face the next generation of young graduates whose accumulated debts from educational loans will be \$50,000 or more. The social and professional impacts upon new practitioners will have the most profound consequences upon their manner and mode of practice and the geography they will seek. That optometric education and the body of the profession will have to address these profound questions with articulated new opportunities, is an imperative of the critical nature.

4) The community health movement, consumerism, and emphasis upon quality health care delivery are all issues matched by equally strong governmental (Federal Trade Commission) and nongovernmental (public interest groups) thrusts to stimulate competition in health care through advertising and by the reduction of what they consider to be traditional professional barriers. Professional education has a tradition of recognizing the past but preparing the practitioner, the scientist-clinician, and the professional leader for future challenges. Optometry is an emerging and an evolving profession, vibrant in its development, yet at the same moment living in a dynamically changing health care world—offering an imposing opportunity to shape optometric education for the future.

5) Optometric education has never had a greater need to have its organizational “home.” And ASCO is that home. It is a sounding board for educational exchange. It must develop, and is in the process of doing so, its data base, its analyses, its timely reports—in short, its public accountability as the repository for optometric education in America.

Crisis in optometric education?—to be sure. But there are opportunities for creativity and imagination. These will shape the future of the educational enterprise and, indeed, the future of the profession as well.

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

Association Activities

ASCO ACTIVITIES AND BOARD BRIEFS

This issue of JOE highlights the Board of Directors Meeting in Berkeley, California, October, 1978, and the Executive Committee Meeting in Boston, Massachusetts, December, 1978.

Board of Directors Meeting October 19-21, 1978 Berkeley, California

The Board met at the University of California, Berkeley, for the dedication of the new optometry building. Mr. George Maslach, Provost, Professional Schools and Colleges, University of California at Berkeley, addressed the Board concerning university philosophy and programs for the school. Mr. Maslach invited the deans and presidents to meet with him to discuss direction and purpose of the overall program and provided them the opportunity to meet with the Dean's Search Committee to recommend and advise on candidates.

The Council on Academic Affairs reported that the teacher's manual had been distributed and was well received. Additional copies may be printed if the requests warrant it, and the possibility of a revised edition within a year or so was discussed.

Priorities for the Council on Academic Affairs this year will concern behavioral aspects of optometric education and practice management. Two major subcommittees in these areas will meet in April, 1979, with a final report to be presented at the ASCO Annual Meeting in June, 1979.

The project team on student affairs, under the auspices of the Council on Student Affairs, is continuing to meet in an effort to finalize guidelines for student affairs offices. A final report is also expected at this year's Annual Meeting.

Members of the Council on Student Affairs attended this year's meeting of the Association of Advisors in the Health Professions, and activities concerning OCAT biographical data and applicant status reports continue.

The possibility of development of a noncognitive grant proposal for submission to the National Institute on Education is also being considered.

The Council on Institutional Affairs will focus its major efforts on the evolution of a standardized data base for education, research, and patient services. In addition, the Council will monitor the HEW research planning conference which has been established to review research principles under health services research. An annual Clinic Directors conference is also planned to examine the state of the art in clinical training and to establish goals for standard approaches.

The working definition of an optometrist published in the Summer, 1978, issue of *Journal of Optometric Education* was accepted as a statement of the role/scope definition of optometry until such time as further comment necessitated review and update. It was proposed that the definition be submitted as an alternative to the AOA Advisory Committee on Scope of Optometric Practice, which is considering a statement of the scope of optometric practice.

A privileges statement between the University of Alabama in Birmingham, School of Optometry, and the Birmingham VA Hospital defining the scope of optometric practice in a VA hospital was also recommended to be submitted to the AOA Scope Committee for consideration.

Priorities for special project contract considerations by HEW were identified and submitted for review and consideration by the Board. These subjects represent priority considerations which the

Association would like to see the Bureau of Health Manpower undertake as funding initiatives in 1979 under contracts.

The Executive Director reported that ASCO had been awarded a joint contract with the American Association of Colleges of Podiatric Medicine to conduct a workshop on Management and Administration of Schools of Optometry and Podiatry. In addition, a contract for a workshop on clinical training in optometry was awarded. Both contracts are underway and progressing well. A third proposal submitted by ASCO for development of a model curriculum in rehabilitative optometry was not awarded. However, it was expected that this RFP would be reannounced during the coming year, and that ASCO would respond with a revised proposal.

A proposal to retain an insurance consultant for the purpose of developing revenue-generating insurance programs as an income base for the Association was approved.

Items to be discussed at the December ASCO/IAB/NBEO tripartite meeting were reviewed. It was recommended that long-range dates for the National Board examination be established at least two years in advance. A proposal to move the ocular pharmacology unit of the National Board examination to balance the size of the exam was not endorsed because of the adverse impact on curriculum it might have. The Council on Academic Affairs was asked to poll the schools concerning what section of the National Board examination could be redistributed without consequence to the curriculum.

Dr. Kirk Boatright, Dean, College of Arts and Sciences, Northeastern Oklahoma State University, presented a report on the status of the new school of optometry being established at Northeastern. Dr. Boatright reported that the Oklahoma Board of Regents for Higher

ies & Board Briefs

Education had authorized establishment of a two-year program and that an entering class of 20 students was expected by fall of 1980.

The Board approved residency programs in pediatrics, rehabilitative optometry and hospital optometry. These will be submitted to the Veterans Administration and the Council on Optometric Education as recommended programs for certification. In addition, the Board adopted a resolution encouraging the continued development of innovative approaches in graduate programs that might ultimately lead to other areas of specialty practice.

With an expected reduction in the level of residency stipends for optometry within the Veterans Administration, it was recommended that the Veterans Administration be advised that stipends for optometry be established in the same manner as those for medicine and dentistry.

A project team on student affairs was established to recruit adequate applicants for future consideration by the schools and colleges of optometry. With the threat of a declining number of applicants to all of the health professions, a program will be designed to bring optometry to the attention of various levels of education at high schools and colleges and to develop and distribute educational literature for use by counselors and other individuals.

AOA President, Dr. G. Burr Holmes, met with the Board to discuss AOA program priorities and support of program areas important to optometric education. Dr. Holmes expressed the desire for ASCO's help in funding of certain educational activities. The ASCO Board expressed their willingness to address the problem but emphasized that the viability of the professional association depends upon the continued graduation of qualified practitioners.

Executive Committee Meeting December 9, 1978 Boston, Massachusetts

Directors of the University of Waterloo, School of Optometry, and the University of Montreal, School of Optometry, met with the Executive Committee to discuss a proposal of affiliate membership with the Association as the Association of Schools of Optometry of Canada. The Executive Committee expressed their desire to have the Canadian schools continue as independent, affiliate members and urged them to consider this recommendation. Formal consideration of the request will take place at the Annual Meeting.

The University of Montreal was congratulated for its having achieved a four-year program leading to the Doctor of Optometry degree.

Planning elements under consideration by the president-elect upon his assumption of the presidency were discussed. The desire to encourage greater faculty involvement in ASCO activities was of particular interest.

The Executive Director reported that he had met with members of the Council on Optometric Education to discuss problems concerning data collection and maintenance and the possibility of expansion of elements being collected for the Annual Survey of Optometric Educational Institutions. The possibility of ASCO's establishing an independent data collection system was also discussed.

A request from the American Optometric Student Association (AOSA) to implement a standard three-year minimum requirement for entry into optometry school was disapproved. Consideration of the amount of undergraduate preparation necessary for optometry school and impact on military training expense credit had generated the AOSA proposal; however, the Executive Committee voted against the recommendation because of possible exclusion of highly

qualified applicants with only two years of undergraduate work.

A decision to administer the National Board Examination two times a year with a phase-out of all repeats was reported approved at the ASCO/IAB/NBEO tripartite meeting held in December. In addition, the hiring of an independent testing service to validate the exam was reported being considered.

A task group was established to determine prevailing attitudes toward the National Board exam and to encourage wider acceptance of the exam by a variety of states. A decision to administer a separate examination to foreign graduates was strongly objected to by members of the Executive Committee, and the ASCO representative on the National Board task force was requested to convey the recommendation that foreign graduates not be dealt with in this manner.

The Illinois College of Optometry was appointed to evaluate statistical data from the National Board examination and to develop an annual interpretative report which could be made available for distribution.

The Executive Director reported that he had met with the Executive Director of AOA and the Director of the AOA Education and Manpower Division to discuss better coordination of educational activities and the possible assumption of distribution and publication of the *Information for Applicants* booklet. The Executive Committee requested the Executive Director to investigate further options available for assuming responsibility of the *Information* booklet.

As a final item on the agenda, the Executive Committee approved a proposal to develop a plan for a major "rank and file" solicitation for the support of optometric education. The *Journal of Optometric Education* was identified as the vehicle for solicitation.

Women and Pe Relative to as a Pro

By Barbara

Once upon a time, optometry was a popular profession for women. In 1912 there were 500 American women optometrists,¹ and the preceding year, the acting president of the American Optometric Association was a woman.² Since that time the percentage of women practitioners has dwindled. In the early 1970s, women accounted for only 2.8 percent of practicing optometrists.¹

The question arises: "Why has this reduction in the numbers of women entering the field occurred?" Optometry is a very attractive career choice for women, offering opportunities for service, professional status, a comfortable income, and a chance to combine homemaking with a career.

This reduction in numbers of female optometrists did not result from a lack of mechanical skills and manual dexterity required for handling optical instruments and contact lenses. Aptitude tests

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have shown that women perform very well in these areas. Nor was it a dislike of people contact, or the inability to develop the skillful patient-handling techniques which are essential to success in optometry. It is generally agreed that women show considerable expertise in these areas.

In addition to the above attributes and skills, an optometry student must possess an aptitude for science. An applicant to any optometry college must be proficient in a preprofessional science curriculum. Superior grades are necessary for acceptance at optometry schools, as application space far exceeds matriculation space. Once admitted, four years of study follow in courses such as general and ocular anatomy, physiology, neurology, geometric and ophthalmic optics, as well as the basic science courses including visual science, pharmacology, systemic pathology, and microbiology. Perhaps the most significant barrier in the path of an aspiring female optometrist is the woman's assessment of herself: "Can I succeed in such a scientific pursuit as the study of optometry?"

Social Pressures Discouraging Women Applicants

Dr. Marilyn Heins, Associate Dean of Student Affairs at Wayne State University School of Medicine, believes that early identification and encouragement of talented women to pursue preprofessional curricula in high school and college is essential if there is to be a significant increase in the number of applicants, and acceptances, to the health profession schools. Dr. Heins told an audience at the 1978 annual meeting of the American Association of Collegiate Registrars and Admissions Officers (AACRAO)³ that a need exists for school counselors in early childhood education to support young girls in the idea that they too can become profes-

sionals. Dr. Heins maintained that young girls are still being steered toward the traditional roles (i.e., secretaries, nurses, housewives). In our society, where women's adult roles are still traditionally defined, most young girls are not encouraged to think about and plan for futures which include serious career commitments. Young girls are typically taught to think of work as almost a form of insurance should they have to work, not as a set of activities of primary importance in their lives which requires and deserves commitment and which may be a source of personal satisfaction and challenge.

These social pressures represent a particularly significant barrier for women in regard to a professional career. Since women are not normally expected or encouraged to consider serious professional career commitments, they are typically channeled out of the educational courses and experiences which are necessary prerequisites for entry into a profession such as optometry. This is a science-based profession, and certain life and physical science and math courses are formal requirements for application and entry.

These discouragements act as a very effective screening device which limits the number of women who aspire to health professional careers and who appear in the applicant pools.

It is reasonable to assume that the women who survive the many discouragements and social pressures directing them away from professional interests do so only because of special circumstances in their lives which are more powerful and influential than the discouragements. Obviously, what is needed to counteract traditional discouragements and pressures moving women away from the professions is an overwhelming number of encouragements and pressures moving women towards them.



Perceived Barriers to the Profession of Optometry

Schoener

Other Barriers Facing Women in Optometry

Given a female student who has been encouraged, supported and properly counseled to acquire the necessary background and preparation to succeed in the demanding profession of optometry, one important area of difficulty has been eliminated. There are others, however. According to *An Exploratory Study of Women in the Health Profession Schools*,⁴ conducted by the Department of Health, Education and Welfare (HEW) in 1976, additional problems uniquely encountered by women are: 1) stereotyped opinions based on undocumented myths and beliefs about their competency, dedication and professionalism; 2) unequal access to participation in the status and other rewards offered by both formal and informal social organizations; 3) discriminatory experiences stemming from the lack of role models; 4) general problems of household maintenance and spousal expectations; 5) stereotypes concerning their practice patterns; and 6) discrimination in terms of placement activities upon graduation.

In this ten-volume study of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy and public health (generally referred to as the MODVOPPP professions), Volume VI was concerned with women in optometry.

The central focus was exploration and identification of the perceived barriers to success which women face as optometric school applicants and students. Extensive quotes from field interviews and administrators, faculty members, and students in school-site visits provided a vivid description of the painful experiences of some women students in the predominantly male-oriented environment of optometry schools.

