JOURNAL OF OPTOMETRIC EDUCATION

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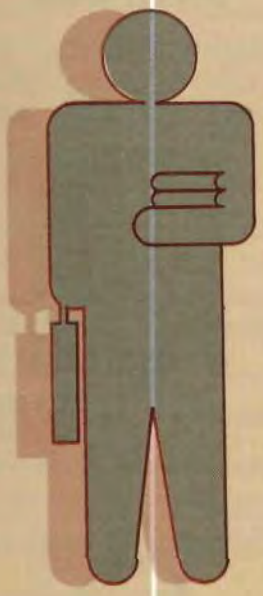
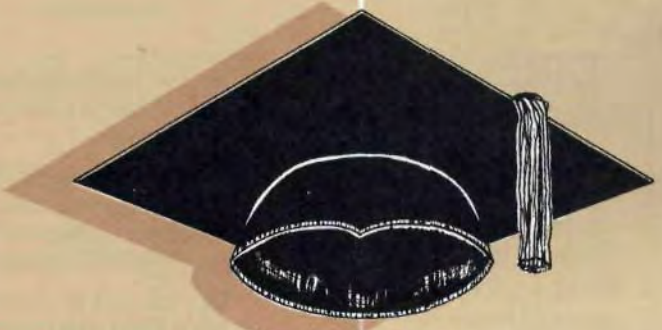
In this issue:





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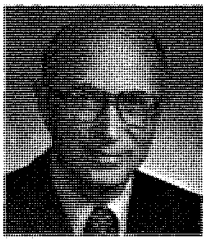

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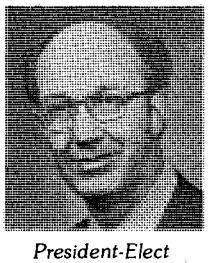

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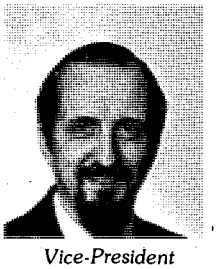

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JOURNAL OF OPTOMETRIC EDUCATION

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DEPARTMENTS

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"The Year in Review: A Look at *JOE*'s Progress"

This year begins my third year as chairman of the Editorial Council of the *Journal of Optometric Education* and the sixth year of publication for JOE. The year has been a rewarding and productive one, both in terms of wider distribution of the *Journal* nationally and increased recognition from the optometric educational community.

The year began with an award from the Optometric Editors Association for "Runner-up, Best Issue" in the Annual Contest for Excellence for the Published Year 1978. ASCO President Dr. Alfred A. Rosenbloom, Jr., and ASCO Executive Director Lee Smith, along with Harriet Long, managing editor of JOE, attended the awards presentation and annual meeting of OEA in Anaheim last June.

As the year progressed, the *Journal* received recognition from optometric and governmental leaders, as well as several national library referencing services. Numerous letters were received commending the *Journal* on its editorial quality and content from practitioners, state optometric societies and government officials, among them the Secretary of Education Shirley M. Hufstedler and Director of the Division of Manpower Training Support, Bureau of Health Manpower, Clifford Allen. In addition, the *Journal* was accepted for referencing in the American Council on Education's National Center for Higher Education library; *Current Index to Journals in Education (CIJE)* of the Educational Resources Information Center (ERIC); the National Health Planning Information Center; and *Statistical Reference Index* of Congressional Information Service, Inc.

The *Journal* also applied for consideration for referencing in *Index Medicus* of the National Library of Medicine. Notification was received in November, 1979, that 129 journals were evaluated for NLM and 26 titles were selected to be included in *Index Medicus* and the MEDLINE data base. The *Journal* was not accepted at this time. It was felt by NLM evaluators that the *Journal* was less needed by the user community served by *Index Medicus* than journals currently being indexed. However, it was noted that since user needs change with time, a journal will be reconsidered if requested after a two-year interval. JOE will reapply for consideration at this time.

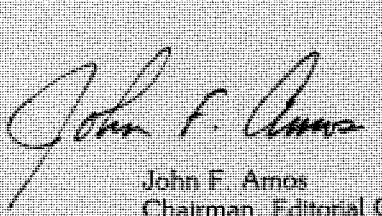
The *Journal* published a total of 21 articles in four issues during the year. Of significant interest is the fact that 12 unsolicited manuscripts were received from the optometric educational community, and all of these will have been published by this issue. This is significantly more than ever before received and I think indicates an increased visibility and recognition for JOE. All of these articles were reviewed by the Editorial Review Board and accepted for publication with only minor changes.

The *Journal* staff prepared two major articles during the year: "Hold Fast to Dreams . . . ," an interview with Dr. Fred Goldberg, of McLean, Virginia, and "Annual Survey of Optometric Educational Institutions, 1978-79," an analysis of the COE annual survey. Three ASCO reports were published: "An Optometric Clinical Practicum Examination Model"; "Professional Development and Administration: Report of the ASCO Project Team on Professional Development Administration"; and "A Faculty Workshop on Clinical Instruction for Optometric Education." In addition, JOE published the final report of an analysis conducted by the Optometric Manpower Resources Project under contract with the Bureau of Health Manpower, "Analysis of Optometric Students, Academic Year 1975-76."

The expansion of JOE's regular feature content has proven to be very worthwhile with the addition of the "Abstracts" column by Dr. Robert Rosenberg, State University of New York, State College of Optometry, and "Resource Reviews" by Dr. Felix M. Barker II, Pennsylvania College of Optometry. An additional feature, "Newsampler," has been newly developed to cover items of interest or impact to the schools and colleges and will be prepared by the managing editor.

A total of 1,500 copies of each issue were distributed during 1979-80. With the addition of ASCO solicitation renewals, paid subscriptions have increased significantly since Spring of 1978. This seems to reflect a wider circulation and interest on the part of practitioners and other professionals as the *Journal* becomes more widely known.

As we move into 1980-81, our primary objectives will be to continue to expand the advertising revenue of the *Journal* and increase circulation. I, along with the managing editor, am very pleased with JOE's progress and hope it will continue to grow and prosper in the coming months.



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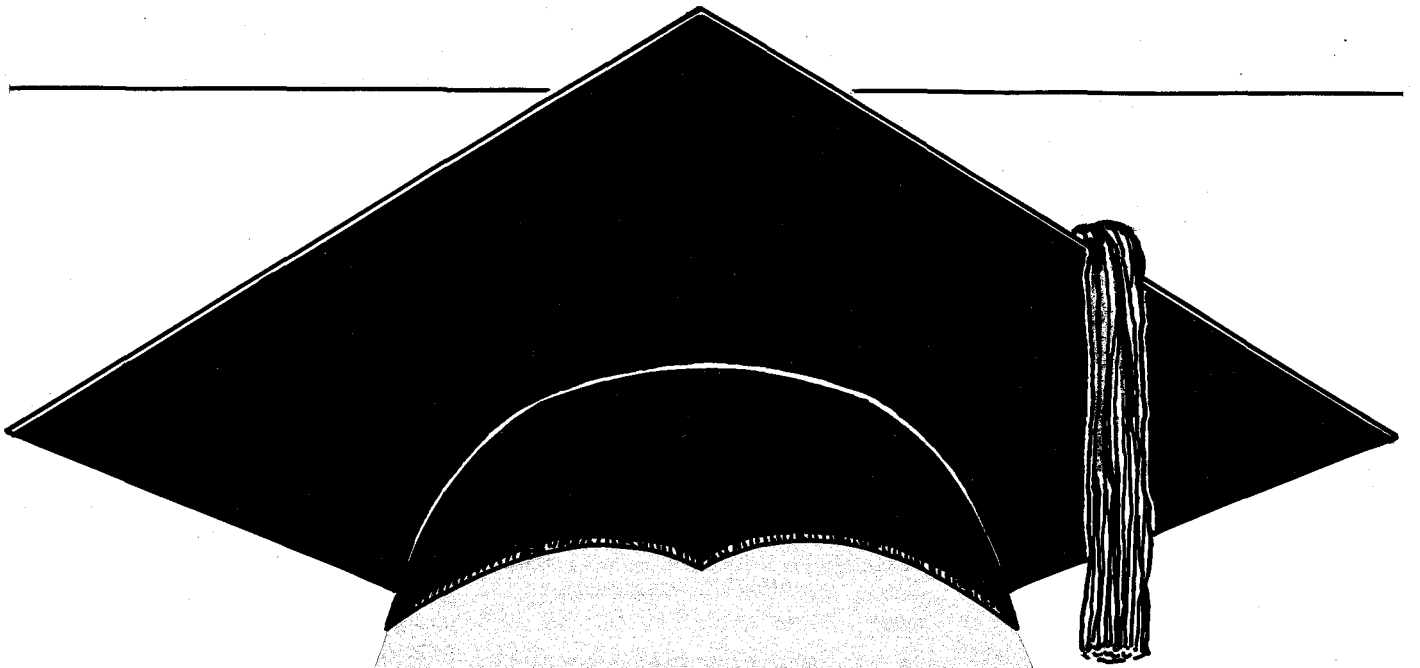


Is Professionalism in the Professions Obsolete?

A Commencement Address Delivered to the Southern College of Optometry, Memphis, Tennessee

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

President Eure, distinguished faculty of this venerable institution, my colleagues new and old, ladies and gentlemen, friends all:

The period of the last generation has been a turbulent but exciting phase in the growth and development of health care and of its professions. And optometry, as part of the panoply of health caring professions providing for important human service needs, grew with the rising expectations of the American people. This era, as no other in the past, has been marked by great scientific and technological progress in health unprecedented in scope. Indeed, this past generation, perhaps more than any other in the history of our nation, was an epochal health era.

But that remarkable era brought with it major social problems. It was assuredly the era when national health care entitlement was "just around the corner"—destined to arrive but failing to do so. It was the era when the national leadership promised equality in health care services for all people—a promise made but never kept. It was the era in which the consumers, as part of a vibrant patient-oriented movement, sought a greater voice in health affairs that affected them—a movement gathering strength but not yet optimized in its effectiveness. This was the era of rapidly escalating costs—and with a vigorous counter movement for their containment. Indeed, this was the era of health expansion, in education and in clinical care, where unprecedented resources were infused into the system—only to be followed by the inevitable retrenchment, rescission and withdrawal of some of those resources. And, finally, this was the era in which governments, federal and state, exercised increasing controls and regulatory supervision not only over the system but, as well, over the professionals who were in it. To those of us who are students of public policy in health care, it was an era that permanently changed the "landscape" with a return to the past virtually an impossibility.

Called into question with increasing frequency in the professions in general,

Alden N. Haffner, O.D., Ph.D., is associate chancellor for health sciences, State University of New York, Albany, New York.

and in the health caring professions in particular, is the dilemma, "*Is professionalism in the professions obsolete?*" My response to that question is a resounding negative, and I rise to defend professionalism.

Its definition is sometimes elusive but I shall presume to offer mine. Professionalism is a demanding code of behavior practiced by its adherents which requires their unstinting commitment to ever expanding excellence in learning and knowledge and to their application to the discipline. It is an unswerving devotion to noble ideals of the discipline's mission in terms of social purposefulness. It is an understanding that one of its fundamental tenets is devotion to service, wholehearted and genuine, even occasionally when such devotion requires personal sacrifice because that service is not divisible, and because it can be neither diminished nor deteriorated. Professionalism involves an attitudinal ambience which differentiates, in the larger public, social and community views, callings which are entrepreneurial in their primary cast. Indeed, professionalism is commanded by enduring values which are human, social and ethical in their context. Professionalism provides that quality of nobility to a discipline which gives it its self esteem, its self restraint and its self realization.

If all of these attributes are so meaningful and so good, why, then, is professionalism in the professions being challenged? Moreover, why are leaders, in our profession and in others, offering newer definitions as if the old ones are no longer satisfactory? I believe that careful answers to these two questions are central and important.

Professionalism, in my opinion, has been blamed by some consumers and by some elements of government for costs of services deemed to be too high. Professionalism has been offered as the explanation of the barrier between the professional and a more intelligent understanding on the part of the consumer of the services received. Professionalism has been blamed for placing a social distance between the professional and the consumer and it is viewed as detrimental to both. Professionalism has been blamed for inequality of access by the consumer to the services of the professional. In short, professionalism has been characterized, by varied public and governmental elements, as a culprit and even as an anti-social contrivance.

Let us look at some of the remedies that have been proposed. They are, in my view, short answers to complex questions. Price advertising is encouraged as if that were the "be all and end all" of consumer education about services. Emphasis is placed upon the sponsorship of human services by large and well financed corporate and commercial elements as if their intentions were not primarily the maximization of profits for the corporate-commercial establishment even at the expense of standards. And some regulatory zealots want human services brought into the marketplace in order to be bartered as if that will produce cost effective quality, understanding and personal relationships.

> *Extract and dilute the essences of professionalism from a health caring discipline and you pose the critical hazard of destroying the discipline as a profession.*

Are these the antidotes to the alleged evils of professionalism? And are those corresponding retaliatory gestures, as cures to the evils, salutary to a more progressive health care and human services system? I hold that they are not. And some misguided persons in leadership positions in our profession and in others, have gone to great lengths to want to change the definition of professionalism because they believe that that change will mean survival for the disciplines. I emphatically refute that thesis. Extract and dilute the essences of professionalism from a health caring discipline and you pose the critical hazard of destroying the discipline as a profession. In optometry, one can discern for oneself what the discipline would be were its professionalism to wane.

It is my view that the public which is served by the disciplines, particularly those which are the licensed health caring professions, has extended a sense of confidence and respect not only to the disciplines but, as well, to its practitioners. And I hold that that confidence has risen or fallen by the perception of the public of the level and quality of the professionalism in the disciplines. A high level of confidence in a discipline, occasioned by the public's comfort that there is strong and genuine professionalism, creates a rapport with a respect for that discipline. Lower that confidence level and there is mistrust, skepticism and the development of an adversarial posture. When the public's confidence is high, it is willing to accord responsibilities and authorities to the discipline in terms of its social utility. While the educational base is essential to warrant the assignment of professional responsibility, the commensurate social authority will not be given unless the confidence is meaningful.

I submit that the additional essential element to garner that confidence of the public is the professionalism of the discipline. For if the educational base is secure but the confidence is wanting, because of a lesser level of perceived professionalism, then the resulting imbalance is socially frustrating, helpful neither to the public nor to the discipline which purports to serve it.

In the above context, I want to turn my remaining remarks specifically to our profession, optometry. The period of the last decade has seen a remarkable forward step in the development of op-

tometry's professional utility. The authority to use drugs for diagnostic purposes, and in two instances for therapeutic purposes, has come about because the educational foundations have been sound and substantive, thereby solidly justifying the increase in professional responsibility. Moreover, the movement in optometry of prior decades to foster increased emphasis on standards of professionalization, thereby markedly raising professionalism, added that other essential element of confidence by the public. The combination of the two ingredients, education and professionalism, provided for optometry the standing, in the public's view, that made possible its progress and development.

At the very moment of its significant growth, however, with added professional responsibility and increased social authority both accorded by a confident public, a troublesome and ominous development took place. The corporate-commercial sponsorship of services exploded at the beginning of the '70s with an intensity and depth as to cast a patina of commercialism and marketplace behavior on our profession. Aided as it was by the initiatives of government to force price advertising, standards of professionalization have been lowered and its movement halted.

But to interpret this development, however serious its magnitude, as rendering professionalism obsolete is incredible. Moreover, for some in leadership positions to be prompted to redefine professionalism giving it a more commercial cast is to pander to fear, sophistry and insecurity, and to hazard mortgaging the confidence of the public. Perhaps those leaders who exhibit such weakness need some re-education about their own profession. Or, maybe, we need some new leaders.

It is interesting to note that the assault by the corporate-commercial element has been upon the eyeglasses, to capture the profits of the marketplace to be derived from their sale. The corporate-commercial element has an insatiable appetite for those profits. Even the Federal Trade Commission, its unwitting handmaiden, has conceded in its recent report that the thoroughness of the standards of examination concerns has been deteriorated by the corporate-commercial element.* Their right to fit and dispense eyeglasses at retail is not in dispute. But I challenge the right of the corporate-commercial behemoth to perform professional care and to render to human service needs. That is neither their function nor their right.

The business of selling eyeglasses in the marketplace is theirs. But professional concerns for standards for meeting human service needs are properly our concerns as doctors of optometry. And those concerns cannot be discharged in the marketplace. Nor should those concerns be subject to the revisionism of the enduring values of professionalism. To do so risks calling into question the very foundations of optometry as a profession. I submit that that is neither in the interest of the public nor in ours.

Professionalism in the professions is not obsolete. The wisdom and strength from professionalism should be enhanced in optometry, not weakened. Its values for public good are unquestioned and the distinction of optometry as a profession will continue to grow with those values cherished.

To my new colleagues in optometry, I salute you for your important attainments thus far and for the exciting promise which your future accomplishments can mean for the public and for our profession. Be noble in your spirit and dedicated in your calling. In these times of national worry and community travail, I challenge you to be, as well, good citizens in the causes that promote human betterment. A loyal and grateful public looks to you for that help precisely because you are professionals—and, particularly, in the field of human services as health care professionals. And, finally, I implore you to join with your colleagues, in this profession and in the others, to defend and uphold professionalism by your words and deeds. It is a lifetime's work and the rewards will be bountiful.

Alfred North Whitehead, that celebrated American of letters and thought, once said:

> Professionals are not new to the world. But in the past, professionals have formed unprogressive castes. The point is that professionalism has now been mated with progress. The world is now faced with a self-evolving system, which it cannot stop.—If mankind can rise to the occasion, there lies in front a golden age of beneficent creativeness.

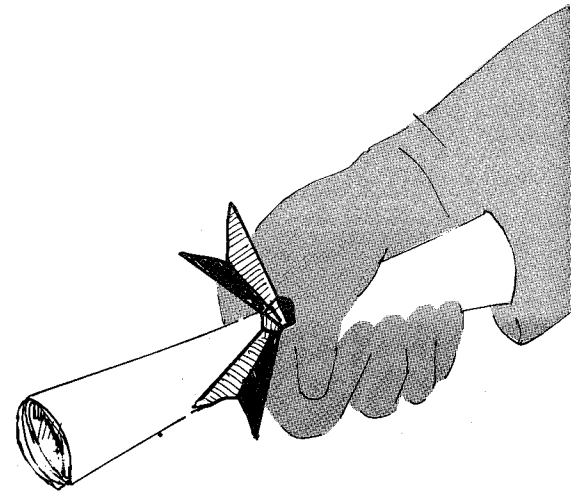
Colleagues, professionalism in the professions is not obsolete.

That remarkable man of Scotland who became so prominent in American life in the nineteenth century, James Oliver, once said:

> You benefit yourself only as you benefit humanity.

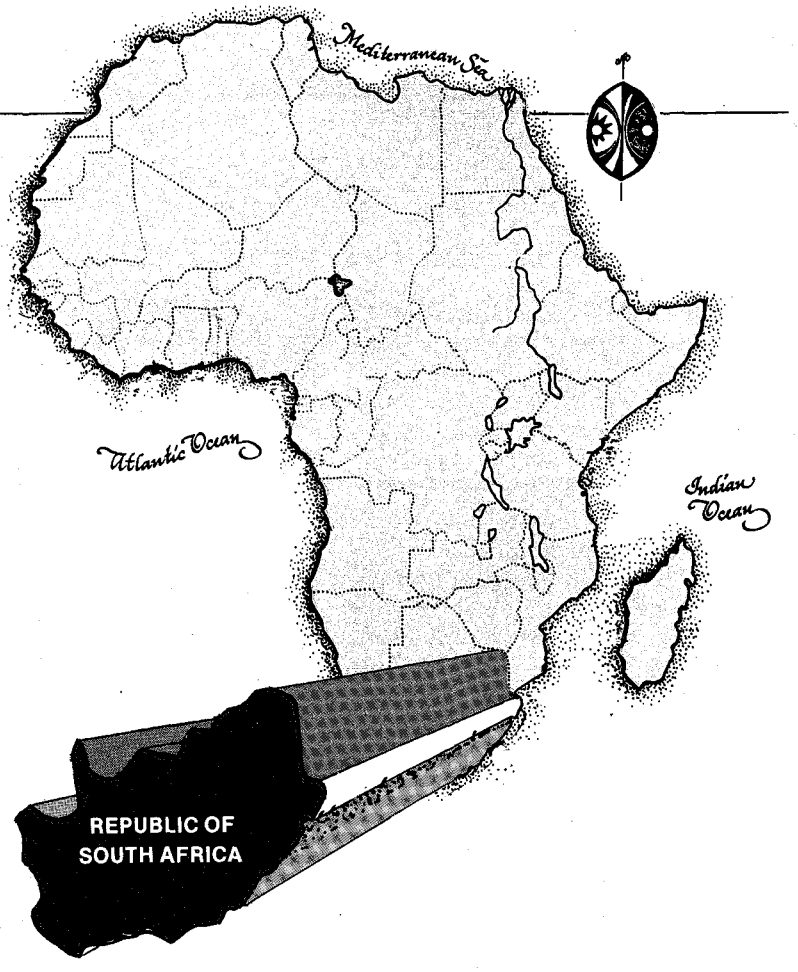
Those words are particularly wise ones on this happy and auspicious day.

□



* Bond, Ronald S., et al. *Staff Report on Effects of Restrictions on Advertising and Commercial Practice in the Professions.* Washington, D.C.: Federal Trade Commission, Bureau of Economics, April, 1980.

Recent Optometric Education Developments in the Republic of South Africa



H.W. Hofstetter, O.D., Ph.D.

Optometry has been taught since 1931 in a technical institute of varying title, presently called Technikon Witwatersrand, in Johannesburg. It is presently a four-year, post-high school course leading to a diploma which in only limited respects is considered the equivalent of an academic degree. Under the South African apartheid system of separation of ethnic groups, this school has catered exclusively to white students until the last year or two in which both a black and an Indian student were admitted.

Recently, two additional optometry schools have been established at universities which were authorized by the separate government departments for black and Indian ethnic categories, namely the University of the North and the University of Durban-Westville, respectively. It is interesting to note, however, that while the admission policy of each of the institutions is clearly stated in terms of ethnic or racial preference or favor, they are not totally exclusive. Exception now may be made, and is in fact occasionally made, when an applicant of other ethnic classification can show that no comparably qualified applicant of the favored ethnic classification is thereby denied admission.

The present report briefly covers the two recently established so-called non-white schools. No attempt is made to evaluate the relative quality of the programs. This would be quite impossible because the two newest programs are still in their initial development stage. However, it can be stated that their presently declared curricula resemble very much that of the optometry school at Technikon Witwatersrand. The latter, in turn, is in large part a take-off of the pattern in England.*

H. W. Hofstetter, O.D., Ph.D., is rudy professor emeritus of optometry at Indiana University School of Optometry, Bloomington, Indiana.

The University of the North

By various criteria the Department of Optometry at the University of the North in the Republic of South Africa may well be the most remotely located optometry school in the world. Almost precisely on the Tropic of Capricorn, the campus is located at a site named Turfloop in a so-called African homeland region known as Lebowa. It lies approximately 30 kilometers (19 miles) east of Pietersburg, about 350 kilometers (210 miles) northeast of Johannesburg, and about 185 kilometers (117 miles) west of the heart of the Kruger National Park Game Reserve. The region immediately sur-

*Hofstetter, H. W. *Report of the Commission of Enquiry into Optometric Education in South Africa to the South African Optometric Association.* Pretoria, South Africa, April 15, 1980.

rounding the campus is quite Arizona-like in appearance with small rock-and-boulder strewn mountains, rugged landscape, numerous cone shaped ant hills a meter or more high, scattered "rondavels" (circular thatch-roofed huts) occupied by local African families, numerous scrubby umbrella-shaped trees, a few cacti and a variety of small succulent plants. In the less immediate area one sees agriculturally cultivated flat lands and substantial acreage in long slender pine trees planted rectangular rows.

Founded on August 1, 1959, as the University College of the North to serve various South African black ethnic categories, it enrolled its first class of 87 students at the start of its first academic year early in 1960. Except for a moderate reversion in 1977-78, a steady growth trend resulted in an enrollment of 2,200 in 1979. With the continuing expansion of residence and academic facilities and a sustained application/admission ratio of about 5:1, the enrollment is expected to reach 5,500 in 1985.

The architectural design of the campus facilities is most impressive and colorful and provides a genuine cultural atmosphere. Figure 1 is a view of several of its buildings including the one which houses optometry (block G at the right of the photograph). The half of this structure assigned to optometry provides an area of about 230 square meters (2,500 square feet) which has been partitioned into 13 rooms consisting of three examining rooms, a room for contact lens fitting, another as a contact lens laboratory, a spectacle fabrication laboratory, an orthoptics room, a combined dispensing and reception room, a room for special clinical tests, a seminar room, a departmental reference and reading room, the director's office, and a staff office. The main passage is shown in figure 2, and two clinical scenes are shown in figures 3 and 4. The rooms are well equipped with up-to-date instruments. The non-clinical courses are offered in other departments.

The four-year optometry curriculum was effectively started in January of 1975 with two students pursuing the essentially pre-optometric science courses of the first year. Requirements for admission to the university are comparable to those for universities in the United States. The same two students received their bachelor of optometry degrees in December of 1978 and are presently engaged in practice, one in a hospital setting and the other in association with a privately practicing optometrist in Johannesburg. Each of the subsequent three classes had only two qualifying students, but it confidently is anticipated that the applications for admission to the subsequent years' classes will increase substantially.

The optometry teaching faculty consists of one full-time Senior Lecturer, Mr. T. B. Giles, a well-qualified optometrist, and three additional optometrists as part-time lecturers, plus a diplomate in medical technology with the title of technician.

The program comes directly under the administration of the dean of the faculty of mathematics and natural sciences, a major division of the university which includes medical laboratory sciences, nursing, optometry, and pharmacy in addition to a wide range of pure and applied sciences and mathematics. Research activities are very evident in the science departments and are strongly encouraged in the professional areas as well. The Dean of the Faculty, Professor A. G. le Roux, holds a doctorate

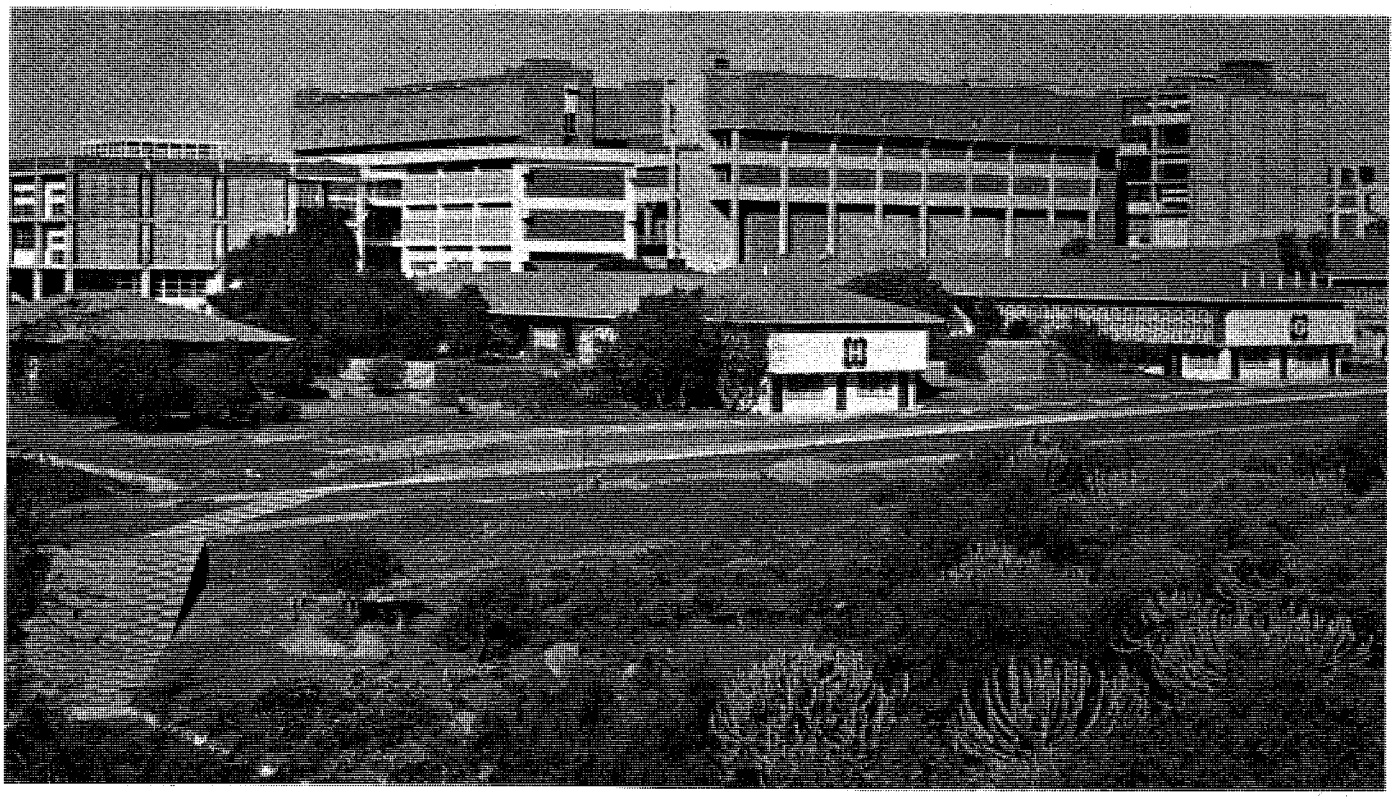


Figure 1. University of the North at Turfloop in South Africa. Optometry is presently housed in building G on the right.