The following quotations, illustrating the opinions of the men and women who participated in the study, were grouped around the areas of competency, dedication and professionalism of women—whether they will practice, for

how long, and in what manner. It should be emphasized that these stereotyped opinions were not shared by the majority of those interviewed, but by a vocal minority.

(Second year student, male)

Face it, women are here to get married, and I can't blame them. Sure they work hard, and some get good grades, but it doesn't matter. They are going to marry and quit anyway.



(Group interview, male)

... all things being equal, women have a different set of hormones. Chances of a man practicing for a reasonable set of time over his life is probably twice that of a woman. ... There is, I believe, a maternal instinct. Women want to be mothers. When a woman becomes a mother, priorities shift to familial obligations.

Some of the women optometry students were defensive and embittered because of such assumptions.

(Fourth year student, female)

The problem is, of course, that being a woman means having to prove yourself every day. ... It just gets frustrating because they seem to love it so when you mess up. They wait for you.

(Third year student, female)

It's the fact that women are lumped together and their behavior is generalized upon and that doesn't happen to men and so again women who come into fields where there have been few before them, their behavior is much more visible.

Role Conflicts Between Male and Female Students

Optometry school is challenging and difficult for both male and female students, requiring four years of intensive training including memorization, analytical thought, and intuitive judgment. Through it all students must interact with each other. Friends and enemies are made that will last a lifetime. Unequal access to participation in the status and other rewards offered by formal and informal organizations is a very sensitive issue. The following comments from the study illustrate some of the problems and animosities created by male/female student interaction.

(Second year student, female)

... Some girls really had it bad in this school. There was one girl in our class and a girl in the next class, who the guys just happened to get either a wrong impression of, ... it was really hard to overcome ... slander, or something's said ... they become the talk of the town, and I don't believe a word of it.

(Fourth year student, female)

A student said to me ... 'I found the way you dress for _____ clinic very unprofessional and de-

grading. Your skirt was so short you either were stupid or on the make!' It was a proper skirt, I mean half the university dresses ten times as suggestive. ...

(Second year student, female)

... If you date one guy, everyone has you engaged. You have to be careful not to give people the wrong idea. One false move, and they assume anything.

The study indicated that this particular problem, concerning how outgoing a female student may permit herself to be, may be related to the relative proportion of women in the class. If a significant proportion of the class is women, the problems are not as acute—"... with 20 girls it makes it a lot different than when there's only two or three."

The following represent the general feelings of the men interviewed about the sex roles of the female students. Each of these views were held in varying degrees by most of the males, according to the study, with very few of them understanding how painful this is for some women.

I resent it when a woman uses her feminine wiles to get good grades. You see it happen all the time. ...

There are so few women in my class, there's not that much of an interaction. One woman in our class married a man from the class above. ... The guys that did date the girls, it was tough. ... The majority of students [male] try to stay away from relationships like that. To some degree, you don't want to have my [sic] wife smarter than you are, you know. I don't see how you could handle your life having your wife as an O.D. if you were an O.D.

I do think a lot of guys resent women knowing something. ... I've found that they are doing as well, if not better than guys, and I think a lot of the guys are not able to cope with that fact.

On the subject of student discrimination, the study yielded such comments as the following:

(Third year student, female)

I think that just about any amount of aggressiveness in a woman when its a colleague is blown all out of proportion. I know that there are women in our class who if they just say one thing the back row goes bananas. ... 'She's an aggressive bitch.'

(Third year student, female)

I've found that around here some of the fourth year students delight in saying: 'Get off your liberated woman kick.' ...

(Fourth year student, female)

I had a very close friend, a man. He was the first man I had been friends with. ... We used to talk, have lunch together. ... We have this group we call ... 'frat rats' ... he was one of them, and they didn't like him spending so much time with me, and well they forced him to stop, literally.

Access to Informal Networks

Informal college networks include the referral, work and social relationships which link aspiring optometry applicants, students, and practitioners, and through which information, power and influence, and client and patient referrals travel. This network provides information about the characteristics of applicants, students and practitioners from friends and colleagues whose judgment is respected and trusted.

In addition, much of the professional training involved in an optometric education requires the acquisition of personal attitudes and behaviors which are considered appropriate and necessary to competent practice. This socialization process takes place most effectively when it is based on frequent and comfortable contact. This includes some formal organizations such as the professional school fraternities because membership in these organizations is often the "initial basis" for additional and/or continuing relationships. Fraternity membership is often the basis for later professional job, patient, and client referral networks. Access to this informal network depends heavily on whether its members include or accept someone into their various work and social relationships. Lack of access to the professional socialization process in the schools serves as a critical barrier to success for women.

Much information is disseminated through informal channels such as friendships, work-group relationships, and other informal contacts. In clinical training, in particular, the opportunity to be a continuing part of any informal conversations that precede, follow, and in general surround more formalized settings and events where training takes place is as critical a part of a student's skill training and socialization as is full

opportunity to observe and try out all procedures and exams that are a part of the training experience. Anything which interferes with a student's opportunities to participate in and experience the full available range of these aspects of professional training interferes with the quantity and quality of the training process itself.

Discriminatory Feelings of Faculty

Regarding training experience, women cited instances of faculty discriminatory feelings related directly to a major difficulty for female students—the lack of role models:

(Second year student, female)

... One instructor calls the men 'doctor' and women by their first name. One young doctor ... there is no doubt in his mind that women are never going to be anything more than employees for ophthalmologists because, 'That is what they are here for.'

(Third year student, male)

There is one instructor here who has adamant views that women have no place in life except in bed and in the kitchen. He is about 40, not an old fogey. He comes right out in class and tells the women they don't belong here.

The study concluded that the presence of women faculty members and administrators in sufficient numbers to serve as a variety of role models is an important source of support. Many of the women interviewed spoke of the importance of encouragement and support from inside the profession. For them this meant a woman practitioner with whom they could talk over their work and training experiences—with someone "who knows" that it is possible to succeed in their profession.

Professional school faculties are predominantly male in all the MODVOPPP schools. The female faculty members who are present are usually concentrated at the preclinical level and are typically academicians rather than practitioners.

Support and encouragement at the clinical level are perhaps even more important as the demands made on students are less familiar than in the preclinical phase. Here the need for role models after which the female students can pattern their behavior is even more critical. Yet, clinical faculties are com-

posed of an even greater male concentration than the preclinical. Encouragement and support in the form of appropriate role models and reassurance through both implicit and explicit faculty behavior toward students is casually linked to the presence of both subtle and overt discriminatory attitudes on the part of male faculty toward women students.

In the area of student/spouse concerns and how they function as barriers to women in optometry, general problems of household maintenance and spousal expectations were revealed in the study. However, women also face the problem of spousal anxiety over their elevated status, and the confusion of whose career comes first:

(Third year student, female)

... Every step I've made I've just had to go against my husband. He ... says, 'No, go ahead and do it, but do it because it looks good as my wife.' And then on the other hand he thinks the wash hasn't been done since last week ... and it's just assumed I'll cook the dinner. ...

(Third year student, female)

It's much more acceptable for a woman who is working somewhere to say, 'Look, I have to move with my husband. It's very hard for a man to walk into his job and say, 'Look, I have to relocate because of my wife.' He's looked at like what's wrong with him. No woman is looked at—what's wrong with her even though she's abandoning her practice. ...

The study reported that, in the main, faculty and administrators in optometry

schools see no difference between men and women students as groups. The most widely held stereotypes by the vocal minority were that: women will not practice; if they do it will be part-time; if part-time they will be employed rather than have their own practice; or if employed it will be for an ophthalmologist or commercial establishment. These opinions ran counter to the available data, however.

Practice Patterns of Women Optometrists

According to a National Center for Health Statistics survey of optometry in 1968,⁵ there were 20,301 optometrists in the United States, 18,428 (90.8%) of whom were then active. Women comprised 2.1% of active optometrists, 13.8% of the inactive but not retired optometrists, and 7% of the retired optometrists. Table 1 gives this breakdown.

The HEW study noted previously, found it unclear as to why 33.2% of female optometrists were inactive as opposed to 8.5% of male optometrists but suggested that since women formerly represented a more significant percentage of the optometrist population, they perhaps appeared more in the older, inactive and retired categories than would have been the case if former levels of representation had been maintained. This was supported by the fact that 69.2% of all active female optometrists but only 59% of all male optometrists were over 45 years of age.

The National Center for Health Statistics study also noted that approxi-



mately 58% of all optometrists were self-employed. Of this total, 73.5% had solo practices, 11.9% were involved in partnerships, and 2.9% were in group practices. Of the 12% of optometrists who were salaried, 6.1% worked for another optometrist, an ophthalmologist, or other physician, 3.5% worked for profit-making organizations, and 2.2% worked for the government or non-profit organizations.

The very small number of women optometrists made percentage comparisons with men difficult. However, women optometrists did seem to have different practice patterns than their male counterparts. While 79.8% of all women optometrists were self-employed, only 51.9% were in solo practice, with 25.6% being in partnerships and 2.3% in group practice. Of the 80 women employed (20.3%), 48 worked with optometrists, ophthalmologists, or other physicians, ten worked for profit-making concerns, and 22 worked for the government or in non-profit organizations.

The data seemed to belie some of the opinions about women's practice patterns revealed in the HEW study. Table 2 gives a breakdown of practice types.

Regarding time spent in actual work, 93% of the men and 84% of the women optometrists worked year-round. Of these, 84% of the men and 58% of the women worked full-time. It, therefore, appeared that women optometrists did work part-time more often than their male peers, but at the same time 84% of the women spent 100% of their time on optometric practice activities while only 79% of the men did (see Table 3).

Female Enrollment in Optometry Schools

The enrollment of women in schools of optometry dramatically increased from 73 to 351 between the years 1969-70 to 1974-75. Likewise, the proportion of women in optometry schools grew from 2.9% to 9.5% of total enrollment.⁶ Table 4 shows the increase in total enrollment and in graduates by sex in the then 12 schools and colleges of optometry.

Table 5 compares the MODVOPPP schools in terms of first-year enrollments from 1969-1975.

In 1976 there were only 314 active women optometrists in the entire country (less than 2% of the profession). In

1977, however, there were more women optometry students than all the practicing optometrists combined: 542 women, or 13.4% of the student body.⁷ In spite of these many barriers, women have been appearing in MODVOPPP applicant pools in significantly increasing numbers in the last eight years, and the percentage of women admitted to the schools has also risen. Most admissions officers agree that rising enrollments of women are a direct result of their increased representation in the applicant pools.

The pattern seems to be developing that when an institution receives a relatively high percentage of women applicants in one year and admits a relatively high number of women to its first-year class, almost without exception the following year will see an even greater increase in the number of women applicants and admissions to that school. This may indicate that either an informal network may be developing for women concerning those professions and schools which are most responsive to them or as the male sex-typing begins to give way, women more often see these

(continued on p. 14)

Table 1
ACTIVE AND INACTIVE OPTOMETRISTS BY SEX (1968) (NUMBER AND PERCENT)

Sex	Activity Status				
	Active	Inactive But Not Retired	Retired	Total Inactive	Total
Male	18,034 (91.5%)	820 (4.2%)	857 (4.3%)	1,677 (8.5%)	19,711 (100%)
Female	394 (66.8%)	131(22.2%)	65 (11.0%)	196 (33.2%)	590 (100%)

Source: Department of Health, Education and Welfare/National Center for Health Statistics, *Vital and Health Statistics, Series 14 #8, "Optometrists Employed in Health Services, United States—1968,"* March 1973, Table 2, p. 19. Cited in *An Exploratory Study of Women in the Health Professions, Vol. VI: Women in Optometry*, U.S. Department of Health, Education and Welfare, Women's Action Program, 1976.

Table 2
OPTOMETRIST PRACTICE CHOICES BY SEX

	Self-Employed				Employed			
	Solo	Partnership	Group	Total	Optomet., Ophthal., & Other	Instit. Profit-Making	Other	Total
Male	13,334 73.9%	2,086 11.6%	522 2.9%	15,942 88.4%	1,075 6.0%	636 3.5%	380 2.1%	2,091 11.6%
Female	204 51.9%	101 25.6%	9 2.3%	394 79.8%	48 12.3%	10 2.5%	22 5.5%	80 20.3%

Source: Department of Health, Education, and Welfare/NCBS/PNS/HSMHA, *Vital and Health Statistics, Series 14#8, "Optometrists Employed in Health Services, United States—1968,"* p. 28. Cited in *An Exploratory Study of Women in the Health Professions, Vol VI: Women in Optometry*, U.S. Department of Health, Education and Welfare, Women's Action Program, 1976.

Table 3
TIME SPENT BY OPTOMETRISTS IN OPTOMETRIC PRACTICE ACTIVITIES BY SEX
(NUMBER AND PERCENT)

Sex	No Time Spent	1-49 Percent	50-99 Percent	100 Percent	Total
Male	122	127	3,519	14,266	18,034
Female	6	8	48	331	394

Source: Department of Health, Education and Welfare/National Center for Health Statistics, *Vital and Health Statistics, Series 14* #8, "Optometrists Employed in Health Services, United States—1978," March, 1973. Table 12, p. 34. Cited in *An Exploratory Study of Women in the Health Professions, Vol. VI: Women in Optometry*, U.S. Department of Health, Education and Welfare, Women's Action Program, 1976.

Table 4
TOTAL ENROLLMENT AND GRADUATES OF SCHOOLS OF OPTOMETRY BY SEX:
1968-69 THROUGH 1974-75 (NUMBER AND PERCENT)

Year	Enrollment				Graduates			
	Total	Male	Female	Percent Female	Total	Male	Female	Percent Female
1968-69 ^a	2,203	—	—	—	367	363	4	1.1
1969-70	2,486	2,415	73	2.9	444	421	23	5.2
1970-71	2,831	2,749	82	2.9	530	518	12	2.3
1971-72	3,097	2,985	112	3.6	684	666	18	2.6
1972-73	3,328	3,158	170	5.1	692	675	17	2.5
1973-74	3,529	3,268	261	7.3	793	759	34	4.3
1974-75	3,679	3,328	351	9.5	809	770	39	4.4

Sources: 1968-74: *Women in Health Careers*, American Public Health Association, June 1975: Council on Optometric Education, *Annual Report on Survey of Optometric Educational Institutions*, June 1, 1975. Cited in *An Exploratory Study of Women in the Health Professions Schools, Vol. VI: Women in Optometry*, U.S. Department of Health, Education and Welfare, Women's Action Program, 1976.

^aData not available by sex.

Table 5
FIRST YEAR FEMALE ENROLLMENTS IN MODVOPPP HEALTH PROFESSIONS SCHOOLS
AS AVAILABLE FOR ACADEMIC YEARS 1968-69 THROUGH 1974-75
(BY PERCENT)

First Year Enrollment	Medicine	Osteopathic Medicine	Dentistry	Veterinary Medicine	Optometry ^a	Podiatry ^b	Pharmacy	Public Health
1968-69	9.0%	4.0	0.9	9.0	—	—	20.1	N/A
1969-70	9.1%	2.4	1.3	10.9	2.5	—	22.7	N/A
1970-71	11.1%	2.7	2.1	10.1	3.7	2.5	23.7	N/A
1971-72	13.7%	4.3	3.1	15.3	5.3	2.0	25.8	N/A
1972-73	16.8%	6.9 ^c	4.2	18.0	7.9	2.3	27.7	N/A
1973-74	19.7%	9.0	7.2	22.8 ^d	11.3	4.0	29.0 ^e	N/A
1974-75	22.2% ^f	10.9 ^f	11.2 ^f	24.4 ^d	—	4.8	—	47.0 ^g

Sources: *Minorities and Women in the Health Fields*, Bureau of Health Resources Development, Health Resources Administration, Public Health Service and Department of Health, Education and Welfare, 1974, except:

^aUnpublished statistical tables from the American Optometric Association, St. Louis, Missouri.

^bUnpublished data from the American Association of Colleges of Podiatric Medicine, Washington, D.C.

^c*Journal of the American Osteopathic Association, Education Annual*, 1974.

^dUnpublished data from the American Veterinary Medical Association, Chicago, Illinois.

^e*American Journal of Pharmaceutical Education*, "Report on Enrollment in Schools and Colleges of Pharmacy, First Semester, Term or Quarter, 1973-74," 1974.

^f*Women in Health Careers: Status of Women in Health Careers in the United States and Other Selected Countries*, Chart Book for International Conference on Women in Health, The American Public Health Association, 1975.

^gAssociation of Schools of Public Health; estimate since some unknown; excludes Puerto Rico.

Cited in *An Exploratory Study of Women in the Health Professions, Vol. VI: Women in Optometry*, U.S. Department of Health, Education and Welfare, Women's Action Program, 1976.

schools and professions as viable options for future careers.

Changes in numbers, however, are not the whole story. National efforts to achieve racial equality in education, work and in other aspects of social life, have demonstrated that equal opportunity is difficult to achieve. The achievement of equal opportunity for women in the MODVOPPP professions means: (1) equal access to applicant pools through early identification and encouragement of talented women to pursue appropriate preprofessional curricula in high school and college; (2) the dispelling of myths that women, no matter how talented, are not wanted in the professional school; (3) equal access to the educational training and professional socialization process which occurs in the schools; (4) changing attitudes toward minimizing the conflicts between women's traditional family roles and obligations as wife/mother and the role requirements and responsibilities of MODVOPPP student and practitioner; (5) the elimination of the heavily male-sex-typed imagery still conveyed in spite of the recent dramatic increases in female enrollments in the MODVOPPP schools, allowing for sufficient role models to emulate, and ultimately, full participation in the profession.

Student Practice Preferences Relative to Women Graduates

This overview of some of the pertinent issues regarding women in optometry would not be complete without mention of the *Havighurst Report*.⁸ A survey of student practice preferences in that report lists 65% of the optometry students responding with high career interests in an associate practice. The results accorded with the HEW interviews in indicating associate practice as perhaps the most desirable form of practice arrangement to optometry students.

What does this mean in terms of women graduates in their search for associateships after graduation? The HEW study found evidence of widespread concern, such as the following:

(Third year student, female)

It is hard, women are looked down on for working for ophthalmologists or a pre-paid health plan, but optometrists usually won't take a woman as an associate. . . .

(Second year student, female)

The excuses are so bad . . . We hear that optometrists can't associate with women because their wives would

object, that women can't be left alone in the office, that patients won't stand for a woman. . . .

(Third year student, female)

The schools won't even refer us to optometrists they know don't want women.

Placement is critical for the graduating optometrist. According to the HEW study, such practices could be extremely injurious to the professional careers of women graduates and would be actionable under Title VII of the Civil Rights Act of 1964, and perhaps under Title IX of the Higher Education Amendments of 1972, as well.

The Implications for Future Awareness

What are the implications of all this for women in optometry? The HEW study concluded that the proportionate representation of women in optometry was one of the lowest in any MODVOPPP profession. In addition, it noted that during the early history of the profession in the U.S., woman once played a much more significant role.

Perhaps the times are changing. In the past optometry has tended to have an entrepreneurial, managerial flavor to it, but much of modern clinical educational techniques additionally stress communication. This need is highlighted by the relationship of vision to the behavioral sciences, such as learning, growth, development, and psychology. Along with this comes a more humanistic approach to general practice. Optometry has been defined many ways, but the definition best liked by this author is that optometry is "the application of

visual science to the solution of human problems."

Optometry today seems to involve more androgynous forms of individual behavior and less traditionally defined sex-role differences. Women are more likely to be seen as entrepreneurial and managerial (heretofore viewed as a masculine trait) and men are being perceived as caring individuals (heretofore viewed as primarily a feminine trait). Not to be ignored either, is the influence of the women's movement in changing social definitions and expectations for women's roles and opportunities in society. Changing life styles in terms of sex-role differences in work, marriage, and parental responsibilities is an enormously important trend toward breaking down those barriers which women face as applicants and students in any professional school.

We are clearly in the midst of a social upheaval regarding women's roles and opportunities in the private areas of family and friendship as well as the public areas of work and political activity. We are all aware of these changes to some extent. Traditional conventions and customs regarding appropriate behaviors for men and women are breaking down, and new, clearly understood expectations for sex-role behaviors have not yet evolved. If these sometimes poignant quotations from prospective female colleagues should lead to a greater awareness and understanding of the barriers they face as applicants to and students in optometry schools, some of the confusion and uncertainty about how to behave with one another may be abated and equality of opportunity become a reality. □

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Introduction to Patient Care: A Basic Science Course for Medical Students.

Merenstein, J.H. and J.L. Coulehan. *J. Med. Ed.* 53(12):982-987, December, 1978

Two problems that have arisen as optometry curricula have gone to four years have been the addition of so-called "basic" science courses in the first two years of professional school (with students questioning their relevance) and insignificant or token contact with either patients or clinicians during that time.

Merenstein and Coulehan describe a curriculum modification that is meaningful, gives a new definition to "basic" science, has unquestioned relevance to patient care, creates a place for behavioral science that is clinically oriented and positively affects patient care, and gives proper importance to the role of communication skills, understanding of human behavior, and the "art" part of "art and science of patient care."

Academic and Personal Predictors of Clinical Success in Medical School.

Murden, R., et al. *J. Med. Ed.* 53(9):711-719, September, 1978

The prediction of future clinical performance of applicants to professional schools has always been risky and has not followed any of our standard predictors of academic success. Although there have been claims of validity in predicting clinical performance for personality tests, these have been questioned in the past. The authors of this article, however, chose acceptable measures of clinical success and were able to relate individual clinical achievement with measurable attributes and performances evaluated prior to medical school admissions.

A second disclosure in this article deals with the invalidity (or lowered validity) of undergraduate G.P.A. as a predictor of clinical success and places several evaluative factors into proper perspective. Although medical school applicants and graduates are the subjects, there should be easy transference of the observations to colleges of optometry.

A Problem-Based Criterion-Referenced Examination of Clinical Competence.

Newble, D.L., et al. *J. Med. Ed.* 53(9):720-726, September, 1978

The professional student's theoretical knowledge is most often and exhaustively tested both in school and on widely administered standardized tests because it is easy to measure. Theoretical knowledge, however, is a necessary but not sufficient condition for good patient care; the doctor must "be able to," not merely "know how to."

This article describes the construction of an examination and its administration utilizing medical school resources that combines measures of theoretical knowledge and application in a patient-problem oriented setting. It avoids dependence on opinions of clinical instructors that may lack uniformity and eliminates unfairness to standards due to large differences among patients (the "easy" patient vs. the "hard" one), or personality differences with clinical teachers.

Although a great deal of effort is required for test preparation, as in preparing any good test, the authors report that both students and faculty found the effort and results acceptable.

Diseases of the Curriculum.

Abrahamson, S. *J. Med. Ed.* 53(12):951-957, December, 1978

Those twelve or thirteen optometry faculty who attended the ASCO-AOE workshop in Fullerton some years ago will surely remember Dr. Abrahamson who visited from the University of Southern California to share his experiences in the education of health professionals. Although this article would seem to be written with tongue-in-cheek, I would predict that smiles will disappear from optometric educators' faces very quickly as Dr. Abrahamson describes the signs and symptoms of forms of malaise from which we all suffer to some degree.

Highly recommended reading!

By Robert Rosenberg, O.D.

PROFILE:

Southern College of Optometry —A Leader in the Profession

By Debbie Spielberger

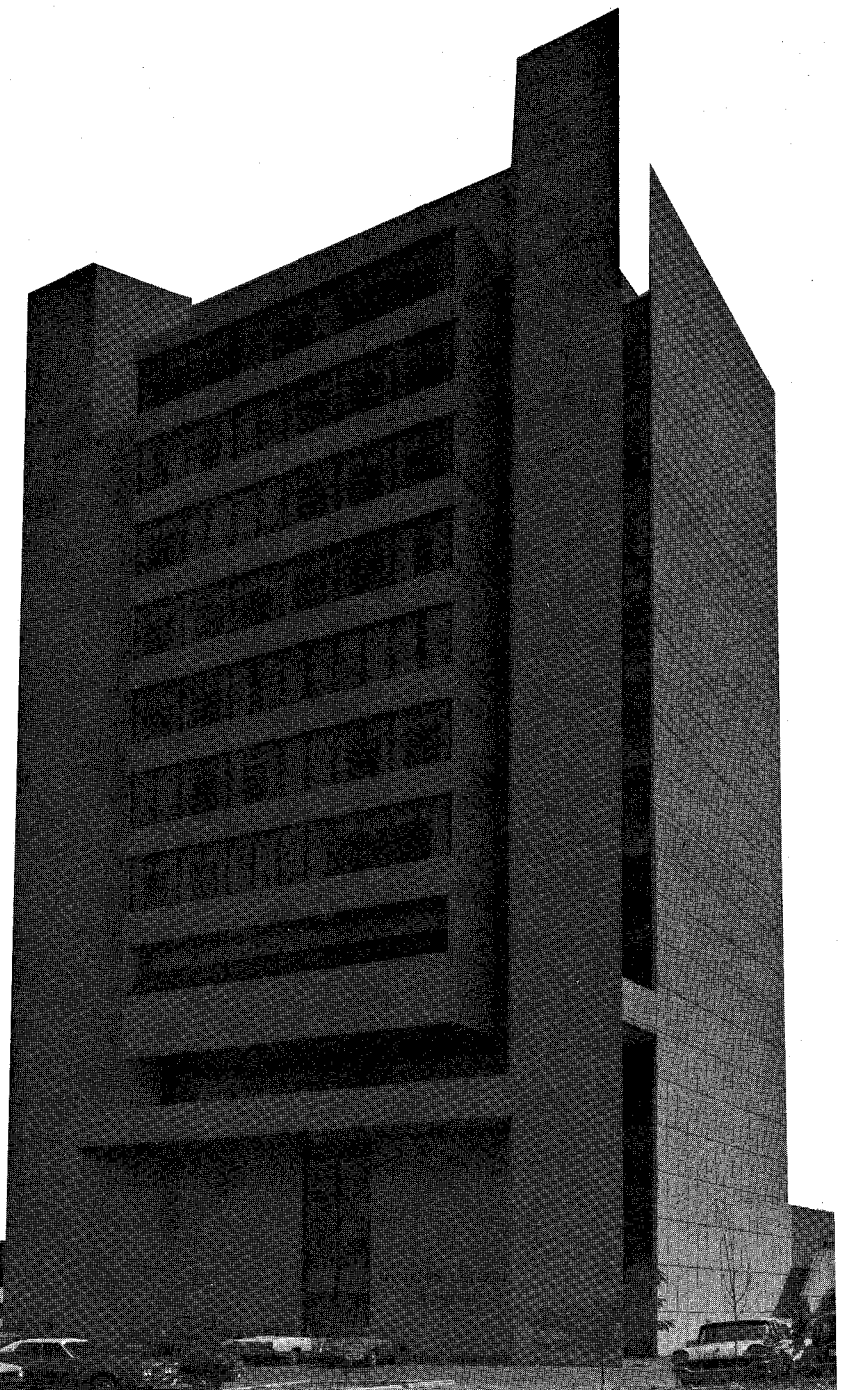
With the advent of the 1980s, optometry is facing a constant stream of challenges. Increased attention from federal regulatory agencies, public concern for better health care provisions and the ever-watchful eye of the other health care professionals are causing optometry to take a long hard look at itself and to reassess its strengths and weaknesses.