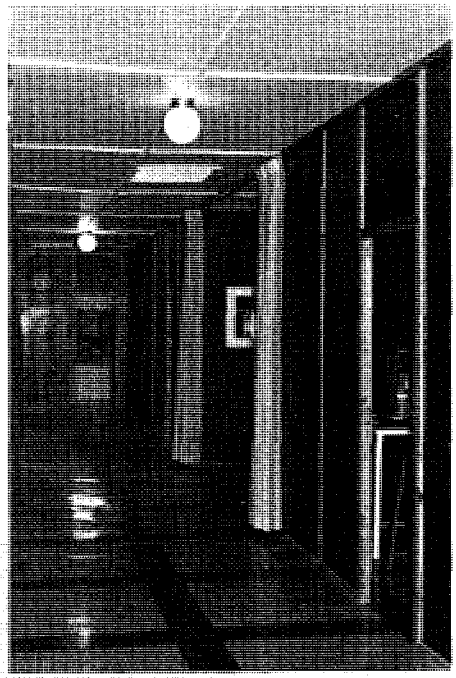


Figure 2. Interior view of the optometry wing from the main entrance at University of the North.

in psychology and is keenly aware of the important role that the optometry program can play in the provision of optometric care, especially to the millions of blacks in Southern Africa.

The same awareness is apparent among the personnel in the University Public Relations Office and in the Guidance Bureau. The main library of the university, already a major asset, shows evidence of efforts to develop a respectable optometry collection as well. A brief two-day visit to the campus in January, 1980, impressed me with the prevailing determination of teachers, students, administrators, and staff to make the optometry program an important feature of the university.

The University of Durban-Westville

Surely, the newest optometry school in the world is that at the University of Durban-Westville located in Westville, a suburban borough of Durban, in the province of Natal, Republic of South Africa. Classes for the 13 students enrolled in the first optometry course began on Monday, February 11, 1980, the beginning of the academic year. All of this group of students have completed the equivalent of American high school and the first year of pre-optometry science requirements at the university and are now scheduled for three academic years of the professional curriculum for the bachelor of optometry degree. Six of the members of the class already have bachelor of science degrees in other disciplines and one has a master of science degree. They were selected from among more than 50 eligible applicants.

The university itself was established in 1961 as a tax-supported college for the benefit of Indian South Africans. Although other students are admitted, the present university enrollment of approximately 5,000 students is almost exclusively of Indian descent, as are all of the 13 members of the first optometry class, although a number of white students had applied for admission. In 1972 the campus was permanently relocated on the crest of a prominent

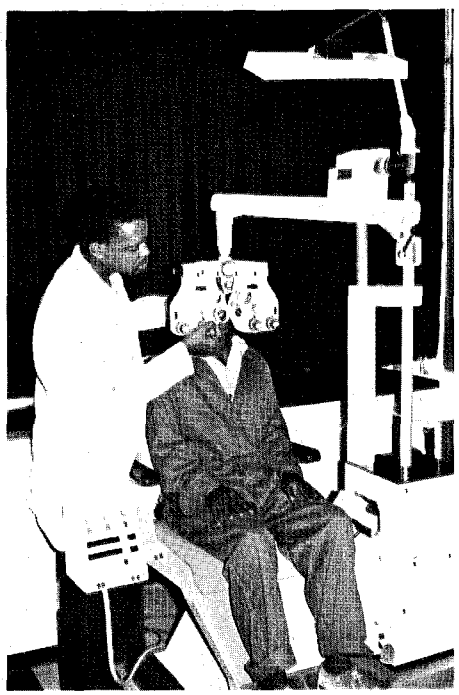


Figure 3. An optometry student examines a patient (University of the North).

elevation of the terrain, a commanding site of 450 acres in Westville only 12 kilometers (8.5 miles) from the center of Durban.

In figure 5 is shown an aerial view of the campus and parts of the surrounding community. The present optometry quarters are in the nearest wing of the multi-winged complex seen farthest to the left in the photograph.

The proposal for an optometry school in the university was initiated from within the university itself in the early 1960s and was diligently pursued by Professor S. P. Olivier, vice-chancellor and rector, the equivalent of university president in the United States. The optometry department is the most recent degree program in the Faculty of Health Sciences, the newest of eight major divisions of the university. The Faculty of Health Sciences presently comprises the departments of pharmacy, pharmacology, optometry, dentistry (therapy and oral hygiene), physiotherapy and anatomy. To commence in 1981 are pathology, speech and hearing therapy, and occupational therapy. Further extensions in other health areas are envisioned, including the eventuality of a medical school and a dental school.

The Department of Optometry program includes, in addition to the curriculum leading to the bachelor of optometry degree, provisions for the master and doctor of optometry degrees. The master of optometry degree calls for an additional year of resident study and research leading to a dissertation. The doctorate will require an additional two years of study and research beyond the master's, with the final details yet to be formulated.

The present academic staff for the optometry courses consists of Professor D. Kenneth Turnbull and Lecturer Michael J. Gowans, both full-time. Professor Turnbull qualified as an optometrist in England and South Africa and has a long and highly creditable experience in optometric education as the former head of the School of Optometry at the Witwatersrand College of Advanced

Figure 4. An optometry student doing biomicroscopy on a clinic patient (Univeristy of the North).

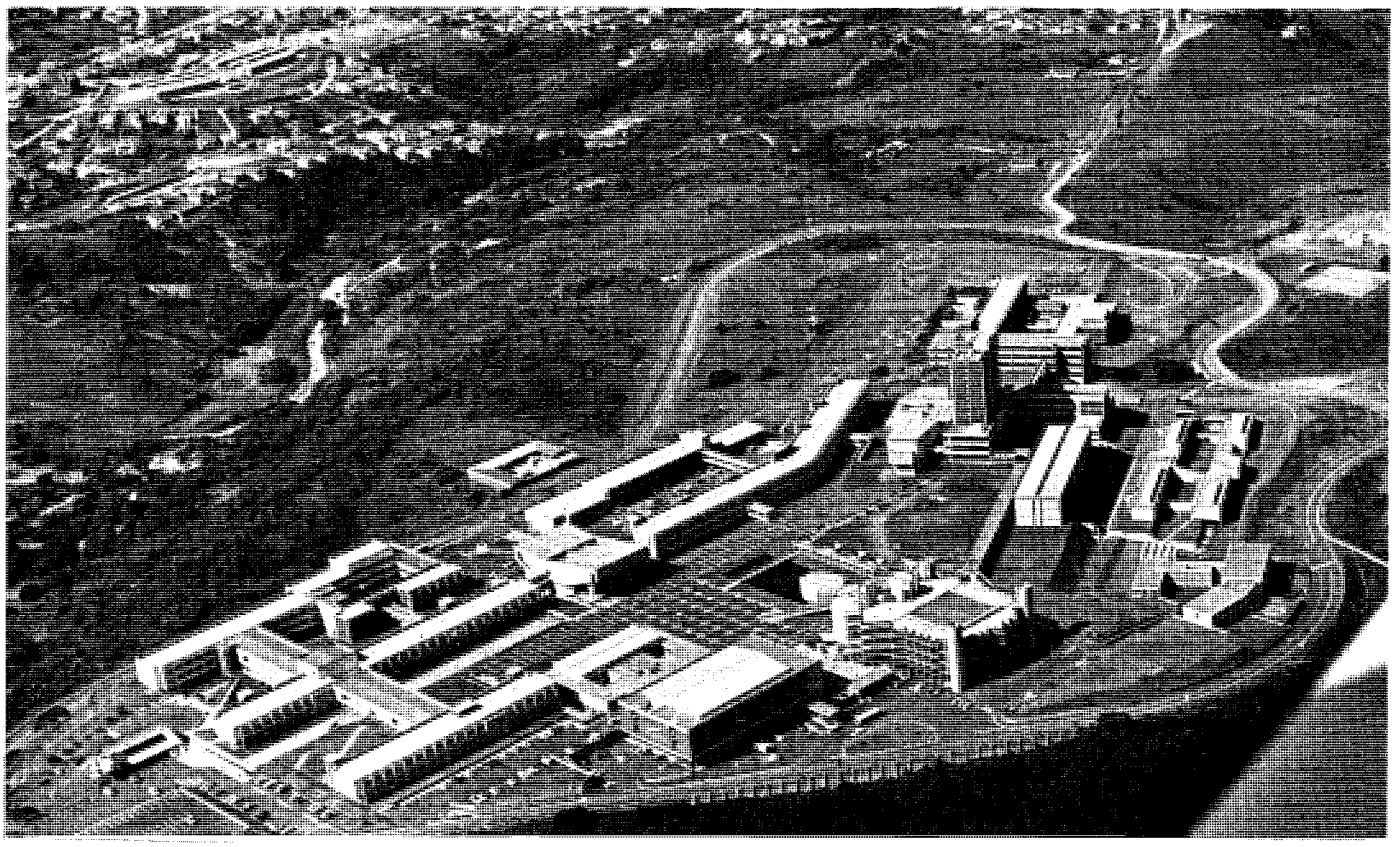


Figure 5. An aerial view of the University of Durban-Westville in South Africa.

Technical Education in Johannesburg. He is a longtime member of the American Academy of Optometry and recently familiarized himself with American as well as British educational methods in an academic study tour. Gowans is similarly qualified both in England and South Africa and has considerable optometric teaching experience. Both Turnbull and Gowans have had substantial experience in private practice, and each have published several papers. Other members of the university faculty in other departments as well as members of the university administration are highly enthusiastic about the optometry program and leave no doubt as to their determination to make it an outstanding school.

The Indian South African population to which the university caters, approximately three-quarter million almost entirely in the Natal Province, has a local reputation for strong academic motivation, especially along health professional lines. Nevertheless, there are presently less than ten Indian South African optometrists because, until about a year ago, they could qualify only overseas.

The Indian South African population has a local reputation for strong academic motivation . . . Nevertheless, there are presently less than ten Indian South African optometrists because, until about a year ago, they could qualify only overseas.

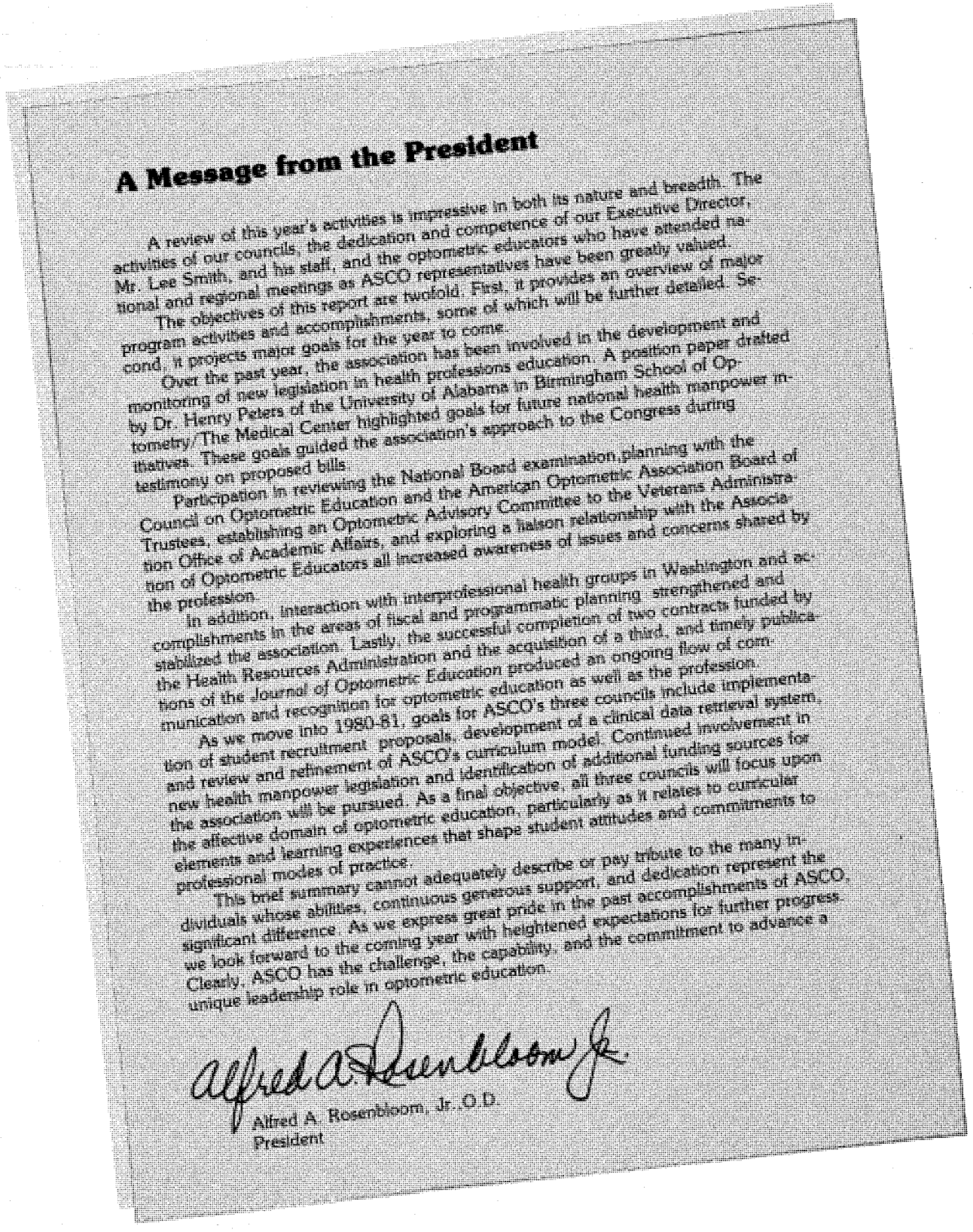
Substantial equipment for the optometry courses is in order, and, at the time of this writing was being received piecemeal from overseas suppliers. That the clinic and laboratories will be well equipped seems without doubt. Plans are also underway to develop intensive research activity both in visual science and clinical optometry.

The syllabi for the optometry courses are set out in thorough detail in visual science, clinical optometry, geometric, physical, and ophthalmic optics, contact lenses, dispensing, binocular vision, occupational optometry, subnormal vision, legal aspects of optometry, practice management, ocular anatomy, pathophysiology and ocular pathology, pharmacology for optometrists, and ocular abnormalities and recognition of disease. The physics, chemistry, mathematics, biology, physiology, biochemistry and psychology courses are taught in the respective science departments of the university.

Altogether, this school has the earmarks of a well thought out and firmly established program in a young and virile university which already has attained a respectable reputation internationally. □

Association of Schools and Colleges of Optometry

1979-1980 ANNUAL REPORT



A Message from the President

A review of this year's activities is impressive in both its nature and breadth. The activities of our councils, the dedication and competence of our Executive Director, Mr. Lee Smith, and his staff, and the optometric educators who have attended national and regional meetings as ASCO representatives have been greatly valued.

The objectives of this report are twofold. First, it provides an overview of major program activities and accomplishments, some of which will be further detailed. Second, it projects major goals for the year to come.

Over the past year, the association has been involved in the development and monitoring of new legislation in health professions education. A position paper drafted by Dr. Henry Peters of the University of Alabama in Birmingham School of Optometry/The Medical Center highlighted goals for future national health manpower initiatives. These goals guided the association's approach to the Congress during testimony on proposed bills.