As is true with all things, optometry cannot stand still; it either reaches out for its greatest potential and expands with the times or it falls behind.

The future of our profession lies within our colleges and schools of optometry. Here young men and women study the full scope of optometry and prepare to devote their lives to providing the best available quality vision care to the public. What they are learning in these institutions today is shaping the optometric profession of tomorrow.

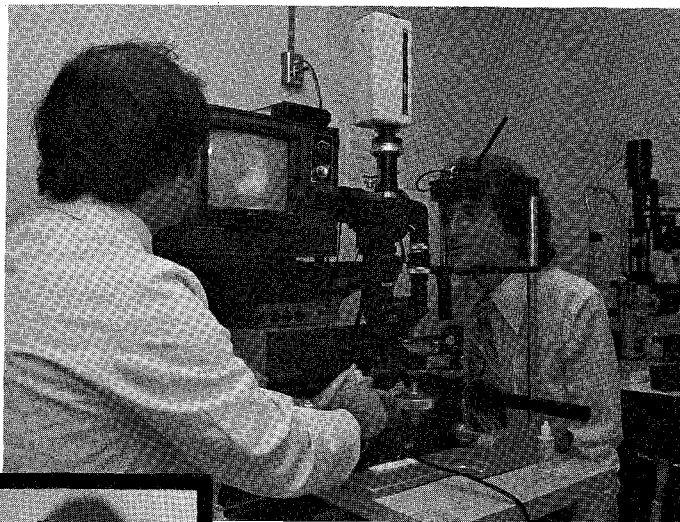
The leaders at Southern College of Optometry realize that they have been entrusted with a grave responsibility. In light of this, they are constantly evaluating the curriculum and the faculty and testing the abilities of the young doctors they are graduating. Since 1932, SCO has been striving for the best and growing far beyond any expectations. Increasing attention has been given to the whole human system, non-visual as well as visual.

Debbie Spielberger is Public Relations Director for Southern College of Optometry.





School screening programs are an important part of the students' clinical training.



A new \$35,000 Closed Circuit Color Television System is now in use in the Pathology and Contact Lens Clinics.

History

Southern College of Optometry was founded in Memphis, Tennessee, in 1932, by J.J. Horton, M.D., O.D., as a proprietary institution. In 1938, Dr. Horton sold the school to W.M. Cramer, D.O., O.D. In 1942, it became a non-profit educational institution. M.E. Broom, Ph.D., became President in 1960, followed by Spurgeon B. Eure, O.D., M.A., in 1965 to the present.

The Board of Trustees is non-salaried. As a private educational institution, the college derives its income from tuition, fees, clinical services, research, legacies, gifts and grants and contracts from various states and the federal government.

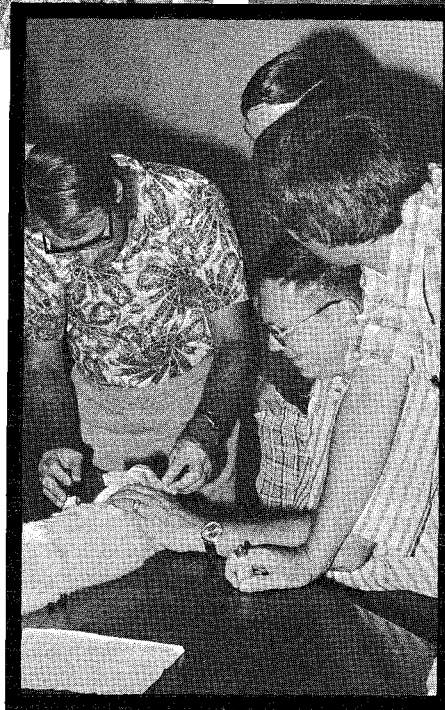
Students

One hundred and fifty new students chosen from more than 870 applicants are enrolled each year at SCO.

These first professional year students prepare for admission through rigorous advanced training in anatomy, physiology, psychology, and optical physics. A minimum of two academic years of college is required. However, most applicants will have completed three and one-half years of university work prior to admittance. Approximately 70 percent will have completed college, and some will even have their doctorate degrees.

In addition to meeting academic requirements, a prospective student must wait for an available space in the entering class. The waiting period for Tennessee residents is usually three years.

Few people see their state of origin as crucial to their professional future. When seeking admission to Southern



Doctors keep their knowledge and skills up to date with Continuing Education training at Southern College.

College, however, this is often the case. An extensive waiting list is given priority over first-time applicants.

Fourteen states have contracted with the college for admission places for their students. Approximately 85 percent of the student body is from the contracting states.

Students needing monetary assistance to pursue their optometric career goals can often find help at the Financial Aid Office. The college administers several financial aid funds which use a combination of federal and college dollars.

The college not only places importance on a student's academic background but also on his ability to deal with others. Total patient care requires the doctor to effectively communicate vision problems, their causes, and pos-

sible solutions, as well as understand his patient's needs and fears.

Education

Doctor of Optometry Program

The four-year curriculum requires more than 4,000 clock hours of instruction and is concentrated into three areas of study: biomedical sciences, optometry, and clinic.

The Biomedical Sciences Department is interdisciplinary, offering sequences in anatomy and physiology, chemistry, physics, physiological optics, psychology and others.

Here the student receives medical orientation which enables him to better understand total body functions and their relationship to the vision system. Students also become familiar with technical instruments and therapeutic methods. In addition to regular course offerings, vision science seminars give students a look into contemporary research and clinical activity.

The Optometry Department offers diversified instruction in all phases of optometric theory and practice. From basic optometry to advanced contact lens practice, the student's education is concentrated on the eye, its complex functioning, and possible abnormalities. Students receive limited training in the fabrication of ophthalmic lenses and in fitting and dispensing eyewear.

Weekly optometry seminars allow small groups of students to pursue special areas of clinical optometry in greater depth than regular courses permit. Topics range from practical optometry and refraction to body fluid chemistry.

As part of their preparation for patient care, students also study the profes-

sional and economic aspects of ethical practice. They are made aware of legal principles and laws relevant to the rights and responsibilities of the practicing optometrist.

Technician Program

In addition to the Optometry program, Southern College is one of only 24 schools which has programs to train optometric technicians. The need for technicians to work with doctors, patients, and materials is listed as one of three top critical areas in today's vision care field.

In addition to the optometry program, Southern College is one of only Community College in Memphis when a three-year federal grant expires in June of this year. SCO will continue to provide the faculty to teach the clinical and laboratory portions of the curriculum.

Faculty

The successes of educational programs offered by Southern College are attributable at least in part to a high caliber faculty under the direction of Dean John L. Levene. Many are practicing professionals in addition to their teaching roles.

Several of the optometric faculty members also hold advanced degrees in such important areas as public health and jurisprudence. Also on the faculty are two doctors of pharmacy and six doctors of medicine with specialty areas in pediatrics, public health, internal medicine, surgery and family practice.

Research by faculty into numerous subjects involving eye care is greatly encouraged. Studies on how to prevent eye irritation are as significant as re-

search in the contact lens field. Numerous articles have appeared in optometric and other journals regarding the findings of their research.

As a result of grants from government and private industry, faculty members are often testing new instruments and materials. Faculty also act as investigators for the Food and Drug Administration to ensure that products made for use in the eye are safe.

Clinics

The SCO Clinic, under the direction of Dr. Ralph Vasa, contains 26,000 square feet of floor space and more than 65 rooms. It is comprised of a general clinic and five specialized clinics.

Supervised by faculty, the clinics serve as a training ground for students to apply knowledge gained in classes and laboratories.

Of equal importance is that in the clinical setting, students learn how to relate to patients of all social and econo-

mic levels, from young children to the elderly. Students become familiar with the many and varied problems common to these different age groups.

The clinics not only expand the education of the students, but also provide a valuable health service to Memphis area citizens. More than 20,000 patients annually receive eye care at the college and external clinics.

Through student rotation in clinics and off-campus programs, the educational experience offered is thorough and comprehensive.

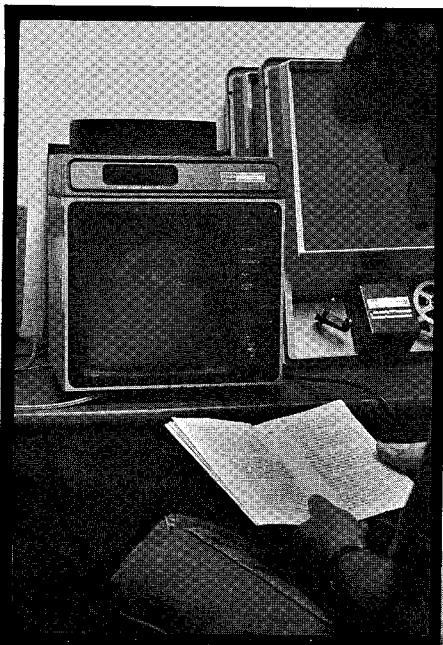
In the general clinic, the student doctor obtains a case history of the patient and performs preliminary screening tests to identify general and eye health problems. The patient then undergoes vision analysis and, when necessary, lens or other therapy is prescribed.

When necessary, the patient is referred to one of the five specialized clinics: Pediatrics, Limited Vision/Aniseikonia, Contact Lens, Electrodiagnostic and Pathology Clinics. Each of these clinics contains the latest in specialized equipment and precision instruments, such as the Electronic Digital Pachometer in the Contact Lens Clinic. Used to diagnose swelling of the cornea, there are less than 10 of these instruments in the country.

In all, highly specialized tests and more than a million dollars' worth of laboratory and optometric equipment are used to determine proper eye health.

In addition to the college clinics, students under the supervision of faculty, are assigned to four Memphis area medical facilities and six "neighborhood" clinics where students get further clinical experience.

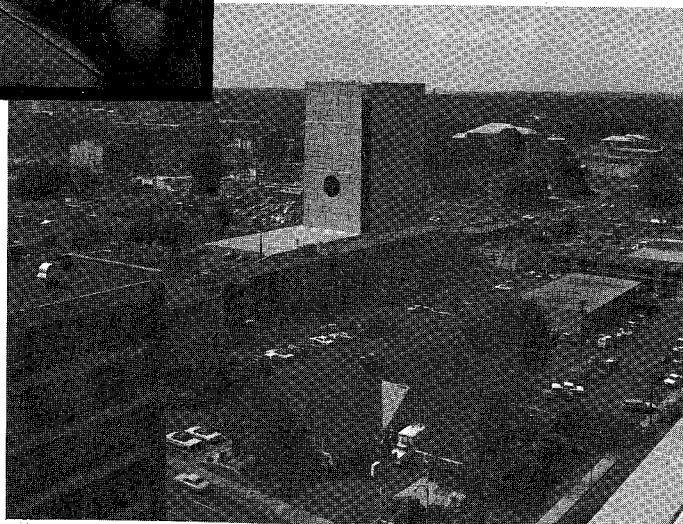
The library Multi-Media Center is used by students to review classroom and textbook material.

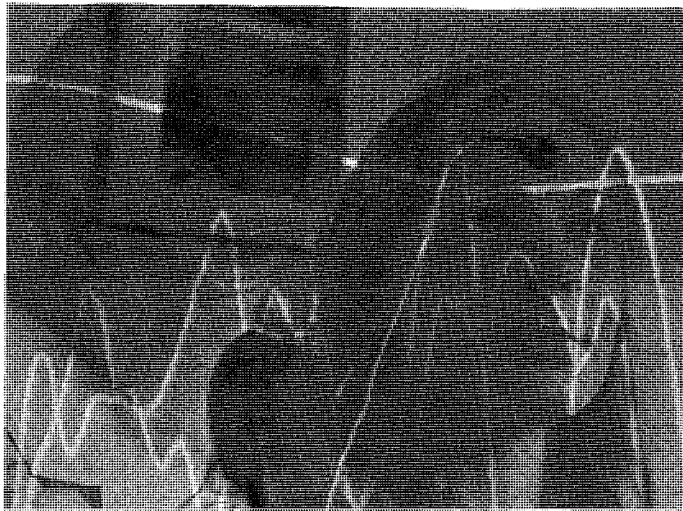


Increased emphasis is being placed on the whole human system, non-visual as well as visual.