Participation in reviewing the National Board examination planning with the Council on Optometric Education and the American Optometric Association Board of Trustees, establishing an Optometric Advisory Committee to the Veterans Administration Office of Academic Affairs, and exploring a liaison relationship with the Association of Optometric Educators all increased awareness of issues and concerns shared by the profession.

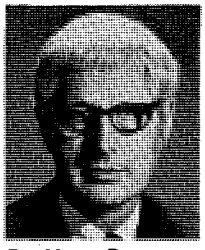
In addition, interaction with interprofessional health groups in Washington and accomplishments in the areas of fiscal and programmatic planning strengthened and stabilized the association. Lastly, the successful completion of two contracts funded by the Health Resources Administration and the acquisition of a third, and timely publications of the *Journal of Optometric Education* produced an ongoing flow of communication and recognition for optometric education as well as the profession.

As we move into 1980-81, goals for ASCO's three councils include implementation of student recruitment proposals, development of a clinical data retrieval system, and review and refinement of ASCO's curriculum model. Continued involvement in new health manpower legislation and identification of additional funding sources for the association will be pursued. As a final objective, all three councils will focus upon the affective domain of optometric education, particularly as it relates to curricular elements and learning experiences that shape student attitudes and commitments to professional modes of practice.

This brief summary cannot adequately describe or pay tribute to the many individuals whose abilities, continuous generous support, and dedication represent the significant difference. As we express great pride in the past accomplishments of ASCO, we look forward to the coming year with heightened expectations for further progress. Clearly, ASCO has the challenge, the capability, and the commitment to advance a unique leadership role in optometric education.

Alfred A. Rosenbloom, Jr., O.D.
President

Leadership in National Health Planning



Dr. Henry Peters

In December, 1979, the association completed, under the direction of Dr. Henry Peters, dean, School of Optometry/The Medical Center, University of Alabama in Birmingham, a position paper on the federal health manpower role as it relates to the development of new federal health professions education legislation. This paper highlighted eight areas of concern to optometry and will guide the association's approach to the Congress during the evolution of new legislation in 1980-81.

The major points of the paper included:

1. Need for support for minority access to optometric education and low interest loans for students.
2. Support for additional institutions for optometic education.
3. Incentives to support clinical education to serve underserved populations and manpower distribution to meet regional needs.
4. Need for support for institutional research and curriculum and faculty development programs.
5. Support for the development of effective programs to address quality of care, competency assurance and cost effectiveness.

Through meetings, comment on drafts and independent input, ASCO had the opportunity to provide professional advice to the Congress in the development of legislation. Through testimony of ASCO leadership in hearings on the proposed bills, amendments were suggested which would better meet optometric and national priorities.

ASCO will continue to develop legislative programs to the benefit of education and the vision needs of the public in the years to come.

Leadership in Educational Development

During 1979, the Council on Institutional Affairs identified as its primary objective the establishment of a comprehensive plan to develop a standardized data base for education, research and administration within the schools and colleges of optometry. An ad hoc committee met in February, 1980, to develop a pilot project for implementation of a clinical component of such a base and identified five objectives to be accomplished over the next fifteen months. Subgroups of the council handled the various aspects of the project, and a specific study design was developed which was proposed to the ASCO Board of Directors at the annual meeting in June, 1980.

In addition to the clinical data base, the council is exploring a proposal of the Association of Optometric Educators (AOE) for affiliation with ASCO. A position paper drafted by Dr. Deborah Adler-Grinberg of the University of Houston, president of AOE, will be considered for formal recommendation in the near future. Possible establishment of a Council on Faculty Affairs is being considered.

The most important activity of the Council on Student Affairs during 1979 has been the implementation of objectives identified by a Project Team on Student Recruitment to address the declining number of applicants to the schools and colleges of optometry. The project team, chaired by J. Paul Crippan of the Pennsylvania College of Optometry, enumerated several recommendations that ASCO should undertake to attract both a greater number and a higher quality applicant to optometry. These included: continued publication of the *Information for Applicants* booklet, published in conjunction with the American Optometric Association; development of an information brochure which would serve as a first-contact piece to prospective students; and design of a recruitment poster with tear-off return card to be used in high school and college guidance offices and other appropriate locations.

In 1980-81, the project team will focus on development of a national program to utilize practicing optometrists in recruitment with the help of the materials currently being developed.

Preparation of a non-cognitive grant proposal to determine traits of optometry applicants linked to success in the profession has been completed by the OCAT Committee of the Council on Student Affairs. Chaired by Dr. Nira Levine of Pacific University, the committee continues activities in the area of biodata collection and is looking at the feasibility of developing OCAT preparation materials. An important change implemented during 1979 has been the reduction in the number of OCAT testing dates from three to two for 1980-81.

The Council on Academic Affairs has participated in the update of sections of the National Board examination topical outline to bring it into closer conformity with the ASCO curriculum model. In early June, 1980, educators in theoretical optics and ophthalmic optics met to update outlines in those two areas and to coordinate them with what is being taught at the institutions and with the curriculum model.

A survey also is being conducted to determine how closely each institution's curriculums conform to the curriculum model and to identify those areas which are not being taught in accordance with the model and those which are being taught but are not included. This information will be used to update further topical outlines and to determine needed development and/or revision of the curriculum model.

A second major goal of the Council on Academic Affairs has been to strengthen practice management curricula by identifying skills necessary to function as a supervisor in an optometrist's office. A committee chaired by Dr. James Gregg of the Southern California College of Optometry met in June, 1980, to identify those functions and make recommendations as to the curriculum and methods of implementing teaching of these skills to optometry students.

Leadership in Professional Relations

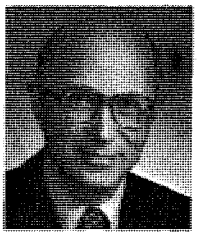
In January, 1980, ASCO met with representatives from the National Board of Examiners in Optometry (NBEO), International Association of Boards of Examiners in Optometry (IAB), and the American Optometric Student Association (AOSA) to evaluate and recommend methods and procedures to improve the quality of the National Board examination and to propose future studies and activities to improve examination quality, utilization and acceptance.

ASCO President Dr. Alfred A. Rosenbloom, Jr., met with representatives of the Council on Optometric Education also in January, 1980, for a cooperative planning session to establish closer liaison through partial sharing of accreditation visitation costs. The Council on Optometric Education is the official accrediting agency for optometric educational institutions recognized by the Council on Postsecondary Accreditation and the U.S. Office of Education. It is hoped that shared support will lead to greater independence of the COE by insuring funding from a variety of sources.

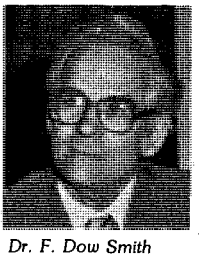
During the year, ASCO Executive Director Lee Smith served on the advisory committee of a contract held by the Western Interstate Commission on Higher Education to develop a plan for regionalization of optometric education in the Western states. ASCO also has been instrumental in developing justification for obtaining federal assistance to implement the plan recommended by the contract.

With the approval of Dr. John Mather, Director of Affiliated Education Programs Service of the Veterans Administration, a new optometric liaison committee to the VA Office of Academic Affairs was established in 1979. Members of this committee include: Dr. Alfred A. Rosenbloom, Jr., chairman, president of the Illinois College of Optometry; Dr. F. Dow Smith, president of the New England College of Optometry; and Dr. Gordon Heath, dean of Indiana University School of Optometry.

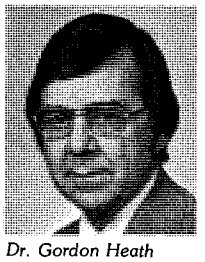
ASCO also participated in development of proposed funding levels for health manpower with the Coalition for Health Funding and attended meetings of the Association of Academic Health Centers. In addition, ASCO Executive Director Lee Smith was elected chairman of the Federation of Associations of Schools of the Health Professions and represented ASCO on the Interprofessional Health Council, newly reestablished by the American Optometric Association.



Dr. Alfred Rosenbloom, Jr.



Dr. F. Dow Smith



Dr. Gordon Heath

Leadership in Professional Growth

In December of last year, representatives of the American Optometric Association's Project Team on Manpower and New Academic Facilities testified before the Florida State Commission on Higher Education for establishment of a new school of optometry in Florida. ASCO provided background on manpower needs, cost factors and other data justifying the need for a new school. In addition, ASCO provided technical advice and assistance to the University of Missouri-St. Louis in working with AOA to elicit support of start-up funds through Congress.

Assistance also was provided to Northeastern State University, Tahlequah, Oklahoma, in seeking support for construction of a vision care clinic as part of a new Indian Health hospital at Tahlequah.

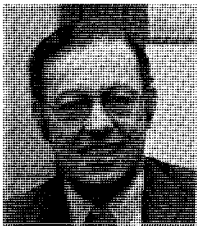
In April, 1980, ASCO Executive Director Lee Smith and Dr. J. Boyd Eskridge, professor and chairman of the Department of Optometry, University of Alabama in Birmingham, School of Optometry/The Medical Center, served as consultants to a team of evaluators reviewing a proposed new school of optometry at Inter American University of Puerto Rico. Dr. Eskridge and Smith were selected by the Council on Higher Education of the Commonwealth of Puerto Rico to provide technical assistance in the areas of optometric education, finance and management in evaluation of the school's application for licensure.

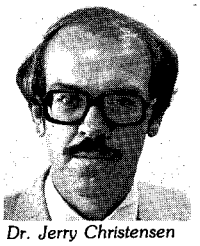
The association received three new requests for membership during 1979. They were: Northeastern State University, Tahlequah, Oklahoma; the Optometric Center of Maryland; and the University of Missouri-St. Louis. These requests for membership will be acted upon during the June, 1980, annual meeting.

In addition, the association is pleased to recognize the following new academic appointments within the optometric educational community:

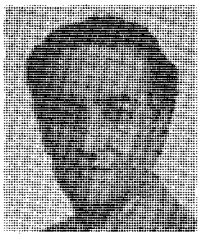
Dr. William R. Baldwin, Dean, University of Houston School of Optometry;

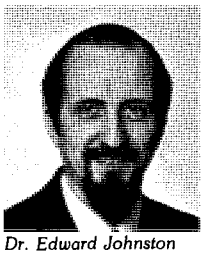
Professional Growth (continued)

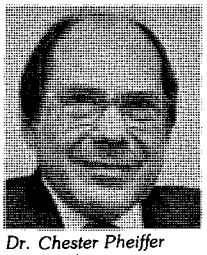

Dr. William Baldwin

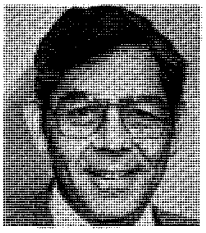

Dr. Jerry Christensen


Dr. Jay M. Enoch


Dr. Alden Haffner


Dr. Edward Johnston


Dr. Chester Pheiffer


Dr. Melvin Wolfberg

Dr. Jerry L. Christensen, Dean, University of Missouri-St. Louis School of Optometry;

Dr. Jay M. Enoch, Dean, University of California, Berkeley, School of Optometry;

Dr. Alden N. Haffner, Associate Chancellor for Health Sciences, State University of New York;

Dr. Edward R. Johnston, President, State University of New York, State College of Optometry;

Dr. Chester H. Pheiffer, Chairman, Division of Optometry, Northeastern State University;

Dr. F. Dow Smith, President, The New England College of Optometry; and

Dr. Melvin D. Wolfberg, President, Pennsylvania College of Optometry.

Leadership in Information and Administrative Services

During 1979 ASCO completed and submitted final reports on two contracts: 1) "A Management Workshop for Institutional Administrators in Optometric and Podiatric Education"; and 2) "A Faculty Workshop on Clinical Instruction for Optometric Education." Both were funded by the Bureau of Health Manpower, Health Resources Administration, Department of Health and Human Services (formerly HEW).

ASCO also was awarded and began work on a third contract: "A Plan for Development of an Educational Program in Rehabilitative Optometry." This contract will be carried out over a fifteen-month period and is valued at $128,000. It will assess the scope of present programs in rehabilitative optometry and design model curricula for both graduate and postgraduate (residency-level) optometric education.

The association's quarterly publication, the *Journal of Optometric Education*, received increased recognition during 1979 with an award for "Runner-Up, Best Issue" from the Optometric Editor's Association and numerous congratulatory letters from government and health leaders, including the new Secretary of Education Patricia Hufstedler. In addition the *Journal* was added to several national library referencing services, including:

Current Index to Journals in Education (CIJE) of the Educational Resources Information Center (ERIC);

Statistical Reference Index of Congressional Information Service, Inc.;

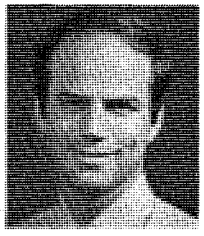
American Council on Education, National Center for Higher Education library; and

the National Health Planning Information Center.

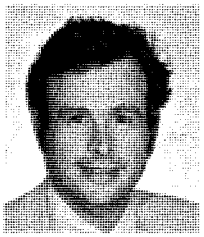
In addition, the *Journal* published timely and informative pieces including: "Report of the ASCO Project Team on Professional Development and Administration;" "Symposium on the Role of Biological Sciences in the Optometric Curriculum;" and "Continuing Competency: The Newest Challenge in Health Care."

Roles and responsibilities of ASCO officers and council chairpersons were delineated by ASCO President-Elect Dr. Willard B. Bleything, dean, Pacific University College of Optometry; and comprehensive planning goals for council activities were established in conjunction with project prioritization and designation of council vice-chairpersons.

As a final note, an important step in fiscal planning was undertaken with the establishment of earlier budgetary planning, investment of reserves and systematic cash management.


Dr. Gerald Lowther, Chairman, Council on Academic Affairs


Dr. Anthony DiStefano, Chairman, Council on Institutional Affairs


Dr. Michael Heiberger, Chairman, Council on Student Affairs.