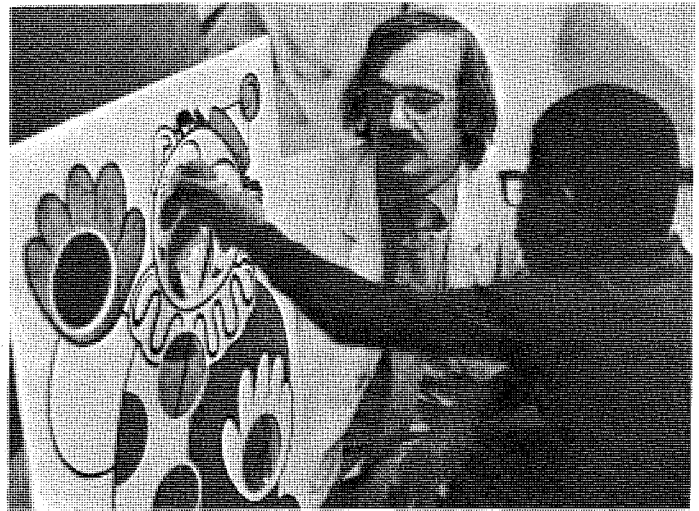


Southern College is located in midtown Memphis, amidst the prestigious Mid-South Medical Center.





The Electrodiagnostic Clinic provides auxiliary information to both students and area practitioners.



Through extern residency programs fourth year students are given the opportunity to work with the multiple handicapped.

Student doctors also participate in vision screening throughout the area, including Memphis area schools, and at police and fire departments.

With further emphasis to be placed on the training of students as primary eye care providers, the college plans to extend the clinical experience to include more hospitals, neighborhood health centers, special institutions, and a variety of federal agencies which provide health care.

Buildings

The new SCO building was completed in 1970. A source of pride to alumni, faculty and students, it has been named one of the top 10 buildings in the nation for educational design. The eleven-story structure, containing 106,000 square feet, houses faculty and administrative offices, classrooms, laboratories, computer and audio visual centers, bookstore, and an outpatient clinic.

The library occupies an entire floor and contains primarily visual science and related materials. It serves as a resource for both the optometry student and the Memphis area health science community. The library is named in memory of William P. MacCracken, Jr., who devoted nearly half a century of his life to optometry as well as to the development of aviation in the United States. A small collection of memorabilia and many personal papers of Mr. MacCracken are maintained in the library.

One of the most popular features of the library is the audio-taped lecture, allowing students to review difficult materials covered in lecture classes. Other facilities include a multi-media center, a periodical scanning service for

faculty, and a collection of self-instructional units for students.

The library has access to materials in 17 Memphis medical libraries. In return, it provides loans and reference services to such institutions as St. Jude Children's Research Hospital and Veterans Administration Hospital.

The four other college-owned structures surround the main building. A new student center contains 14,000 square feet of meeting rooms and recreational facilities such as basketball, handball, and indoor tennis. The Pediatric Clinic occupies a third building, while still another structure provides additional laboratory and lecture space. The former administrative building still owned by the college is leased to the University of Tennessee. Patients may order and receive frames for glasses from an optical dispensary which is housed in a building leased from the Vision Educational Foundation. The dispensary also has laboratory facilities where technicians learn to fabricate and polish lenses, as well as fit and assemble spectacles.

All property except that where the dispensary is located, including the main building and new student center, are owned by the college. The cost of the buildings and furnishings were paid for by federal and college endowment funds.

Finances

The Board of Trustees approved a full-cost tuition approach to education funding which has often served as a financial model for other schools. The college has been applauded by the Internal Revenue Service and the Asso-

ciation of Schools and Colleges of Optometry for this funding method.

This cost approach means that the operating budget is determined by each student paying his prorata share. Students and contracting states pay their share of expenses plus limited federal funds make up the bulk of the college's revenue.

Financially, the college has been able to keep pace with the program expansion. Of the 20,000 patients seen annually by clinic doctors, more than 20 percent cannot pay for services and materials. In an effort to meet the needs of these indigent patients, the college donates approximately a quarter of a million dollars per year and continually investigates other community resources. However, it has not been able to provide vision care to all of the needy persons in the community.

New Programs and Services

Memphis Health Center

In July, 1977, a residency program in optometric medicine and primary health care was begun by SCO at the Memphis Health Center, Inc., an outpatient, multidisciplinary, ambulatory clinic. As the first optometric residency program in the U.S. related exclusively to primary care, this program is paving the way of the future.

The residents are graduate optometry students, who work under the direct supervision of an M.D., rotating weekly through the different departments and serving in the eye clinic every other week. Here they supervise third and fourth-year student interns from SCO.

The value of the residency program lies in the experience gained from being

a vital member of a primary health care team and the deeper understanding received of the processes of systemic and ocular diseases and how the two interrelate.

The success of this program has become so widespread that applications for this residency program have been received not only from SCO students and graduates, but from other optometric institutions throughout the country.

Hopefully this is only the beginning for the optometric residency program.

Multiple Patient VT Program

Another of the innovative programs recently begun at SCO is a group vision training program.

Instead of the usual one-on-one setup, each group consists of eight patients, four students and one faculty member. Individual programs are designed for each patient using six basic areas of vision functioning. All areas are covered in each session with patients doing their own recording and goal setting.

This program presents clinical vision training in a manner that is most beneficial to the students and the patients.

The children in these groups are more diligent in their assignment tasks while the students pay more attention to performance in each procedure. Additionally, the students are learning practice management skills which must be employed to make the area of vision training economically practical.

Closed Circuit Color TV

A \$35,000 Closed Circuit Television System is expanding the educational program at SCO.

Now, for the first time, large numbers of students can view actual pathological processes and contact lens application and therapy from a remote area of the clinic. Small color-TV cameras and microphones are mounted on the slit lamps, allowing the procedures to be transmitted in color to television screens located throughout the clinic.

The new system permits the recording of rare cases and the producing of self-instructional programs. Its uses in the educational program are extensive.

Continuing Education

A Continuing Education Program is also offered by SCO. In addition to the regular seminars attended by about

300 optometrists each year, a new program is now available. The External Studies Program is an innovative concept that presents a program of transcript credit education, including clinical training, that allows the doctor to work toward his goal of increased competence in a specific area. SCO analyzes his transcripts and designs an individual program to keep him as up-to-date in any field as the most recent graduate.

Residency Programs

A vital part of the academic program at SCO is the extern residency programs, where fourth-year students are provided additional opportunities to broaden their clinical experience. Programs in hospitals, clinics, and medical centers throughout the U.S. and in two foreign countries offer the student a chance to pursue study in an area of special interest to him.

The main emphasis in most of these programs is upon the diagnosis and treatment of ocular and related pathology, but some of the programs offer advanced work in developmental vision. Almost all of the residency programs stress the interdisciplinary team approach. □

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Counseling Women in Professional Schools

By Sheldon L. Siegel, M.Ed., M.S.



The decade of the sixties gave birth to a number of ideals and innovations in American higher education that were to present challenges to the college community and continue to do so. Out of the ashes of the campus upheavals at Berkeley and Columbia came student involvement in administrative affairs at institutions of higher learning.¹ Students began sitting on boards of trustees and some even had a say in admissions policies. The Higher Education Act of 1965 opened the doors of colleges to those who could not previously afford the tuitions via financial aid through affordable loans.² However, the spirit of conscience so noteworthy in the sixties has made way for the pragmatic and vocationally-oriented student in the seventies.³

Minorities, including women, are now returning or continuing their education in the liberal arts and directing their attentions toward professional careers. The atmosphere has become favorable for the "have nots" in American higher education—the blacks, the poor, and the women—to enroll in the many special programs being made available to them. A quick review of the catalogue of any public community college will demonstrate how well these institutions have met the needs of women.⁴ They have been pioneers in this area.

By and large, women are now supported in their new roles as career-minded, educated wage-earners by women's liberationists. Equal rights amendments ratified by various states, along with Title IX, confirm the desire of women to forge ahead in nontraditional roles in higher education. Schools are prohibited by law from discriminating on the basis of sex in admission policies or treatment of students, or in the hiring or promotion of staff.⁵ Even the Carnegie Commission has urged a greater concern for fairness in admissions for women, particularly at the graduate level.⁶

Increasing Demand for Women's Services

Women are now actively seeking admission to professional schools. In 1972, only 10 women were enrolled as first-year students at the Illinois College of Optometry (ICO). By 1975, women constituted ten percent of the total enrollment of all students at the thirteen schools of optometry in the United States.⁷ Women presently comprise almost 13 percent of the student population at ICO.

In 1975, a woman's counselor was hired at ICO to work with the sixty enrolled women students in two fundamental areas: 1) as an adjunct to their education as professional persons, and 2) to direct and help their growth and potential as individuals.

The women themselves at the Illinois College of Optometry demanded the services of a woman's counselor because of a number of unresolved problems. In some ways, the hiring of a

woman's counselor was a startling innovation, since professional schools, as a rule, lag behind other institutions of higher learning in providing definitive student personnel services.

Without question, women who seek admission to professional schools are highly motivated, bright, and concerned about doing well for a number of reasons. Women in these traditionally male-oriented institutions may experience identity crises and ask serious questions once they are enrolled, such as: Who am I? What am I doing here? Why am I depressed? What do I need to do to prove myself? Historically, males learn to prefer prestigious occupations; females learn to avoid them,⁸ and their doubts about themselves and the professional career they have chosen can become muddled, confusing, and problematic.

Innovative Program Adapted at Queens

At Queens College in New York, a group was started to relate to women returning to school and, subsequently, this innovative procedure was adapted successfully to the professional school format in a woman's counseling program.⁹ Counselors at Queens discovered some significantly interesting things about their women students. For one, many were subverting their own needs and interests to those of others. Secondly, they had enrolled in school to seek maturity and their own identities. Third, they wanted self-improvement, confidence, and financial independence. These are the same kinds of

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ideas espoused by many women who seek admittance to or are enrolled in professional schools.

The woman's counselor working with women students in a professional school is faced with the problem of relating to the severe criticism women students are sure to receive from friends and fellow male students. These critics may view a woman in a professional school as a frivolous venture, and would rather have her assume a former role as housewife and child bearer.⁹ Faced with these antagonisms, the woman student may soon begin to reevaluate and reexamine her motivations for pursuing a professional career. She may begin to attempt to answer such questions as: Do I belong here? What's going to happen to me when I graduate? Will people come to me when I am practicing? Do I have the courage to compete with the men in my profession?

In addition to personal counseling, the professional school woman's counselor may wish to provide small group discussions to help women students deal with some of their questions and doubts. At Queens, topics in similar groups included: "the emotional needs of women," "guilt," and "coping with conflict." One of the often-quoted phrases heard in these group sessions was: "You mean I'm not the only one experiencing that?"!

Monthly Luncheon Meeting Provided at ICO

An innovation at the Illinois College of Optometry which has seemed successful is a monthly luncheon meeting with the woman's counselor and women students. Sometimes guest speakers attend or issues are presented for discussion. At one meeting, a woman optometrist was invited to discuss her role as a professional and the types of problems she had encountered because of her sex. A group experience can give the professional young woman a chance to look at herself, her goals, and her achievements, in the "face of the double bind society has put her."¹⁰

The woman's counselor can do even more to establish continuity and reinforcement in providing service to the women students. If a staff is available or the counselor can work in conjunction with the instructional service department, a small library and film program may be established to provide additional emotional support for those who wish to extend the counseling function into a more formal learning situation.⁹ After all, one of the chief functions of the

woman's counselor is to provide as much support as possible to upgrade the development of the achievement need in the women students. The counselor has to be a "resource person" to accomplish this task.

In a study on the sex role attitudes and the development of achievement need in women,¹¹ self-concept and attitudes towards femininity were found to be related and interacting in inhibiting achievement need. If femininity is seen as requiring passive and dependent behavior, there is a great likelihood that self-concept will be negative and that goals and behavior will be "other" directed and non-achievement oriented.

Role Includes a Variety of Programs

The role of the woman's counselor and those rendering student personnel services to women in a professional school is often eclectic. There must be a variety of programs, including individual counseling, group work, small discussion sessions, and any other such inter- and intra-personal approaches to provide a continuous dialogue and communications with women students. The "medical model" approach, where students come to the counselor does not work well, since students will rarely seek advice unless there is a "personal problem." What is needed is the "community approach." The woman's counselor must go out "into the community", sit in classes, organize informal get-togethers, consult with the dean of students, talk to faculty, and discuss problems freely with consultants and experts outside the community.

On occasion, the need to refer clients to other helpers may arise. Instead of viewing the referral in a mechanistic manner, the woman's counselor should see this process in human terms and as a "transfer of trust."¹² A number of sources and contacts must also be maintained for referrals: public clinics; alcoholic treatment centers; abortion counselors; and, most importantly, therapists, particularly if the counselor is neither trained in this area nor has the available time.