Officers

President:

Alfred A. Rosenbloom, Jr., O.D., M.A.
President, Illinois College of Optometry

President-Elect:

Willard B. Bleything, O.D., M.S.
Dean, Pacific University,College of Optometry

Vice-President:

M. Emerson Woodruff, O.D., Ph.D.
Director, University of Waterloo, School of Optometry

Secretary-Treasurer

Richard L. Hopping, O.D.
President, Southern California College of Optometry

Immediate Past President:

Alden N. Haffner, O.D., Ph.D.
Associate Chancellor for Health Sciences, State University of New York

Council Chairpersons

Council on Academic Affairs:

Gerald E. Lowther, O.D., Ph.D., Chairman, Ferris State College, College of Optometry

Douglas Poorman, Ph.D., Vice-Chairman, Southern California College of Optometry

Council on Institutional Affairs:

Anthony F. DiStefano, O.D., M.Ed., M.P.H., Chairman
Pennsylvania College of Optometry

Paulette Schmidt, O.D., M.S., Vice-Chairman, The Ohio State University, College of Optometry

Council on Student Affairs:

Michael H. Heiberger, O.D., M.A., Chairman, State University of New York, State College of Optometry

James Noe, M.A., Vice-Chairman
The Ohio State University, College of Optometry

Board of Directors

William R. Baldwin, O.D., Ph.D.
Dean, University of Houston, College of Optometry

Jack W. Bennett, O.D.
Dean, Ferris State College, College of Optometry

Willard B. Bleything, O.D., M.S.
Dean, Pacific University, College of Optometry

Jay M. Enoch, O.D., Ph.D.
Dean, University of California, Berkeley School of Optometry

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President, Southern College of Optometry

Gordon G. Heath, O.D., Ph.D.
Dean, Indiana University, School of Optometry

Frederick W. Hebbard, O.D., Ph.D.
Dean, The Ohio State University, College of Optometry

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

Henry B. Peters, O.D.
Dean, University of Alabama in Birmingham, School of Optometry/ The Medical Center

Alfred A. Rosenbloom, Jr., O.D., M.A.
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F. Dow Smith, Ph.D.
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Melvin D. Wolfberg, O.D.
President, Pennsylvania College of Optometry

M. Emerson Woodruff, O.D., Ph.D.
Director, University of Waterloo, School of Optometry

Member Institutions

The University of Alabama in Birmingham
School of Optometry/The Medical Center
1919 Seventh Avenue, South
Birmingham, Alabama 35233

University of California, Berkeley
School of Optometry
101 Optometry Building
Berkeley, California 94720

Ferris State College
College of Optometry
Big Rapids, Michigan 49307

University of Houston
College of Optometry
3801 Cullen Boulevard
Houston, Texas 77004

Illinois College of Optometry
3241 South Michigan Avenue
Chicago, Illinois 60616

Indiana University
School of Optometry
Bloomington, Indiana 47401

Inter American University of Puerto Rico
Fernando Calder 463, Hato Rey
G.P.O. Box 3255
San Juan, Puerto Rico 00936

Member Institutions (continued)

University of Missouri-St. Louis
School of Optometry
8001 Natural Bridge Road
St. Louis, Missouri 63121

The New England College of Optometry
424 Beacon Street
Boston, Massachusetts 02115

Northeastern State University
Division of Optometry
College of Arts and Sciences
Tahlequah, Oklahoma 74464

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

The Ohio State University
College of Optometry
338 West Tenth Avenue
Columbus, Ohio 43210

Pacific University
College of Optometry
Forest Grove, Oregon 97116

Pennsylvania College of Optometry
1200 West Godfrey Avenue
Philadelphia, Pennsylvania 19141

Southern California College of Optometry
2001 Associated Road
Fullerton, California 92631

Southern College of Optometry
1245 Madison Avenue
Memphis, Tennessee 92631

University of Waterloo
School of Optometry
Faculty of Sciences
Waterloo, Ontario, Canada N2L 3G1

University of Montreal
School of Optometry
3333 Queen Mary Road #350
Montreal, Quebec, Canada H3C 3J7

ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY, INC.

FINANCIAL STATEMENT

June 30, 1980

(UNAUDITED)

ASSETS

Cash—Checking & Savings		$ 3,178.61	
Cash—Contract Account		5,024.46	
Certificate of Deposit		0.00	
Intercapital Liquid Asset Fund		143,837.02	
Furn., Fixtures & Equip.	$5,407.40		
Less Accum. Dep.	2,605.36	2,802.04	
Automobile	$8,396.28		
Less Accum. Dep.	2,100.00	6,296.28	
TOTAL ASSETS			$161,138.41

LIABILITIES AND FUND BALANCE

Payroll Taxes and Benefits Payable	$ 359.15	
Fund Balance	160,779.26	
TOTAL LIABILITIES AND FUND BALANCE		$161,138.41

About the Association

The Association of Schools and Colleges of Optometry (ASCO) is a nonprofit, tax-exempt professional educational association representing the professional programs of optometric education in the United States and Canada. Continuously training nearly 4,000 students, the schools now graduate upward of 1,000 qualified doctors of optometry per year.

ASCO incorporated in 1972 and established a National Office in 1974. The National Office provides a wide range of services to the schools and represents optometric education to the public and the health community. In addition, it maintains cognizance over legislative and national affairs and provides counsel and comment to policies and programs affecting optometric education.

The association has established three major councils in the areas of Academic Affairs, Student Affairs and Institutional Affairs. These councils review and recommend policy decisions concerning issues of importance to the Board of Directors. In addition, they maintain ongoing activities in their respective areas of responsibility.

In 1975, ASCO spearheaded the publication of the *Journal of Optometric Education*. Now entering its sixth year of publication, the *Journal* is the only publication in the U.S. today devoted entirely to the educational concerns of the profession.

Headquarters

Association of Schools and Colleges of Optometry
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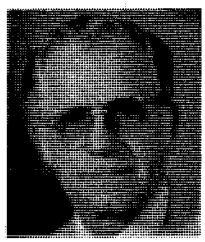
Washington, D.C. 20036
(202) 833-3374

National Office Staff

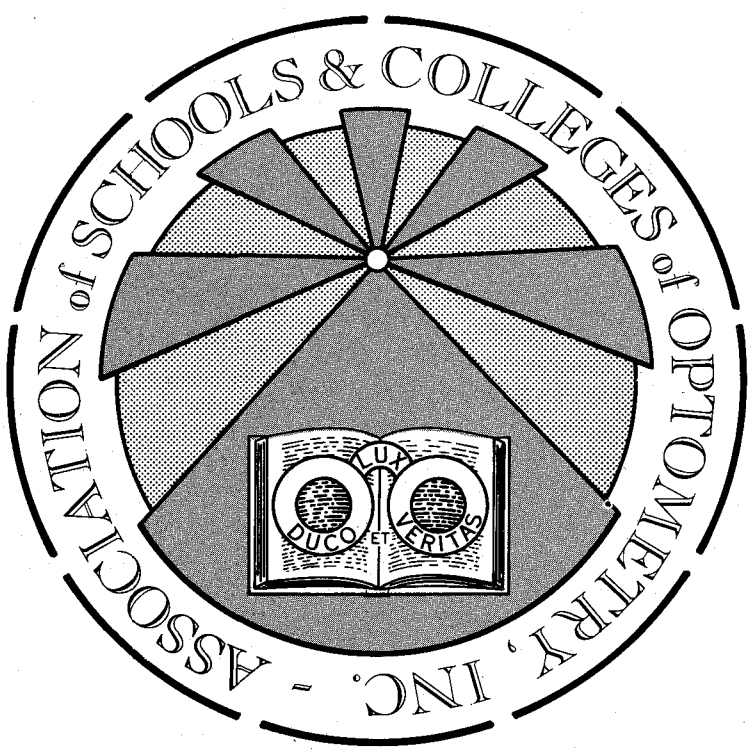
Lee W. Smith, M.P.H., Executive Director

Harriet E. Long, Managing Editor, *Journal of Optometric Education*

Charlotte M. Ahrendts, Secretary to the Executive Director



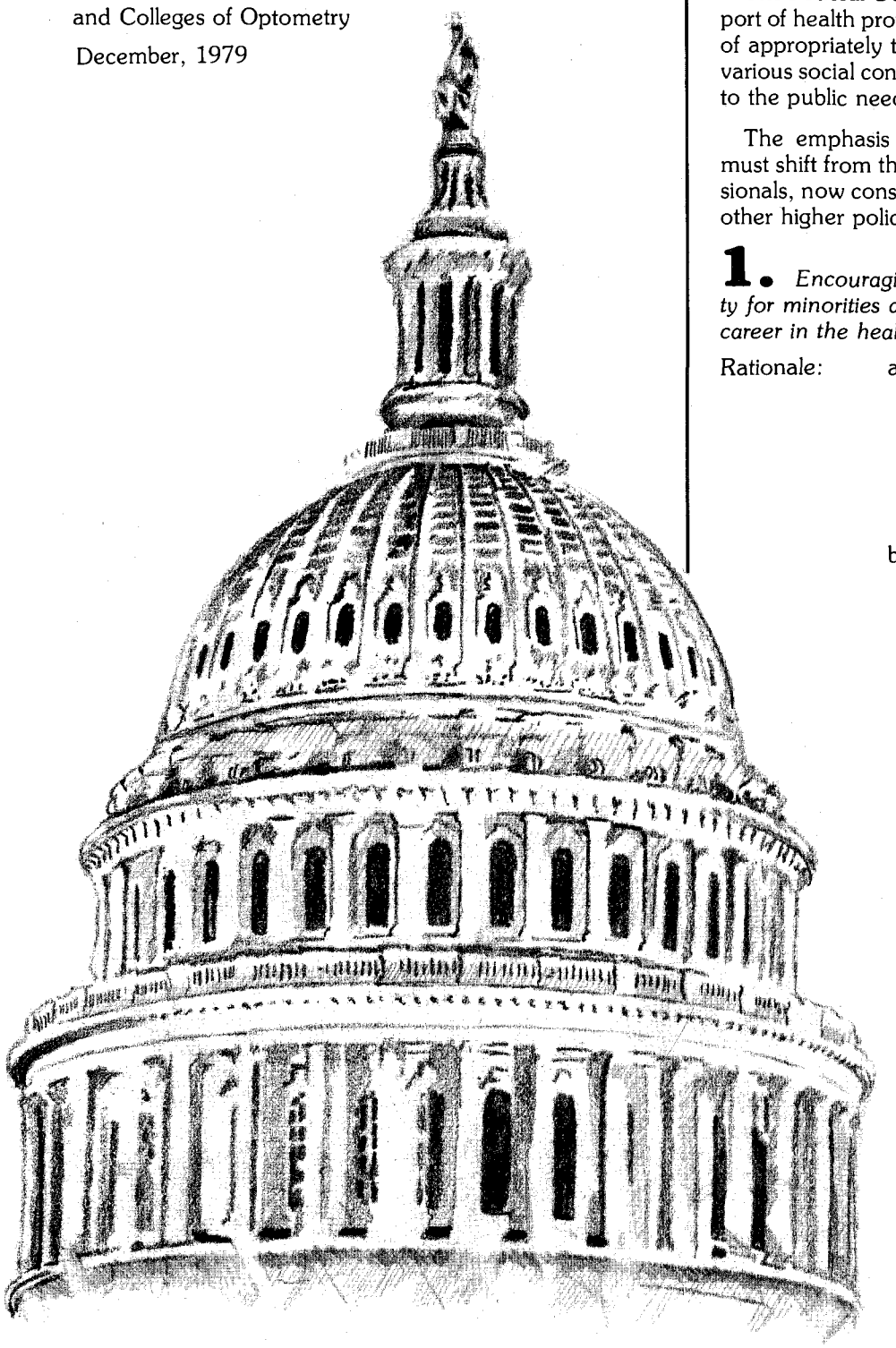
Lee W. Smith



Recommendations for the Development of Future Federal Health Manpower Initiatives

A Position Paper Submitted in Consideration of New Legislation for the Education of Health Professions Personnel

Association of Schools
and Colleges of Optometry
December, 1979



The Federal Government has a continuing role in the support of health professions education to assure the availability of appropriately trained health manpower to implement its various social concerns as expressed in health policy relating to the public need.

The emphasis of health professions education support must shift from the production of numbers of health professionals, now considered adequate, to the implementation of other higher policy concerns:

1. *Encouraging and supporting an equitable opportunity for minorities and disadvantaged individuals to pursue a career in the health professions.*

Rationale:

a) The increasing costs of health professions education and the decreasing availability of student loans and scholarships strongly indicate that minorities and disadvantaged students are being increasingly denied access to health profession education.

b) The existing loan programs not only are decreasing in availability but also place students in such a debt position that they are unable to borrow the additional funds to start a practice, particularly in rural and inner city areas where the need is great but the growth of the practice is likely to be too slow to carry the additional debt.

Recommendation:

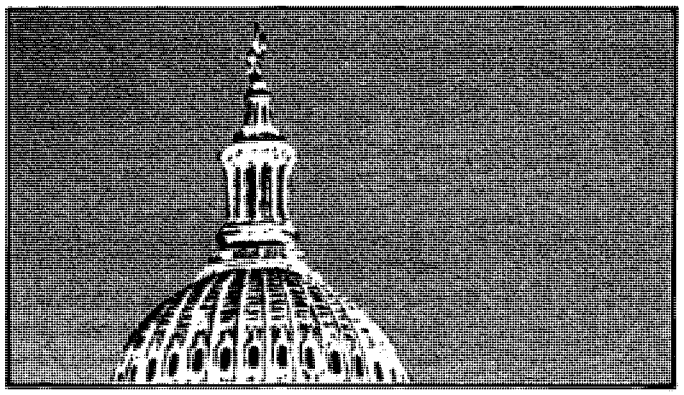
Develop a scholarship program for the support of minority and disadvantaged students, perhaps tied to the National Health Service Corps, involving 75 percent federal funds and 25 percent state funds in a matching program for the MOD/VOPP professions. Such a program should provide funds at a rate comparable to graduate research training grants and be administered in conjunction with contract programs of Regional Education Boards (SREB, WICHE, NECHE, etc.).

This position paper was submitted to the Department of Health and Human Services (formerly HEW) and the Senate and House committees on health for consideration in the development of new health professions education legislation.

2. *Encourage the development of programs in the health professional schools that address the issues of quality of care, competency assurance and cost effectiveness.*

Rationale:
a) The escalating costs of health care are a national concern. Health professions schools all of whom operate clinical service and training programs, many of which are addressed to tertiary care, have paid little attention to programs of cost effectiveness and cost containment.
b) The documented increase in iatrogenic complications, inappropriate and unnecessary procedures is not being controlled by PSRO programs nor have the health professional schools seriously addressed their responsibility for continuing competency assurance and quality standards.

Recommendation: Develop a program of support for health professions schools to utilize faculty expertise in the development within their educational clinics of model programs for cost effectiveness and quality assurance.



3. *Encourage the development of programs of health promotion, prevention and health protection in the educational programs in the schools of the health professions.*

Rationale:
a) As the leading causes of death and disability continue to shift to the factors related to the environment and to personal life-style, there is a growing awareness of these factors on the part of the public, to which the health professionals have contributed very little.
b) The Surgeon General's report emphasizes the positive gains in health status and the potential of cost containment in health protection and promotion. Schools of the health professions have not modified their curricula or programs to support these perspectives.

Recommendation: Develop a program of support for health professions schools to create the curricular changes that will result in the manpower orientation and expertise that the program of health protection, health promotion and disease prevention requires.

4. *Encourage and develop the support for the health professions schools to create programs of service that relate to special areas of public need—primary care.*

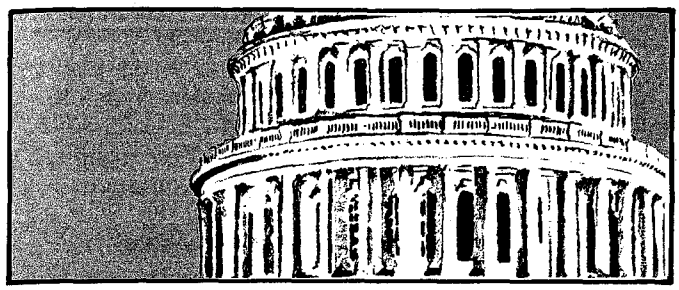
Rationale:
a) Both specialty and geographic maldistribution have been cited as areas of federal concern. These problems will be exacerbated by the overproduction of physicians. This also leads to inappropriate utilization of medical specialists and further escalation of health care costs. While federal support has been provided for the development of primary care physicians, this support has not been provided other health professions programs even though they are clearly providing primary care services.
b) While there is a relatively equitable distribution of optometrists there are still substantial needs for optometric services in both rural and inner city areas, areas of particular federal concern. Special funding for such clinical services is needed since Medicare and Medicaid funding for services is virtually not available.
c) Optometric education provides a solid basic health science background for the practice of optometry and with enhanced training in health assessment, counselling and health screening would provide a major resource for needed primary care.

Recommendation: Develop a special projects program for VOPP schools to enhance health assessment, counselling and health screening utilizing rural outreach and inner city clinical sites.

5. *Encourage the development of programs in the health professions schools to develop practitioners for service to special categories of the population of particular public concern.*

Rationale:
a) There are special age groups that have been singled out for concern by the federal government, namely children and the aging. Both of these groups have a special need for high quality, available services. Schools of the health professions have been slow in providing the trained manpower to serve the unique needs of these groups.
b) The federal government has initiated programs for the development of educational programs for the handicapped. In most States it has been discovered that the necessary professional expertise is simply not available to maximize this opportunity for service to the handicapped nor to initiate the programs of rehabilitation required.

Recommendation: Develop targeted support for the training of health professionals, in all the professions, in primary care, services to children and the aged, and rehabilitation of the handicapped.



6. *Encourage the development of programs of institutional research in the health professions schools.*

Rationale:

a) There have been sporadic and individual efforts to develop a data base of information related to the various health professions and their schools. Such information is of vital importance to the decisionmaking process of the federal government but is usually incomplete, inadequate or inconsistent.

b) While each school and each profession needs this type of information to evaluate and guide its planning and decision making, there is also a need for comparable data between schools and between professions. No one school can do this alone but there is real need for the development of an institutional research capability in each school, particularly in times of restrained resources for their support.

Recommendation: Develop a program of support for institution research in each of the health professional schools that can be coordinated into a comprehensive, comparable data base for health professions education.

7. *Encourage quality enhancement by supporting the affiliation of free-standing optometry schools with academic health centers.*

Rationale:

a) The schools of optometry in the nation number only 14, of which 5 are private non-profit, free-standing institutions. These private institutions, recognizing the significant opportunities for upgrading the quality of their educational programs through amalgamation into an academic health center, have made serious efforts to so affiliate.

b) The academic health centers have been interested in such a development but have been restrained by inadequate institutional funds and a lack of external support for such a program.

Recommendation: Develop a program for the support of the amalgamation of free-standing optometry schools into academic health centers to enhance the quality of optometric education and interprofessional relations in a manner that will provide incentives for academic health centers.

8. *Develop a program of health manpower distribution responsive to regional needs.*

Rationale:

a) Regional education commissions and boards have developed considerable expertise in assessing the health manpower needs of their region for the various professions. They represent an objective and responsive body with concerns that more nearly coincide with the service areas of health professions schools. HSA's are clearly too parochial for such planning purposes, particularly for VOPP schools.

b) Regional education commissions and boards have developed important contract programs through interstate compacts for the training of health professional students. These programs provide state support for students to attend health professional schools in regional schools where none exist in the home state. These programs are of particular significance to veterinary medicine, optometry and podiatry because of the small number of schools.

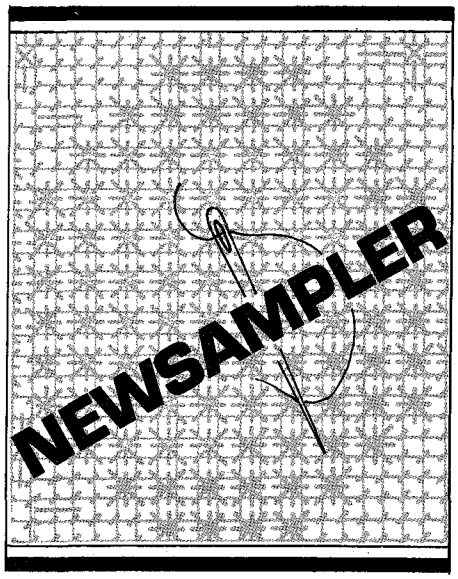
c) While current studies indicate there will be a surplus of physicians in the near future in the U.S., regional studies demonstrate that there are significant needs for veterinary medicine, optometry and podiatry professionals in certain parts of the United States.

Recommendation: Develop a block grant program to be administered by regional education commissions or boards for the development of new schools, clinical campuses and other innovative educational development, with state cost sharing through the contract program, to meet regional needs for optometrists, podiatrists and veterinarians.

While the above recommendations and rationale address important problems in health manpower in general terms, each one has specific application to the schools and colleges of optometry. We have not supplied the detailed backup information at this time but assure you that if the general principles are acceptable we would be pleased to develop such material as needed for the support of optometric education and to assist in the development of legislative specifications. □

Acknowledgement

The Association of Schools and Colleges of Optometry wishes to thank Dr. Henry B. Peters, dean of the School of Optometry/The Medical Center, University of Alabama in Birmingham, for his leadership in developing this position paper.



USPHS Offers Epidemiology Training Program

The U.S. Public Health Service (USPHS) is accepting applications for a proposed extension of a training program in medical epidemiology. Up to fifteen (15) persons per year, who already have an M.D., a doctorate in an allied health profession, or Ph.D. in a biomedical or behavioral science, may be accepted as Commissioned Officers in the USPHS for a three-year period of duty. Applications received by September 30, 1980 may be considered for service to begin July 1, 1981. During the first year, each successful applicant will attend a university, at government expense, as a candidate for the M.P.H. or equivalent degree. During the subsequent two years, individuals will work in association with senior epidemiologists in the participating USPHS agencies primarily in research studies. A matching procedure akin to the national internship matching will be employed to assure that each individual is assigned to a preceptor whose area of expertise is of interest to the trainee, and consistent with his/her further career plans.

Pay and allowances will be those established for USPHS Officers. The normal starting rank will be Senior Assistant (03). For further details of the program, and for application forms, send inquiries to:

Robert S. Gordon, Jr., M.D.
Special Assistant to the Director, NIH
National Institutes of Health
Building 1, Room 238
Bethesda, Maryland 20205

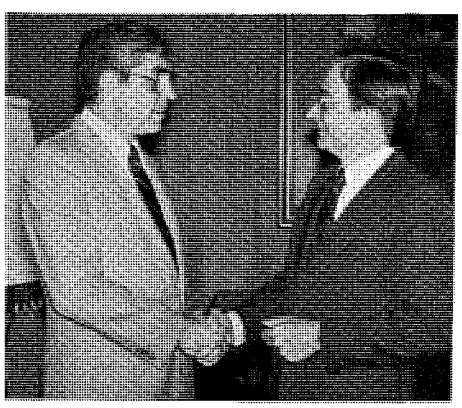
CE Credits Available at Home

Optometrists in 21 states now may earn continuing education credits *at home* through an innovative correspondence course offered through the Optometric Study Center, Philadelphia, Pennsylvania.

The Optometric Study Center courses are prepared and accredited by Pennsylvania College of Optometry and have been approved for license renewal credit by the state boards of examiners in 21 states. Other state and VSP approvals are pending.

Starting July 15, 1980, courses will appear quarterly in *Review of Optometry*, a monthly professional journal reaching 21,000 practicing optometrists. Courses, prepared by widely known optometric and health-care experts, will be accompanied by a self-test and will focus on topics of known optometric need. By mastering the course and passing the test, optometrists may earn two hours of credit toward license renewal.

Optometric Study Center courses have been approved by state boards in Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Massachusetts, Mississippi, Missouri, Montana, New Jersey, North Carolina, Ohio, Pennsylvania, VSP, Rhode Island, Texas and Washington.



Dr. Melvin Wolfberg (left), president of Pennsylvania College of Optometry, and Review of Optometry *Publisher Richard L. Barwis IV agree on the concept of the Optometric Study center which will offer continuing education courses at home.*

Truth in Testing Revised

Based upon amendments to the New York "truth in testing" legislation the Psychological Corporation has announced that the Optometry College Admission Test (OCAT) again will be given in New York and results authorized to be sent to the State College of Optometry, State University of New York. The SUNY school will again require the OCAT as an admission criteria for the 1981 class.

Dates of the New York exam will be the same as those contained in the OCAT information bulletin. Sites will be announced at an early date.

APHA Vision Care Officers Elected

The Vision Care Section of the American Public Health Association (APHA) recently elected new officers for the year who include several members of the schools and colleges of optometry. APHA Section Council Members include: Edwin C. Marshall, O.D., M.P.H., associate professor of optometry at Indiana University School of Optometry; Anthony DiStefano, O.D., M.P.H., associate professor of public health at Pennsylvania College of Optometry, and Harris Nussenblatt, O.D., M.P.H., assistant professor of optometry at the University of Houston College of Optometry. Elected to the Governing Council was Siu G. Wong, O.D., M.P.H., adjunct professor of optometry at the University of Houston College of Optometry. Chairpersons of section committees include: Dr. Nussenblatt, chairperson, program planning; Bernard Maslovitz, O.D., M.P.H., assistant professor of optometry at the University of Houston College of Optometry, chairperson, newsletter; and Dennis Yamamoto, O.D., M.P.H., director of government relations at the Pennsylvania College of Optometry, chairperson, membership.

The APHA Vision Care Section was established in fall, 1979. It is one of 25 sections making up the APHA constituency.

PCO Receives First Biomedical Research Grant

Pennsylvania College of Optometry has been awarded a Biomedical Research Development Grant from the National Institutes of Health, Division of Research Resources. PCO is the first optometry school to receive such an award which amounts to $121,884 in FY 1980. Total award for the length of grant is $295,735 over three years, commencing on July 1, 1980. Principal investigator is John Siegfried, Ph.D., associate professor of psysiological optics and psychology.

The award program will provide acquisition of research equipment,

(continued on p. 24)

Self-Scoring Tests

Paul L. Pease, O.D., Ph.D.

While tests are often thought of as tools for the evaluation of the quality of student performance, they also provide a learning experience by conveying knowledge of results to the student. It is now considered axiomatic that the learning process is enhanced when the student sees the results of his efforts immediately and thus, immediate feedback of quiz or test results are likely to augment the value of the test as a teaching instrument by converting the test to a form of self-instruction.

Pressy[1] has developed a punchboard that provides a student with immediate knowledge of test results, i.e., positive feedback when a student achieves the correct answer and negative feedback when the question is answered incorrectly. In the past I have used a punchboard, which in effect allows the student to self-score the test but have found them cumbersome to assemble for large classes. Teaching machines are of course available for providing knowledge of results to students, but these and other similar automated approaches are not well suited for large classes, limited budgets, and the administration of examinations that are developed as a course proceeds.

The procedure described herein is inexpensive, flexible, and a practical method for providing the student with immediate feedback, not only on tests, but on other forms of instructional materials as well.

Paul L. Pease, O.D., Ph.D., is associate professor of physiological optics at the New England College of Optometry, Boston, Massachusetts.

Materials

The materials needed include: (1) a spirit master, (2) a latent image transfer sheet, (3) a spirit duplicator, and (4) a latent image developer. Items (1) and (3) are commonly already available at an educational institution, and items (2) and (4) can be purchased from the A.B. Dick Company.*

The spirit master is prepared in the usual manner for visible information, and areas where responses are to be made are outlined. The spirit carbon is then removed and substituted with the latent image transfer sheet and then the invisible information is typed or handwritten. The master is then ready for duplication on a spirit duplicator for up to 125 copies.

The examination is administered in a usual manner with instructions to the student to persevere with each question until the correct answer is identified. After deciding upon an answer to a question the student receives immediate feedback as to whether or not he is right or wrong with the latent image developer which is supplied in a marking pen.

* *A. B. Dick Company, 5700 West Touhy Avenue, Chicago, Illinois 60648*

An example will serve to clarify the manner in which feedback and reinforcement are possible. One format for a test question would be a multiple choice question as shown in Figure 1. In the illustrated example the latent image marker was drawn across all of the blocks containing the invisible information "YES" and "NO" indicating which choices are correct and which are incorrect. In addition to providing the student with immediate knowledge of the results of his efforts to answer the question correctly, there is also a benefit to the instructor who can, because the latent image developer is visible, identify which distractors were selected. This permits a more detailed item analysis of the test results. Scoring of the test results can be done in a variety of ways including the award of partial credit according to the number of choices selected.

The latent image materials are, of course, applicable to examinations in

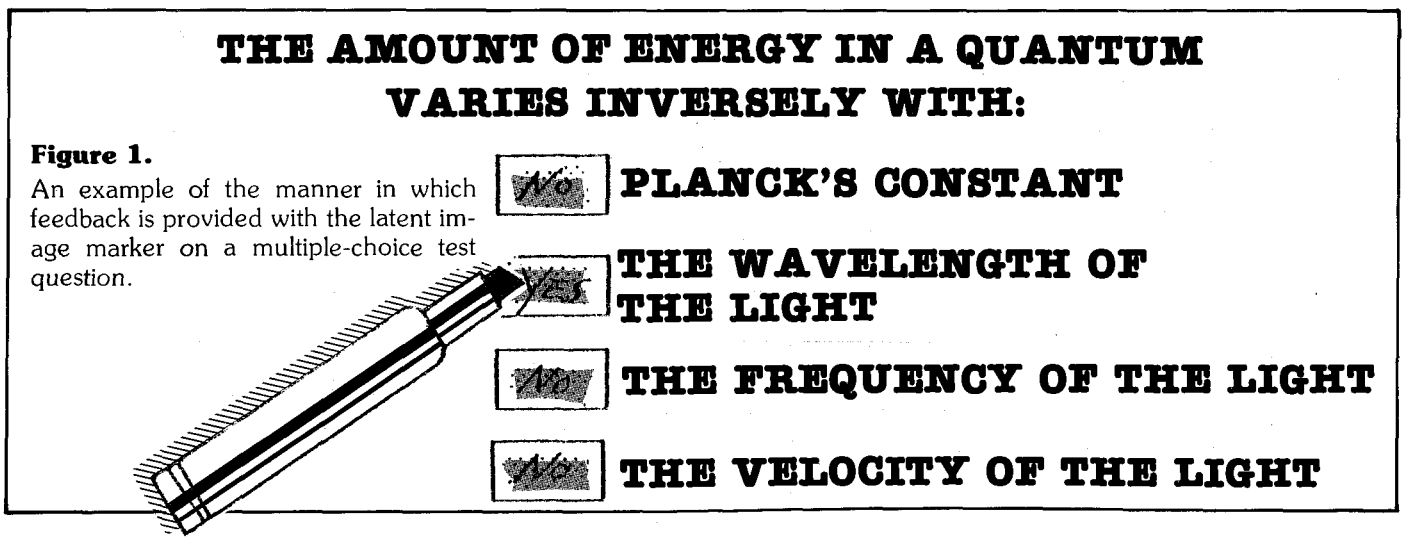


Figure 1.
An example of the manner in which feedback is provided with the latent image marker on a multiple-choice test question.

forms other than multiple choice. The invisible information can be extended to include more specific information, as for example to cue the student as to why a particular answer is incorrect. Further, when knowledge of preceding results is necessary to continue with a problem, the student is able to proceed with correct information. For example, one might provide the student with the case history of a patient and ask which optometric procedures provided in a list ought to have priority in order to most readily identify the patient's visual problem. Clinical results obtained with the various procedures could be encoded as invisible information. Having once identified that a particular procedure is important to the diagnosis, the findings obtained could be revealed with the latent image marker and then used as a basis for proceeding with the next step in the diagnosis. This last example is similar to one used in the past by a state licensing board in medicine and has obvious value, not only in testing, but also in the training of diagnostic ability.