Anne Taylor¹³ vividly expressed her views on the help a counselor can give in her article, "The Graduate School Experience." She declared that "... counselors must take account of economic and psychological realities ... graduate students are adults who are 'hanging fire' ... They are in an uneasy place in relationship to adulthood, neither fully adults nor yet children."

"Community" Approach Proves Successful

Essentially, then, the woman's counselor, placed in an innovative helping relationship, must continually apply the aforementioned "community" or socio-cultural approach to her work. This therapeutic approach is not a new idea and has been espoused by Maxwell Jones¹⁴ in hospital regimes. It can also be applied to school situations. The social structure of a therapeutic community, sometimes called "milieu therapy," implies that the whole community of staff and students is involved, at least partially, in treatment.

Therefore, in a sense, counseling women in the masculine domain of the professional school would require the support of all concerned: the faculty, the administration, and other staff. The counselor's work and programs must be receptive and acknowledged by all. Regular meetings and discussions with these individuals must be planned to determine some of the overriding problems or to call attention to a particular woman who may be exhibiting some type of problem in class or otherwise. The therapeutic community notion changes the usual status of a woman student and views her, in collaboration with the helping agents, as an active participant in her own therapy.

What must a woman's counselor do to instill a feeling of receptiveness among her masculine colleagues—to get them to "open up," "drop into her office," or "chat over coffee?" She must go "out into the field" and make these colleagues aware of the special problems which female students face and communicate the notion that the counselor is a partner in the educative process of each of the women students.

This is perhaps the greatest challenge. Counseling personnel are more than just care-givers within a school community.¹⁵ The woman's counselor must proceed carefully to incur the trust of those generally "suspecting" individuals: faculty who still essentially believe that women in the school are "taking the place of good men" or "are looking for husbands." Applying the socio-cultural approach with a knowledge of Jones' therapeutic community may help. The literature seems to support this view.

For instance, Foulds and Guinan¹⁶ judge that the traditional model of college and university counseling centers are generally isolated from the mainstream of student growth and development and tend to be inadequate.

According to Zerface and Cox,¹⁷ counselors should generally be decentralized and should be able to move about their schools freely.

Personal Characteristics Should be Relative

The woman's counselor must have certain characteristics in order to carry out her work effectively. Students, by and large, prefer a counselor whose beliefs are similar to their own when they want help with a moral, ethical, or religious problem.¹⁸ They will also desire to see a counselor of the same sex when they have a personal concern. Therefore, it becomes implicit in dealing solely with the woman client in a professional school that the individual counselor be someone close in age, relatively speaking, and someone who has, indeed, gone through the professional and/or graduate school trauma in pursuit of an advanced degree and can adequately relate to the students, since the counselor's frame of reference should somewhat match that of the students'.

Women students in professional schools will also seek out women instructors within the community with whom they may wish to relate their problems or seek additional vocational guidance. In some ways, these women who teach at the professional level serve as role models, individuals who "have made it" and are the visible entities of these women students' goals. The woman's counselor may want to become partners with these women instructors in their work in helping and educating the woman student and include them in meetings, as guest speakers at luncheon sessions, and as resource people.

Finally, the woman's counselor may need to study the views of philosophers and writers who have had much to say about the emergence of the woman as an equal sex and as a viable professional. For example, Bruno Bettelheim's¹⁹ thoughtful essay in *Women and the Scientific Professions* teaches us that the full-time wife and mother is a phenomenon of modern technology. Before the industrial revolution, both men and women of all societies (not based on slavery) had to be active in the economic process if the family was to prosper. Another source, Ray Killian in *The Working Woman*,²⁰ contends that women are not necessarily more emotional than men; they simply show their emotions more readily in life and in work situations.

The counselor will dejectedly note

what Margaret Benz²¹ states in *Women in the Modern World*. According to Benz, higher education for women is still oriented toward liberal arts. The democratic assumption is that women are citizens first and homemakers second and should be so educated. Another excellent sourcebook, *The Other Half: Roads to Women's Equality*,²² generates such themes as the possible biological origins of sexual discrimination, sexual politics, women in science and women and the professions. All of the above are excellent background material for the woman's counselor who must continually enlarge her frame of reference beyond the school setting and the community outside. She must always be able to relate to the larger social issues.

A Diverse and Challenging Position

The role which the woman's counselor in a professional school must fill is certainly overwhelming and more often than not fraught with frustration and conflict. She must be eclectic in her approach and provide programs of both individual and group counseling; she must program group meetings and ini-

tiate discussions on pertinent issues with meaningful guest speakers; she must be "community-oriented" in her approach, mingling with faculty and staff to incur their trust as both counselor and faculty become partners in the education process; and she must be a "teacher," a friend, and a resource person, knowing where to get the best outside help when, indeed, it is needed.

The woman's counselor must also "move about" the institution; she must rid herself of the "medical model" approach since problems will not come to her; she must "educate" the institution in terms of the women's needs by her very presence; and she must be willing to deal with some very serious sex role problems which exist in all professional schools today.

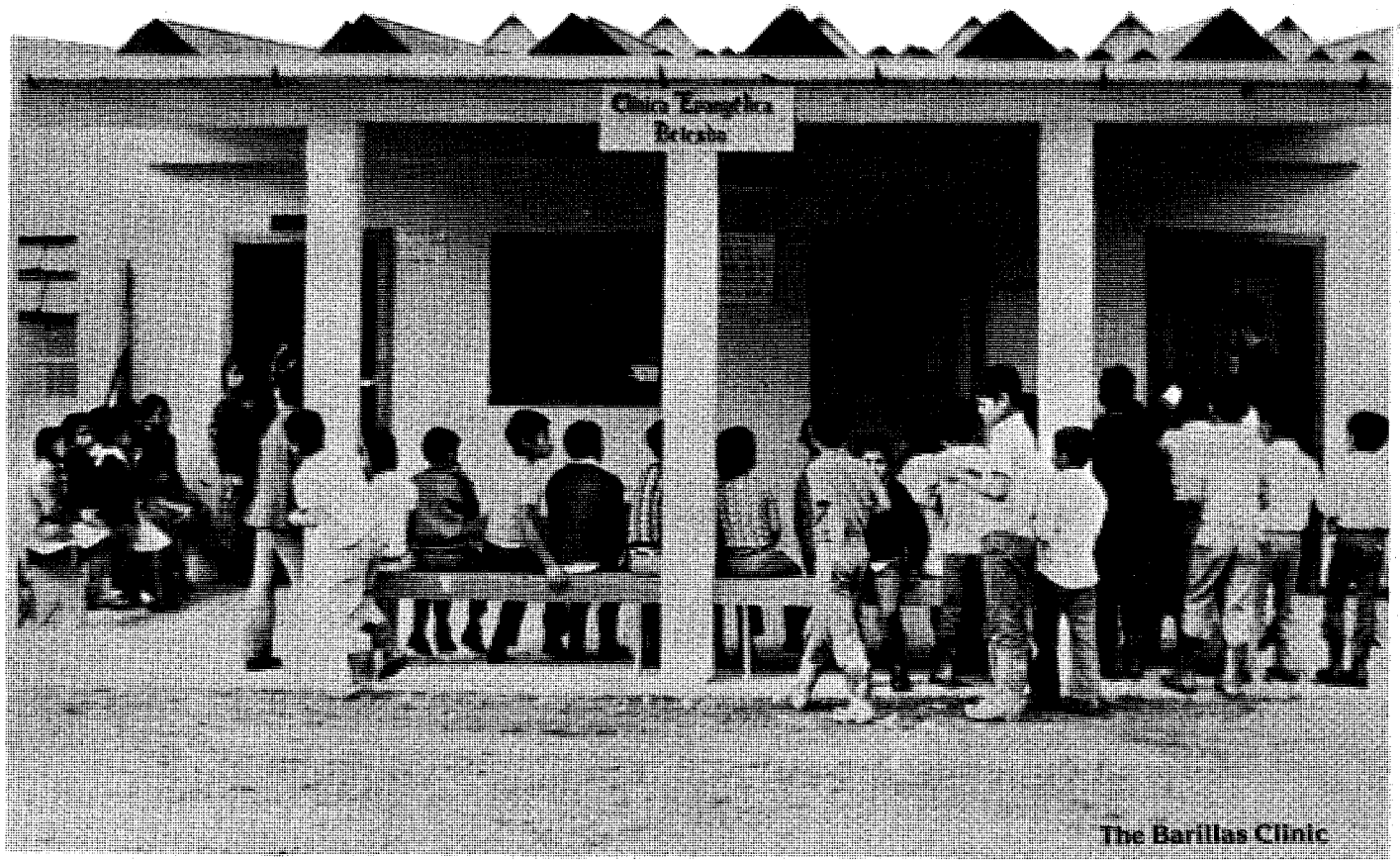
Finally, the woman's counselor must be "tuned into" the women in her institution. She must be close to their age, adept in psychology, caring and willing to help. This can be a full-time position, requiring great energy, intelligence, and, above all, creativity. The newness of the job, the unique role, and the serious problems all demand a creative individual who can be an effective, dynamic resource to her students. □

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Alabama SOSH Goes to Guatemala

By John G. Classe', J.D., O.D.



The Barillas Clinic



What is it like to organize a SOSH team from scratch? John G. Classe' describes the formation of the UAB SOSH and its successful first project, a ten-day trip to several secluded Guatemalan towns never before visited by eye-care practitioners.

The evening stillness is interrupted by a sudden knock. The doctor gets up, crosses the room and opens the door. A small, plainly dressed man blinks uncomfortably at the light steaming into his face. Words are exchanged in Spanish, and the doctor turns to look at us.

"He asks for the eye doctors. He says he has walked two days with his wife so that her eyes can be examined."

It is nine o'clock at night, and we are in Barillas, a remote town nestled atop the 7,000 foot high mountains punctuating this region of Guatemala. Our host, Dr. Elbin Orellana, is the only physician for 90,000 inhabitants of this impoverished but lovely province known as Huehuetenango, of which Barillas is its principal city.

How do you say no to someone who has walked two days to see you, even if you have already put in a full day, starting at six a.m.?

"Tell the man we will meet him at the clinic in just a few minutes."

This experience is typical of our ten-day stay in Guatemala: hundreds of patients, many of them traveling great distances and enduring hours in the hot tropical sun in order to see us, wait stoically to be examined. The overwhelming majority of them have never before confronted an ophthalmoscope, have never before received even the most rudimentary eye care. As the days pass we learn to expect the endless lines, the awkwardness of the language barrier, the repetitiousness of the examinations themselves, and the feeling of satisfaction that comes with the end of the day. After a week our ten-man team has screened 3,500 patients and has dispensed 1,000 pairs of glasses. And we have shared memories that will last a lifetime.

Trip Starts with ASCO Internship

Our project actually got its start during the summer of 1976, when two University of Alabama in Birmingham (UAB) students traveled to Washington, D.C., to serve as summer interns for the Association of Schools and Colleges of Optometry (ASCO) and the Veteran's Administration. There they learned first-hand of the enjoyment students at other schools had derived from Student Optometric Services to Humanity (SOSH) projects to Mexico, Haiti, the Dominican Republic, Canada, and various Latin American countries. Since UAB—a relatively new optometry school—had no SOSH program, the project had to be designed from the ground up, beginning with a decision as to which country to visit. Fortunately, the state of Alabama already had a close relationship with Guatemala—through the Partners of the Americas program—and so it was decided to organize a trip to this Central American nation of earthquakes and Mayan ruins.

In order to acquire the appropriate governmental permission for such an undertaking, appointments were arranged with members of the Alabama congressional delegation, the State Department, and the Guatemalan Embassy. With surprisingly little expenditure of red tape, an official request was dispatched and an official approval was received, although the Guatemalan government made it clear that we would be expected to pay our own way. How-

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ever, we were already initiating the first step in a fund-raising program: the securing of tax-exempt status from the Internal Revenue Service. This recognition from the IRS was to require the most time and the most paperwork of all the organizational efforts necessary to form the UAB SOSH. In fact, four months passed before tax-exempt status was conferred upon us.

Right: Senior Neil Howard checks the fit of a newly-dispensed pair of glasses at the clinic in Barillas.

Below: This young boy literally danced for joy after being fitted with his first pair of glasses.



Right: Senior Joe Shackelford performs indirect ophthalmoscopy on a patient in Barillas.

Plans Expand with Added Volunteers

Our organization was initially comprised solely of seniors at the School of Optometry. However, as plans developed and the scope of activities increased, the team expanded to include first, second, and third-year students, as well as faculty advisors. But the initial efforts of the fledgling SOSH were conducted by a few persons and were directed at locating sites within Guatemala that would support an eye care team.



Fortunately, at the very time that we were searching for the sites, we discovered that the Partners of the Americas in Alabama had donated funds and material to Guatemala for the construction of a rehabilitation center, and that the building—located outside the capital, Guatemala City—was to be dedicated by Alabama Governor George Wallace. We were invited to accompany Governor Wallace and the Partners delegation to Guatemala for the dedication, and as a result of this good luck we were able to contact many in-country individuals and groups and to discuss our project with them.

Consequently, we received the sponsorship of Central American Missions, a non-denominational missionary organization that felt our services would be particularly useful at two locations in the Guatemalan highlands: Chichicastenango and Barillas. Thereafter, a regular exchange of correspondence took place between Alabama and these two towns, although the three to four weeks required to receive an answer through the mail sometimes created a feeling of frustration. Ham radio linkups were attempted in an effort to circumvent this problem, but Guatemala proved to be an elusive quarry for radio waves, and so all communication was via letter.

Alabama Optometrists Donate Assistance

With "firm" commitments having been made as to location and date, SOSH efforts turned to securing the funding, equipment, and ophthalmic materials needed to conduct vision screenings. Various ophthalmic labs and ophthalmic manufacturers donated lenses and instruments, and the Georgia Volunteer Optometric Services to Humanity (VOSH) contributed several thousand pairs of glasses, but the lion's share of support came from optometrists throughout Alabama. Although the generosity of churches, businesses, and civic clubs added significantly to our fund-raising efforts, it was, for the most part, the encouragement and financial backing of the state optometrists that enabled us to realize our goal and send eight students, two faculty members, and thousands of pieces of eyewear south across the Gulf of Mexico to the two rural villages awaiting us in Guatemala. Consistently, O.D.'s in private practice responded to our requests by donating money, frames, lenses, glasses, and even used equipment. We soon acquired an inventory of 5,000 spectacles and set about the arduous

task of cataloguing this immense collection of eyewear.

It did not take long to realize that the thirty-odd boxes, bags and crates we had crammed our gear into would be expensive and cumbersome. However, we were again saved by the generosity of others. Taca Airlines, who had already offered us their lowest air fare, agreed to transport all our paraphernalia at no cost. And we found a local trucking line that was willing to ship all of it—lock, stock, and barrel—at no charge to New Orleans, our departure point. Happily, this rather large assortment of glasses, instruments, equipment, drugs, and personal items made its way to Guatemala City without loss.

Leisurely First Day Acquaints Newcomers

Our flight to Guatemala was pleasant and interesting: none of us had previously visited Latin America. In fact, one of us had never flown before. And by the time the first day had ended, we were all silently thanking the UAB professor who had spent a month of his own time tutoring us in Spanish, and who had taught us useful words like *hamburguesa*, *patatas fritas*, and *cerveza*.

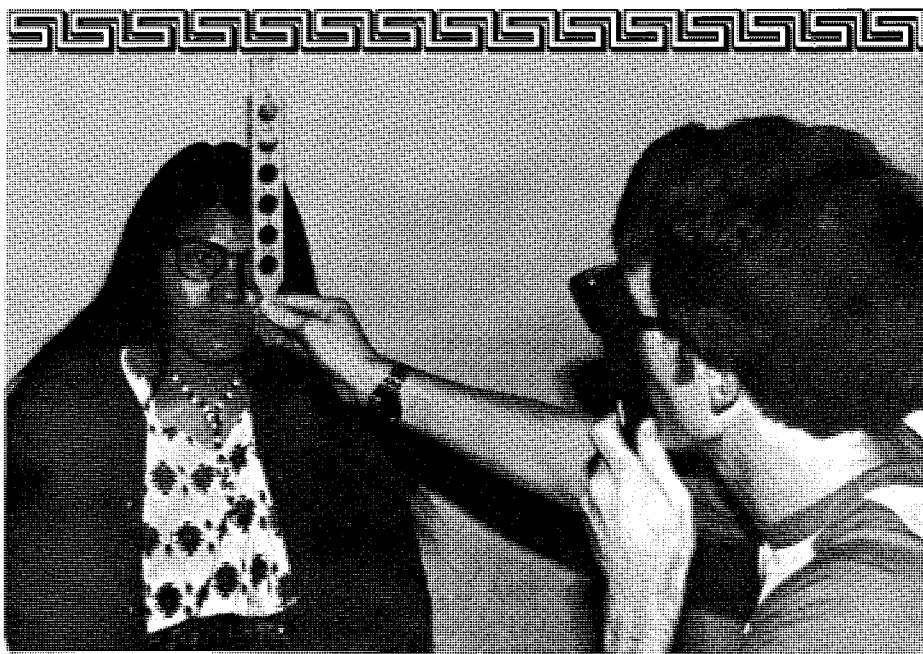
We had sent one brave SOSH member to the Guatemalan capital a day early, and he had been able to ensure that our hosts were on hand for the arrival of the main body. After assembling and inspecting all our gear, we breathed a sigh of relief and went off to enjoy a tasty dinner. That evening we got acquainted with our hosts: the Chichicas-

tenango team was to be the guest of missionaries Rev. and Mrs. Gail Morris, and the Barillas team was to be hosted by Dr. Elbin Orellana, an M.D., and Jim and Gail McKelvey, missionaries based in Barillas.

The next morning the two teams went their separate ways. Whereas Chichicastenango was a four-hour drive over paved highway, Barillas was an adventure—twelve hours by four-wheel drive vehicle—only half of which was over anything remotely resembling a road. Nevertheless, both teams managed to reach their destinations on schedule, and began seeing patients the very next morning.

Teams Labor for Six Days

For six days the two teams labored from dawn until late in the evening. The Barillas team worked out of the rural medical clinic run by Dr. Orellana, and frequently retired at the end of the day for a hot dinner and a cold shower, only to be interrupted by patients who appeared out of the darkness of the night, asking to be seen. And there were frequent non-ocular emergencies: on their first morning the Barillas team had to suspend eye exams while they assisted Dr. Orellana in treating a woman in labor who required a caesarian section. Malnutrition, parasitic diseases, polio and other health problems not normally encountered in the United States soon seemed commonplace. The great majority of patients were Indians, descendants of the proud Mayans who once ruled this portion of Central America.



Senior Woody Thigpen performs retinoscopy on an Indian patient in remote Joyabaj.

Meanwhile, the Chichicastenango team was also working long hours, but—in contrast to the group isolated in Barillas—they were traveling dusty Guatemalan roads in order to visit the Indian towns of Quiche and Joyabaj. In these two villages the demand far exceeded the capacities of the team, and despite working until ten and eleven in the evening at these two locations, many people had to be turned away, a decision which precipitated a small riot in Quiche. It was disappointing and frustrating to be unable to examine everyone who sought our assistance, but we attempted to alleviate this problem by teaching our hosts some of the practical aspects of prescribing and dispensing glasses, and by leaving behind all the spectacles we did not actually fit, so that they could serve as an inventory after we were gone.

We used the same philosophy with regard to eye diseases and their management. It was our hope that less complicated eye disorders could be successfully handled long after we had returned to Alabama. We referred the patients we could not treat to our physician hosts, and many of these patients ended up being taken to modern facilities in Guatemala City for care.

Wide Range of Eye Problems Encountered

We discovered an extremely wide range of eye problems in Guatemala. Some of the more prevalent disorders are listed below.

1. A higher degree of myopia than reported by previous SOSH/VOSH

teams; in fact, there were few low plus corrections.

2. A surprising number of patients presented with high unioocular astigmatism.

3. "Premature presbyopia," i.e., presbyopia with its onset early in the third decade of life, was extremely common.

4. A significantly high number of retinal detachments, attributable to the trauma that is part of daily life in rural Guatemala.

5. A high frequency of pterygia, even in younger persons.

6. Many red eyes, with the redness frequently attributable to ocular allergy rather than to bacterial infection.

7. Myelinated nerve fibers of greater density and more widespread distribution than commonly encountered in the United States.

8. Very few elderly patients with ocular signs of hypertension of arteriosclerosis.

9. Numerous foreign bodies that required removal and/or treatment.

10. Many families whose children exhibited congenital zonular cataracts presumably due to poor nutrition during the term of pregnancy.

In fact, we came to "expect the unexpected" and to be grateful for the unusual spectacle prescriptions that we had debated bringing with us. For example, we examined one young six-year-old who was discovered to be minus 25 Diopters O.U., and who literally danced for joy when we placed his first pair of glasses on his face. And then there were several elderly patients who

had been the recipients of cataract operations, and—for one reason or another—had never been fitted for glasses. The ability to read the Bible again caused tears to well up in the eyes of one of these unfortunate individuals. He had thought that he would never be able to enjoy clear vision again.

Home Again, After a Slight Delay

These scenes remain keenly etched in our minds even today, but perhaps the most vivid memory of our trip was to arise in the final hours of our visit. We had been shocked to learn that our flight back to the States had been cancelled due to engine trouble on the plane that was scheduled to fly us from Guatemala City to San Salvador (we had a connecting flight from San Salvador back to New Orleans). After two hours of fruitless debate with our travel agent, we had gloomily trekked to the office of the airline manager to see if he could help us. It seemed hopeless, since the travel agent had already informed us that it might take five to seven days before we could obtain confirmed reservations on another flight.

But after apologizing for the difficulties we had incurred, the Taca manager called the Guatemalan government and requested special permission for us to board an unscheduled flight to San Salvador, one that would get us to our connecting plane to the United States on time. A short hour later the government granted the necessary permission, and we were on our way back home.

Despite the *gusto* with which we tasted Guatemalan food, our first act on U.S. soil was to make a beeline for the nearest establishment offering some good old American junk food, where we ordered hamburgers, french fries, and (of course) chocolate shakes. Seated in that symbol of American culinary achievement, we proceeded to gorge the unwanted Guatemalan *e. coli* we had brought back to the States with us. Unable to survive on a diet so deficient in nutrition, they soon expired, ridding us of the only unpleasant aspect of the trip, a trip that—hopefully—will be repeated in the spring of 1979. Anyone wishing to support the UAB SOSH in its next endeavor may do so by writing:

UAB SOSH
Box 71, School of Optometry
The Medical Center/University of
Alabama in Birmingham
Birmingham, Alabama 35294

Your support will be deeply appreciated.



Ricki Dobbs assesses the ocular health of a patient in Chichicastenango.

A Statement of Priorities and Purposes

Unanimously adopted by the Board of Directors of the Association of Schools and Colleges of Optometry, December 11, 1976; Reaffirmed July 2, 1978

In 1976 the Board of Directors of the Association of Schools and Colleges of Optometry considered and adopted a major policy statement intended to guide the Association in the most effective utilization of its funds and resources. This statement of the priorities and purposes of ASCO represented an expansion and interpretation of the Constitution and Bylaws to provide a basis of decision making in allocating the funds and resources. As the National Office developed its annual work plan and as assignments were made to the standing councils—the Council on Academic Affairs, Council on Student Affairs and Council on Institutional Affairs—this policy statement made it possible to insure that the programs undertaken were the most important.

This statement of priorities and purposes was referred to a committee for review at the ASCO Annual Meeting held in July, 1978. With only minor changes, the statement was determined to be timely and an accurate identification of the direction for optometric education. The committee so reported to the Board of Directors, and the statement, with minor changes, was reaffirmed by the assemblage.

It was Thoreau who said, "It is not so important to know that we are busy, but rather to know what we are busy about." As we move into the upcoming year, this policy statement will be used to evaluate the activities of the National Office staff and the programs proposed for and by the councils. In this way, we expect to address the most pressing issues of the day and to most effectively allocate the Association's limited resources.

Lee W. Smith
ASCO Executive Director

1

Resource to the Federal Bureaucracy and Voluntary Agencies

In this area, the Association of Schools and Colleges of Optometry should act in cooperation with the Washington Office of the AOA, and when appropriate, with other groups of the American Optometric Association such as the Council on Optometric Education. ASCO engages in this regard to support the AOA's activities specifically in the area of lobbying in Congress and also to provide educational information and educational data to support the AOA activities. Moreover, ASCO's only involvement is to interact with agency and federal bureaucracies, including the personnel of these agencies, to enhance optometric education's involvement in these areas.

Important agencies that relate to optometric education on a national basis are:

A. Highest priority agency: Health Resources Administration, or successor agency, U.S. Department of Health, Education and Welfare.

B. Second level importance: Office of Education (Financial Aid), U.S. DHEW; Veterans Administration.

C. Other agencies in no specific priority order: Health Services Administration, DHEW; National Institutes of Health, DHEW; Department of Defense; Department of Transportation; Administration on Aging; Office of Management and Budget; General Accounting Office; U.S. Public Health Service, DHEW; Bureau of Indian Affairs; White House.

The Association, in dealing with state bureaucracy and agencies will restrict its activities in principle to those national

issues that the Association has acted upon either by discussion or by Board approved action in the past. In this regard, requests from state agencies will be acted upon as appropriate but principally in line with already existing Board approved actions or guidelines.

2

External Visibility for Optometric Education

The Association should maintain membership with appropriate organizations that would provide maximum external visibility. In this regard, representatives of the Association should attend annual or regular meetings of these organizations and be expected to report back to the Association as appropriate. Membership decisions in these organizations will be decided upon by the Association Board prior to any new affiliations being developed.

In addition to formal membership in these associations, the Executive Director will establish and maintain personal contact with counterparts in the other organizations.

The Association has a responsibility to produce publications that increase the visibility of the Association in an appropriate manner. The *Journal of Optometric Education* serves this purpose both for internal and external visibility.