Beyond their utility for enhancing the instructional value of tests, latent image materials would appear to be well suited for other instructional methods including programmed instruction, individualized instruction, and programmed lectures. In my experience with tests in this format, students have exhibited a certain amount of anxiety and negativism towards immediate feedback of test results. However, as the students have become more familiar with the testing format, the benefits of immediate feedback become more obviously manifest. □

Reference

1. Pressey SL: Development and appraisal of devices providing immediate automatic scoring of objective tests and concomitant self-instruction. *J Psychol* 29:417-447; 1950. Cited in Kaess W, Zeaman D: Positive and negative knowledge of results on a Pressey-type punchboard. *Current Research on Instruction*. RC Anderson, GW Faust, MC Roderick, DJ Cunningham, and T Andre (eds). New Jersey, Prentice-Hall, Inc., 1969, p 149.

continued from p. 22

technical services including laboratory research technicians and animal facility technicians, and research associates in the areas of physiology, visual function and single-unit electrophysiology. In the third year, funds will be provided to hire a key investigator in single-unit electrophysiology.

INTERNATIONAL

International Contact Lens Educators

An International Association of Contact Lens Educators (IACLE) has been formed as a result of the second European Symposium on Soft Contact Lenses held in Monte Carlo last year. The purpose of the organization is to exchange information relative to contact lens education. The first meeting of the association will be held in London, October 23-24, 1980, and will focus on foundation and audio-visual equipment and methods. Persons interested in attending should contact John de Brabander, F.A.A.O., secretary, IACLE, Bethemstraat 15, 3032AA Rotterdam, the Netherlands.

British College of Ophthalmic Opticians

The British College of Ophthalmic Opticians was formed on March 1, 1980, with the merger of three former organizations: the British Optical Association, the Scottish Association of Opticians and the Worshipful Company of Spectacle Makers. The college will act as a single examining body for the furtherance of professional and educational interests of ophthalmic opticians (optometrists) in the United Kingdom.

The college will be responsible for professional qualifying examinations held during the post-graduate trainee year, for higher qualifications, for the promotion of high standards in education and continuing education, and for the maintenance of high professional standards. Previously the three founding bodies all undertook these responsibilities, so that the creation of the British College constitutes a rationalization of the profession in Great Britain.

International Optometric and Optical League

The 1980 Annual Delegate Meeting of the International Optometric and Optical League (IOOL) was held at the Aichi Center in Nagoya, Japan, May 27-30, 1980. A total of two and one-half days of general meetings and one and one-half days of committee meetings was hosted by the Japan Optometric Association, Dr. Fumio Morie, president. The Japan Optometric Association also offered a program of social events which were much appreciated.

The Delegate Meeting formally admitted as associate members the Hong Kong Optometric Association, Uniao Professional Dos Opticos e Optometristas Portugueses and Sociedad Espanola de Optometria. Membership categories of "Personal Associate Member" for countries where no organization exists but individual optometrists practice and "Supporters of the League" for individuals also were created.

Potentially the most important decision reached was acceptance of an Education Committee proposal to enable the IOOL to recognize optometric programs and/or qualifying examinations as attaining the standard of the IOOL Syllabus and Teaching Guide. A team of assessors/visitors was established, and delegates with special educational interests also were appointed to oversee various geographical regions.

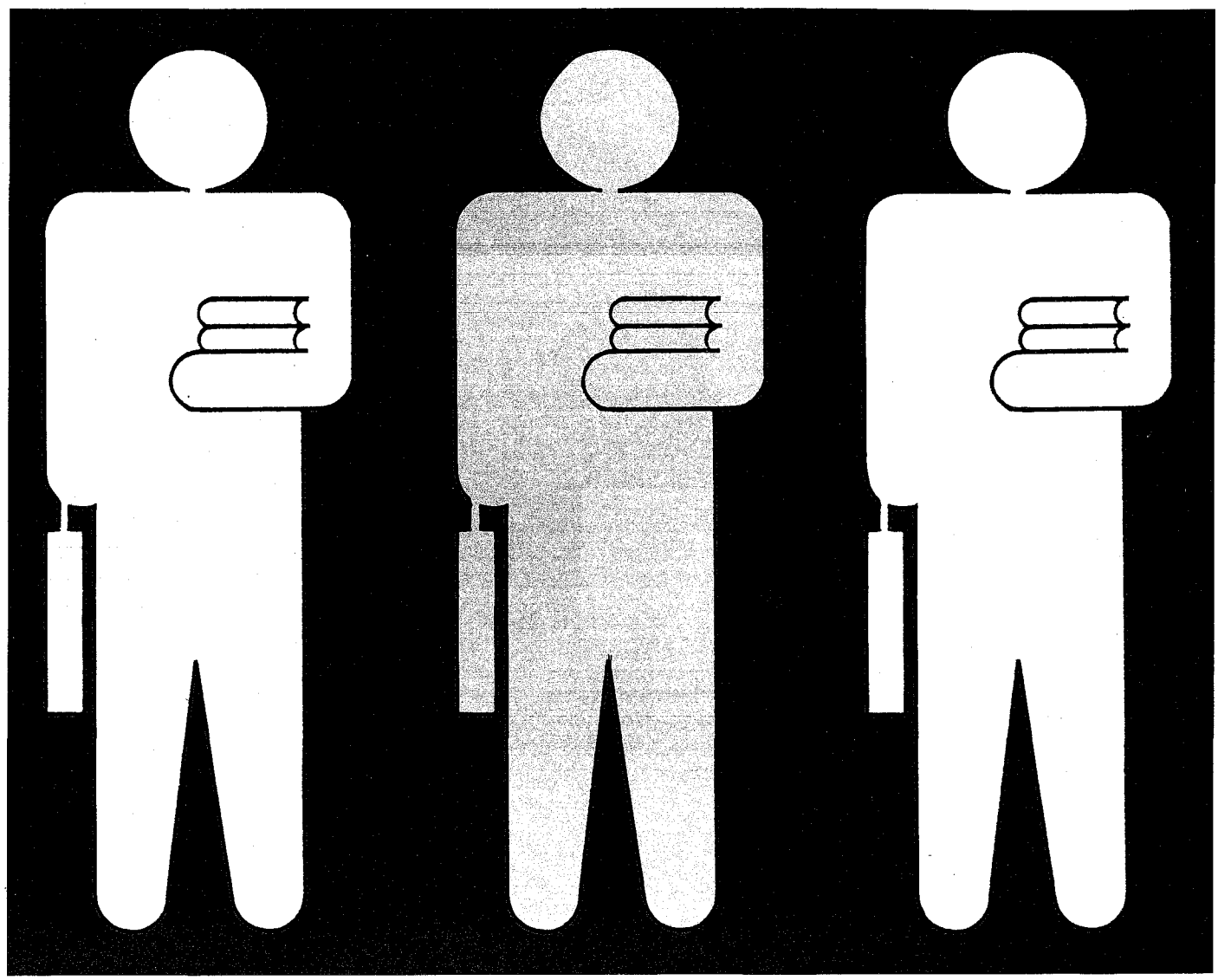
The next General Delegate Meeting of the league will be held in Paris in May, 1981, which will link SILMO and the Berlin Congress of WVAO. The 1982 meeting is scheduled to be held in Boston, Massachusetts.

JOE Wins Award for Excellence

For the second year in a row, the *Journal of Optometric Education* has won an award for excellence in the Annual Contest for Excellence sponsored by the Optometric Editors Association.

Awarded "Best National Magazine," JOE was presented with the honor at this year's annual OEA meeting and Editorial Skills Workshop held during the recent AOA Congress in Denver, Colorado. In 1979, JOE won "Best Issue—Second Place" in the OEA contest, placing second to the long-time, first-place winner *California Optometry*, edited by Byron Y. Newman, O.D.

The Optometric Editors Association is an organization of editors and staff people involved in publishing the many publications written for optometrists, their spouses and staffs.



Continuing Education in Schools of Optometry in the United States

Richard B. Elliott

With the rise of continuing education requirements in optometry throughout the United States as a requisite to relicensure, it is not surprising that most of the schools and colleges of optometry in the United States have developed some form of a continuing education program. Because continuing optometric education has become a factor in optometric higher education, and little information seems to exist as to the extent of these programs associated with schools of optometry, a survey was taken of thirteen colleges of optometry in the United States to ascertain the size of programs in each school.

The questionnaire was mailed to the directors of continuing education in August of 1979. By January of 1980 replies had been received from all thirteen schools. Of the thirteen, only one, the Ohio State University College of Optometry, had no formal continuing education program. All twelve of the other schools had formalized continuing education programs, all with an administrator in charge and some clerical assistance available, offering a variety of courses to optometrists and paraoptometric personnel.

The survey, which was in the form of a letter, asked for the following information:

For the past three academic years, 1976-77, 1977-78, and 1978-79, could you send 1) the total number of continuing education courses offered, 2) the total number of classroom hours, 3) the total number of enrollments, 4) man hours, and 5) the number of persons employed in continuing education, their titles and the percent of their time spent in continuing education.

Richard B. Elliott is director of continuing education at the Southern California College of Optometry, Fullerton, California.

From the responses, the continuing education administrative structure for each of the schools has been summarized. In alphabetical order:

University of Alabama in Birmingham

"Dr. Larry Alexander is currently director of continuing education and spends approximately 25% of his university time on continuing education. Florence Pierce, an administrative assistant for continuing education, spends approximately 50 % of her time on continuing education."

University of California, Berkeley

Two persons are employed in continuing education management. A continuing education technician from University Extension spends one third of total time on optometric continuing education, and an alumni secretary spends one quarter time on continuing education.

Ferris State College

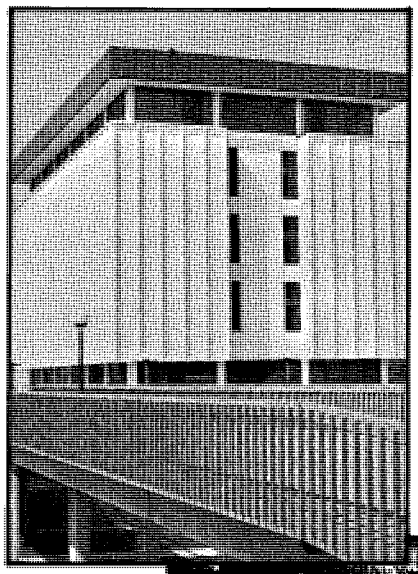
All college continuing education is conducted out of the Office of Continuing Education. Only a very small portion of that office's output has been directed toward optometry.

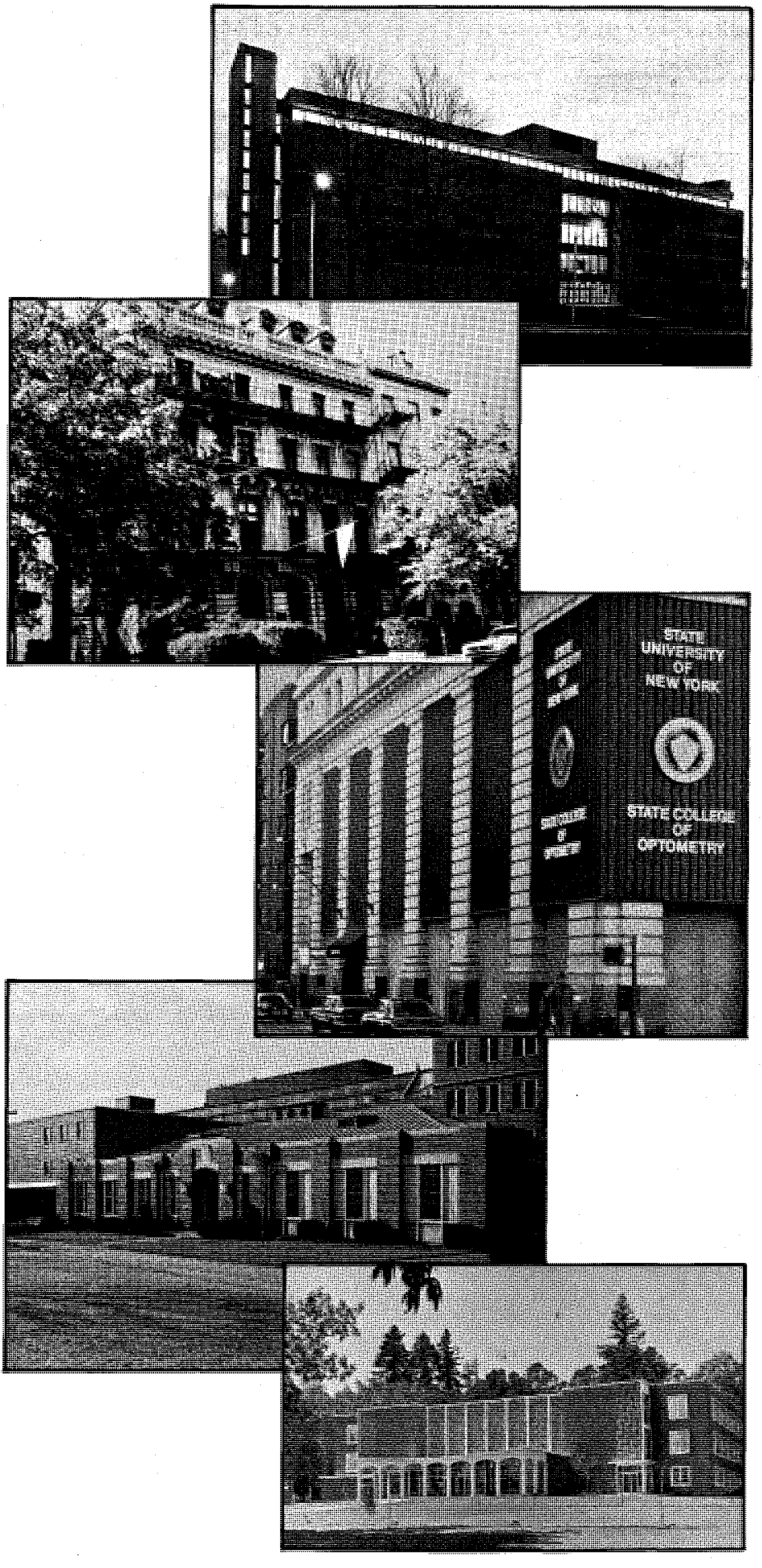
University of Houston

Two persons are employed in optometric continuing education. Herbert H. Moore, O.D., is director of continuing education and spends one-quarter of his time devoted to that employment. He has a full-time assistant to the director working with him. (Dr. Moore has subsequently been replaced as director by Jerome Rosner, O.D.)