3

Identification of Funding Sources for Optometric Education

The Association's responsibility in the area of identification of external funding sources principally relates to the improvement of the funding capability of all member institutions. To do this, the Association should approach identifica-

tion in terms of federal and all other sources.

In the federal category, the Association has the responsibility to seek new funds and develop proposals to support the Association's activities. Further, it has a responsibility to seek funds and identify new funding mechanisms for the member institutions and to disseminate information to the member institutions directly.

In the non-federal category, the two areas of involvement of the Association should be (a) to assist states to increase or to develop financial support for optometric education; and (b) to seek from philanthropic foundations funds to support National Office projects or to provide information to individual schools on projects.

4

Profession Planning Directly Affecting Optometric Education

The Association shall develop an ongoing major effort toward long-range policy planning for the profession, from the viewpoint of optometric education, particularly with respect to the evolving health system organization and priorities.

The Association will work to achieve goals that serve member institutions and in the best interests of all members that are better accomplished collectively. The rationale is that national planning will allow maximum use of limited resources.

Possible areas of interest in national planning may be: Pre-O.D. Curricula; Postgraduate Education, including M.S. and Ph.D. degree programs and residencies; Licensure Issues; National Credentialing; Faculty Development; Competency Standards; Faculty Development; Admissions, as it might relate to common procedures and a central application service; the Development of Centers of Excellence as it might relate to research emphasis or clinical emphasis; Allied Optometric Development; Library and Media Development; Institutional Research.

5

Approved Special Projects

The approach to approving special projects is based on a two-fold mechanism of (a) timing, and (b) project identity. It is the responsibility of the ASCO Board to approve special projects and to determine priority and timing; except that urgent projects need only the approval of the President or approval of the Executive Committee.

To be considered for approved special projects they must benefit member institutions or optometric education generally. These projects will be funded from a reserve fund, the amount of which will be determined annually.

6

Central Repository

The Association responds to requests for information and stores relevant materials including:

(a) data, such as the COE reports of member institutions and other similar or comparable as become available or as generated;

(b) media, materials—Association related—that will have utility to member institutions;

(c) official minutes, documents, or project reports generated by the Association; and

(d) information of general interest in health education.

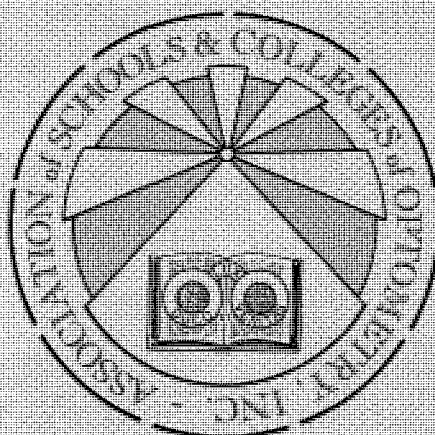
7

Internal Information Exchange

The Association will hold Board meetings as required by Articles of Incorporation and other meetings which provide information exchange to the member institutions.

The Association will continue publications as appropriate for its overall development and for information exchange. Consistent with this, member institutions will continue to circulate publications of their own within the organization and will continue to forward similar publications to the National Office. The *Journal of Optometric Education* is useful if better papers are available and does receive more support by academic optometry. The *Journal*, when further developed, will be an essential part of internal information exchange.

For further information exchange it was felt that the Association has a responsibility to develop some form of abstracting service and capability to send timely information to all member institutions.



ANNOUNCEMENTS & CLASSIFIEDS

VISUAL EXCITEMENT:

3rd Australian/International Optometrical Congress

The Australian/International Optometrical Congress in conjunction with the Asian/Pacific Optometrical Congress, May 12-20, Bali, Indonesia to be followed by Educational Workshops in Singapore and Sydney, Australia. Group departing from West Coast of USA May 10 — returning May 29, 1979. For further information and meeting registration contact Aviva Levy or Sara Grossman, DON Travel Service, 2440 Bancroft Way, Berkeley, CA 94794, (415) 843-8284.

The Worshipful Company of Spectacle Makers

350th ANNIVERSARY CONGRESS

May 14-17, 1979

To Be Held at the Banqueting and Conference Complex of The London Press Centre, New Street Square, London EC4

The theme of the Congress will be "The Changing Demands on the Human Eye and The Development of Technology to Cope with Them." Some of the provisional lecture programs include: "Vision in Adverse Environments," "Advances in Optical Technology," "Aids to the Blind and Partially Sighted," and "Advances in the Understanding of the Visual Process." Anyone interested in further information should contact Mr. Colin J. Eldridge, Clerk and Director of Examinations, The Worshipful Company of Spectacle Makers, Apothecaries' Hall, Black Friars Lane, London EC4V 6EL, England.

ERRATUM

1977-78 Annual Survey of Optometric Educational Institutions. *J. Optom. Educ.* 4(2):27-30, Fall 1978.

Page 27: Under "Student Enrollment" a line was omitted which thereby incorrectly identifies the total student enrollment of the previous year as 1,106. The correct version should read: "This represents an increase of 176 students or 4% over the previous year's figure of 4,033. First year students totaled 1,140 for the 1977-78 school year. This represents an increase of 34 students (3%) over the previous year's figure of 1,106." (Italics indicate omitted portion.)

CLASSIFIED ADVERTISING

OHIO STATE UNIVERSITY Assistant Professor

The College of Optometry at The Ohio State University has three open positions as assistant professor. Candidates must be optometrists holding a Ph.D. degree in physiological optics or a closely related area, and must be eligible for licensure in the State of Ohio. These positions involve classroom and clinical teaching and research. Salaries are competitive.

Send C.V., bibliography, and names of three references to: Chairman, Search Committee, The Ohio State University, College of Optometry, 338 West 10th Avenue, Columbus, Ohio 43210 (614) 422-2647. An Affirmative Action/Equal Opportunity Employer

INDIANA UNIVERSITY Faculty Positions

Indiana University, School of Optometry, is considering applications for faculty positions beginning in the summer and fall of 1979. Applicants should have an O.D. degree and/or an advanced degree when appropriate. Salary and rank will be commensurate with academic credentials and experience. A concern with clinically related research is desirable.

Areas of need include: Primary Care Optometry; Ocular Pathology; Ocular Physiology/Biochemistry; Low Vision; Visual Training.

Interested persons should contact: Rogers W. Reading, O.D., Ph.D., Indiana University, School of Optometry, Bloomington, Indiana 47405. An Equal Opportunity/Affirmative Action Employer

ILLINOIS COLLEGE OF OPTOMETRY Clinic Fellowship Program

The Illinois College of Optometry welcomes applications from graduating optometry students to its Post Doctoral Clinical Fellowship Program, designed to prepare optometrists for careers in optometric education. Applicants should have a strong academic and clinical background. Appointments begin on or about August 1, 1979; application deadline is May 15, 1979. A complete position description is available upon request from: Anthony Nizza, O.D., Director of Fellowship Program, Illinois College of Optometry, 3241 South Michigan Avenue, Chicago, Illinois 60616. An Affirmative Action/Equal Opportunity Employer

OHIO STATE UNIVERSITY Professor of Physiological Optics

The College of Optometry at The Ohio State University with its graduate program in physiological optics, has an opening at the full professor level for a vision scientist of outstanding caliber. The candidate must be an effective teacher and an active and recognized researcher. A Ph.D. (or equivalent) degree is required. Selection and salary depend on ongoing productivity, relevance to this program's needs, and potential for continuing development.

Send curriculum vitae, bibliography, and three references to: Chairman, Search Committee, The Ohio State University, College of Optometry, 338 West 10th Avenue, Columbus, Ohio 43210, (614) 422-2647. An Affirmative Action/Equal Opportunity Employer

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The *Journal of Optometric Education (JOE)* publishes scholarly papers, descriptive and timely reports, continuing information and findings in the field of optometric and professional health education, as well as news of the member institutions of the Association of Schools and Colleges of Optometry (ASCO). Manuscripts are accepted for review with the understanding that they are to be published exclusively in JOE, unless other arrangements have been made in advance.

Preparation of manuscripts:

Submit original manuscripts and two copies to:
Journal of Optometric Education,
1730 M Street, N.W., Suite 210
Washington, D.C. 20036

Manuscripts should be typed double-spaced on 8½" x 11" paper, with one-inch margins on all edges. No length requirements exist, with the content of each paper determining length. It is noted, however, that the average length for most full-fledged professional papers runs 3000 words, or approximately fifteen double-spaced typewritten pages.

References and Illustrations:

References should conform to standard manuals of style and should be keyed to the text in numerical order. For journal references, give the author's name, article title, journal name (or standard abbreviation), volume number, first page of article and complete date. For books, give the author's name, book title, location and name of publisher, and year of publication. Exact page numbers are required for direct quotations from books. Limit references to those specifically referred to in the text, with all references listed on a separate page at the end of the manuscript.

Tables or charts should be typed on a separate page, numbered, titled and cited in the text. Tables should be numbered consecutively and tailored to fit within column width or page width. Line and halftone illustrations should be of high quality for satisfactory reproduction and should be submitted in duplicate if possible. Illustrations must be numbered and cited in the text. Please do not bend, fold or use paper clips on photographs.

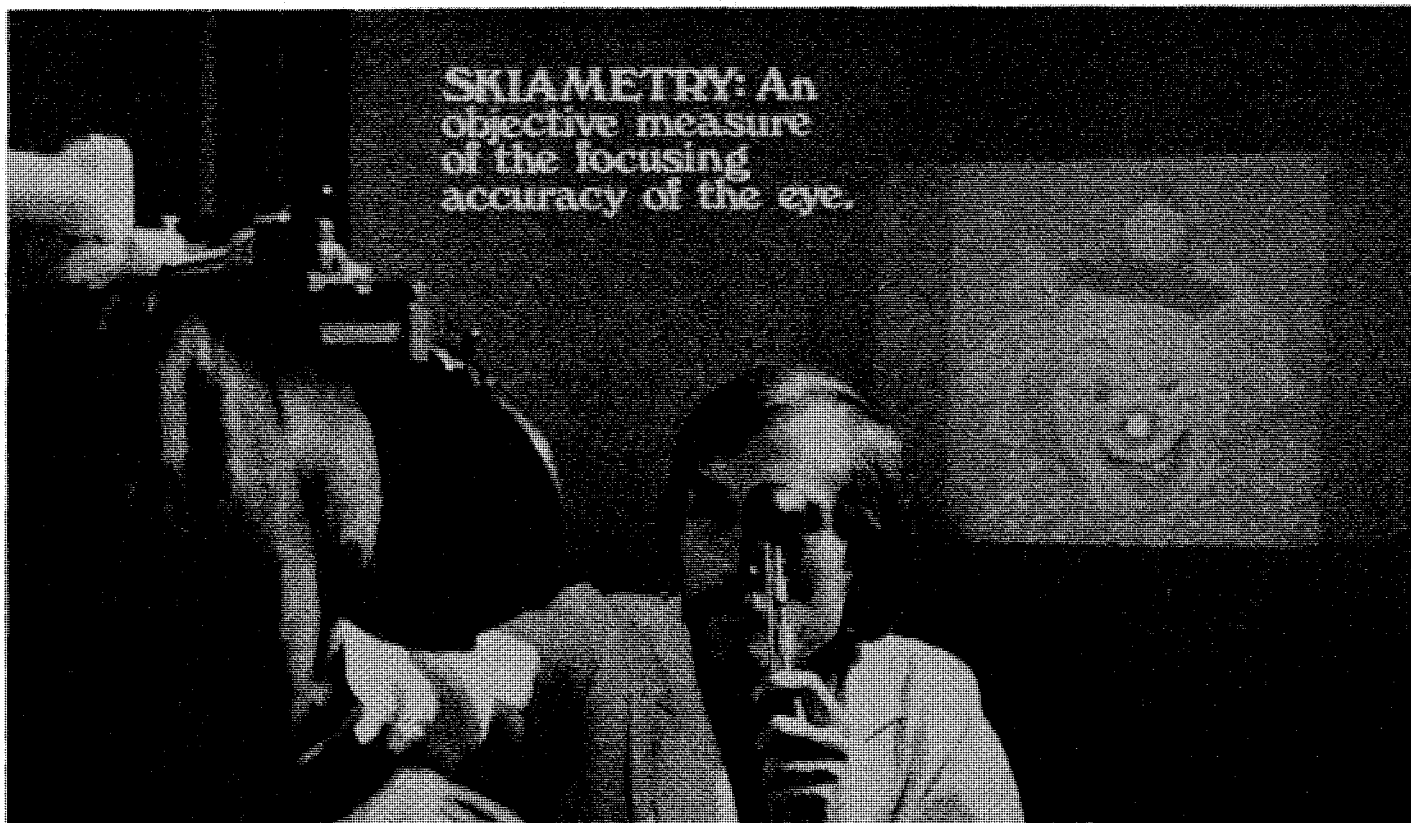
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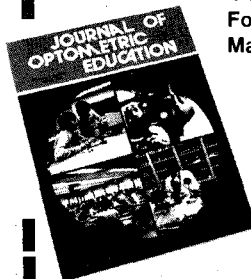
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