Illinois College of Optometry

"The Director of Public Affairs (Ralph C. Hough) and his secretary are expected to spend up to one-quarter of their time on continuing education."





Indiana University

Continuing education is conducted only during the summer at which time Freddy W. Chang, O.D., Ph.D., is director of continuing education full time. He has an assistant, usually a student, working with him during this time. This constitutes about one-quarter time that each person devotes to continuing education.

The New England College of Optometry

A Director of Continuing Education, Matthew Garston, O.D., spends 30% of his time in continuing education. Assistant Director Anthony Cavallerano, O.D., gives 20% of his time. An administrative assistant, Jo Levin, M.Ed., devotes full time. Additionally, a secretary works 75%, and student assistants are hired for help in registration, computer operation and hospitality.

State University of New York

The dean for academic affairs and services spends about 20 % of his time as coordinator for continuing education. He is assisted by Rhonda Rothberg, assistant for continuing education, for about 70% of her time.

Ohio State University

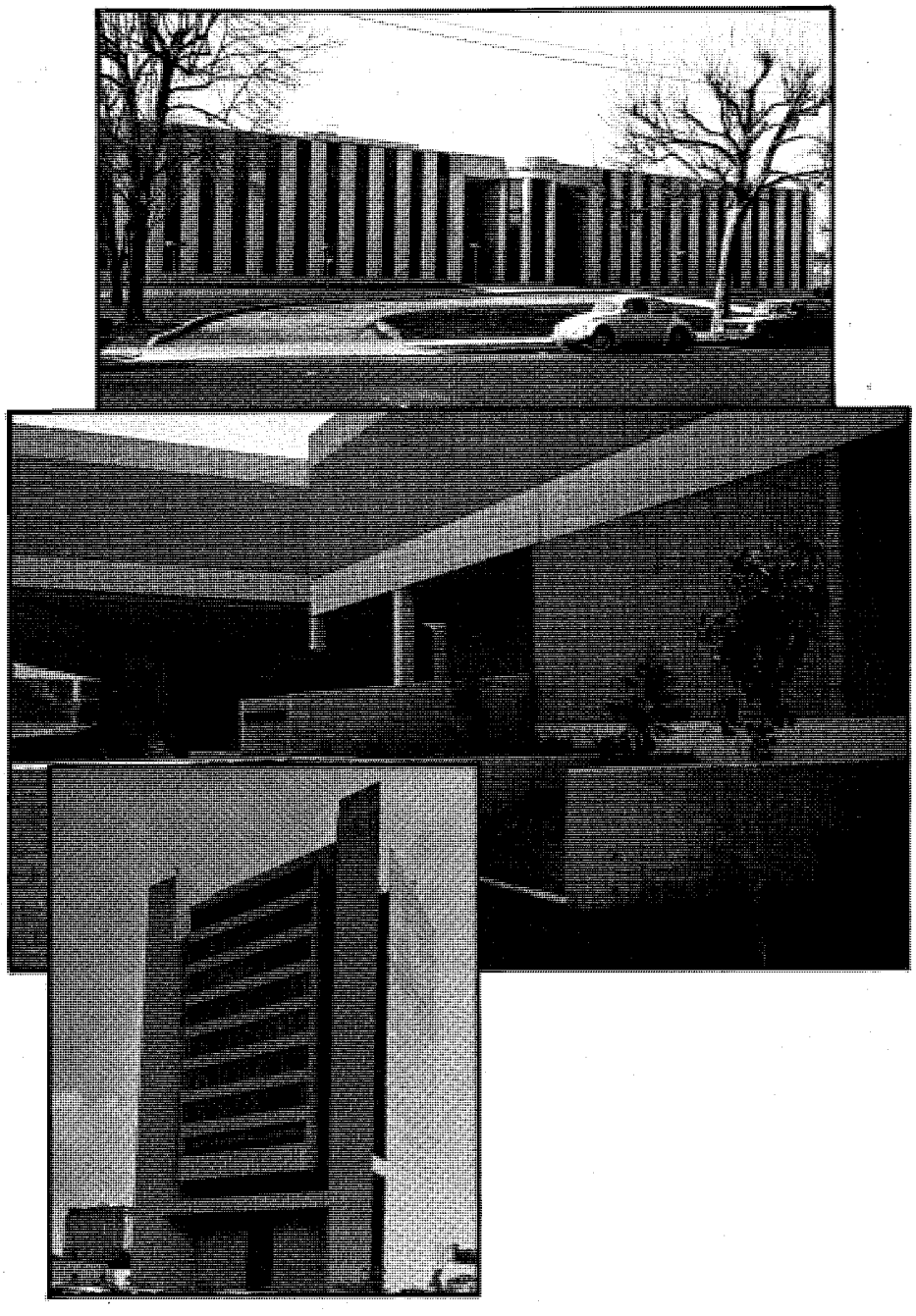
"We do not have a director of continuing education," wrote Frederick W. Hebbard, O.D., Ph.D., dean of the College of Optometry. "And, in view of the many continuing education programs that are already available here in Ohio, we are currently not offering any of our own."

Pacific University

Two persons are employed in continuing education. They are the Director of Continuing Education, Larry R. Clausen, O.D., M.P.H., who devotes about 25% of his time to this responsibility, and a secretary who is employed half-time for continuing education.

Pennsylvania College of Optometry

The Center for Continuing and Post-Graduate Education is headed by a full-time Interim Director, Elizabeth M. Smith, O.D. She is assisted by three full-time secretaries: Eleanor Haight, Mary Jimison and Ruby Wilson. Thus, there are four full-time persons employed at Pennsylvania, the largest continuing education staff at a college of optometry.



Southern California College of Optometry

Two full-time persons are employed in the department of continuing education: the Director of Continuing Education Richard B. Elliott, M.A., the only non-optometrist continuing education director among the colleges, and his assistant, Doris Caldwell. In addition, student assistants are hired throughout the year on an ad hoc basis for registration, maintenance, hospitality, and mail room responsibilities.

Southern College of Optometry

The Director of Continuing Education, Harvey T. Brown, O.D., M.Ed., averages about 63% of his time devoted to that task. He has a half-time secretary assisting him.

From this survey of continuing education office manpower, it is evident that the majority of schools operates continuing education programs on a part-time basis. Only two have a full-time director: Southern California College of Optometry and Pennsylvania College of Optometry, and four maintain full-time staffs: Houston, New England, Pennsylvania and Southern California.

Table 1 is a chart showing information supplied by the thirteen colleges. In two instances, Ferris State and Indiana University, the man hours figure was not supplied; and, of course, since Ohio State has no directly sponsored continuing education, their listing is blank. Ferris State also has blank listings for 1976-77, since they were not in operation at that time. Otherwise, all information is as reported.

One note of caution needs to be made. Unfortunately, in the letter of inquiry asking for information, a formula for computing man hours was not supplied by the investigator. The other information requested such as number of courses and number of enrollments is a standard factor. However, man hours could be misunderstood. The formula for computing man hours is usually individual course classroom hours times course enrollment equals man hours.It should not be total classroom hours for all courses times total enrollments for the year, which some schools may have used. Since this formula was not given, it is possible, even likely, that the figures supplied by the various schools as "man hours" could be based upon widely varying formulae. Certainly the great diversity in numbers reported could suggest this. The numbers are therefore reported as received but may not be comparable.

To give a better idea of what has happened in continuing optometric education during the past year, several groups

TABLE 1

Continuing Education in U.S. Colleges of Optometry

School or College	1978-79				1977-78				1976-77			
	Courses	Hours	Enrollments	Man hours	Courses	Hours	Enrollments	Man hours	Courses	Hours	Enrollments	Man hours
University of Alabama, Birmingham	8	98	265	3,242	7	76	176	2,088	6	66	175	1,888
University of California, Berkeley	18	298	1,174	25,357	19	286	1,664	32,831	16	184	1,516	31,576
Ferris State College	6	27	47		5	30	53					
University of Houston	12	76	735	4,570	16	149	792	3,342	14	214	787	6,538
Illinois College of Optometry	40	135	275	300	71	175	280	295	54	100	230	236
Indiana University	20	234	168		20	978	132		20	318	179	
New England College of Optometry	25	223	748	6,474	28	240	797	9,095	21	175	723	5,669
State University of New York	37	170	1,150	5,550	34	400	1,100	5,500	33	270	900	4,500
Ohio State University												
Pacific University	7	74	185	1,872	10	152	190	2,840	14	414	353	8,644
Pennsylvania College of Optometry	23	429.5	2,688	1,159,960	21	575.5	2,727	1,569,308	23	429.5	2,688	1,154,960
SCCO	53	447	2,018	22,998	65	759	2,879	39,923	55	421	1,723	19,850
Southern College of Optometry	14	84	178	252	12	112	440	334	9	89	173	267

of figures have been combined to give comparative data for 1978-79. Arrangement in order of frequency of course offerings in 1978-79 is as follows:

1. SCCO 53
2. Illinois 40
3. New York 37
4. New England 25
5. Pennsylvania 23
6. Indiana 20
7. University of California 18
8. Southern 14
9. Houston 12
10. Alabama 8
11. Pacific 8
12. Ferris 6
13. Ohio 0

Number of classroom hours in descending order for 1978-79 is as follows:

1. SCCO 447
2. Pennsylvania 429.5
3. University of California 298
4. Indiana 234
5. New England 223
6. New York 170
7. Illinois 135
8. Alabama 98
9. Southern 84
10. Houston 76
11. Pacific 74
12. Ferris 27
13. Ohio 0

Number of enrollments in descending order for 1978-79 is as follows:

1. Pennsylvania 2,688
2. SCCO 2,018
3. University of California 1,174
4. New York 1,150
5. New England 748
6. Houston 735
7. Illinois 275
8. Alabama 265
9. Pacific 185
10. Southern 178
11. Indiana 168
12. Ferris 74
13. Ohio 0

It is fairly evident from the survey that continuing education is a significant function in the majority of colleges of optometry. It is also evident that the largest programs emanate from those schools which devote sufficient resources to allow the program to grow. The two largest programs are at Pennsylvania College of Optometry and Southern California College of Optometry, the only two colleges employing a full-time director of continuing education. Maybe the conclusion to draw from this is that, given a greater incentive, optometric continuing education would become a far more important factor in the schools of optometry. This would, in turn, place the administration of continuing education in the hands of educators experienced in the development and production of quality continuing education programs. □

Robert Rosenberg, O.D., State University of New York, State College of Optometry

God and the Doctor. Osmond, H. *New Eng. J. of Med.* 302 (10): 555-558, March 6, 1980.

Dr. Osmond seems to lean back in his chair and take a long and broad view of the historical relationships between healers and their clients. He examines the motivations of individuals in relationship to the societies in which they live from Plato to the present with a sense of humor and perspective, even recognizing the historical conflict between scientist and clinician. The Greeks named them the Dogmatists and the Empirici, and the descriptions will be familiar to optometric educators today as will their unresolved differences.

This article should make good reading for students and faculty. After all, it is only when we understand our roles that we will be able to carry out our responsibilities and one cannot bring humanism into health care too often.

The Premed Stereotype. Hackman, J. D., et al. *J. Med. Ed.* 54 (4): 308-313, April, 1979.

Perhaps some insight can be gained into human attitude and "hidden agendas" underlying our feelings toward our peers and ourselves by scrutinizing the behavior described in this study. The gamut of influences, from societal expectations to professional school admissions criteria to socioeconomic and ethnic backgrounds are explored, and the implications for the admissions and curriculum committees are discussed.

Suggested Curriculum for Distance Vision Training With Optical Aids. Wiener, W., and A. Vopata. *J. of Visual Impairment and Blindness*. February, 1980.

The substance of this article will be of more or less interest for itself. It is worth reading, however, as it is a vivid example of the application of teaching methods to what might ordinarily be considered a visual problem. The reader is directed to the *approach* the authors take to blind rehabilitation. The same approach works with optometric patients, whether for a simple routine examination or a more complex attempt at some form of visual rehabilitation; whether the therapeutic mode is an increase of a half-diopter of minus sphere, an orthoptic or vision training program, contact lenses, or anything else.

As educators, we might do more in defining objectives explicitly, not only to facilitate the educational process for our students but also to make them aware of the usefulness of the goal/objective approach to patient care. Whether student/teacher or patient/doctor, clear mutual understanding of goals and objectives *in advance* encourages constructive relationships. Health care practitioners are *also* educators!

Competition in the Delivery of Medical Care. Christianson, J. B., and W. McClure. *New England J. of Med.* 301 (15): 812-818, October 11, 1979.

A lengthy special article is worth reading as the cost of health care is frankly discussed as a significant factor in the total health scene. Although all of the vendors are physicians (in this case functioning as health plans), the consumer is given a wide choice and is permitted to frankly confront cost while being assured of professional competence through non-cost connected mechanisms. The consumer is therefore able to make a choice based on true cost without feeling that quality is compromised by "cheap" care.

The implications for cost control in vision care are obvious; the situation relates both to the physician/optometrist choice and to the choices available within optometry. Perhaps we have to operate in frank economic competition with each other with full disclosure if vision care is to survive in the marketplace. Those in optometry who cry for "free enterprise" must be prepared to go all the way, and not simply interpret it as the freedom to be enterprising while limiting the public's rights to know and to choose.

Physicians and Health Policy. Dans, Peter E., M.D.. *JAMA*. 243 (14):1451-1453, April 11, 1980.

This "special communication" describes a program for projecting the "mid career" practitioner into the public health/public policy scene after years of teaching and/or treating patients in the traditional setting. It describes the interaction between political forces and individual practitioners in a setting where each has the time to become aware of, if not understand, the other's concerns.

The article also suggests a route for the health professional into public health that might prove worthy of optometry's attention. Just as an experienced clinician can bring substance to the classroom that a new graduate, no matter how accomplished, cannot, is it possible that optometry's public health effort should be directed more at the mature practitioner?

Teaching Medical Interviewing: A Critique of Educational Research and Practice. Carroll, J. G., Ph.D., and J. Monroe. *J. Med. Ed.* 54 (6):498-500, June, 1979.

This article elucidates the reasons why serious attention should be given to teaching interviewing and interpersonal relations on a formal rather than the ad hoc basis as is now found in most health professional schools. It discusses the importance of structure to appropriate learning and affect and to evaluation of outcomes. The article is equally applicable to optometry or any other health discipline.

Metroptic Congress

Metroptic, Inc. is holding its Annual Congress on Sunday, October 16, 1980 at the Hyatt Regency O'Hare, River Road South at Kennedy Expressway, Chicago, IL.

The program will include general discussions related to Metroptic's goals and programs. There also will be affiliated optical company exhibits and an awards dinner. All optometrists, optometric students and guests are welcome to attend. For registration information, contact Metroptic, Inc., 309 N. Lake St., Mundelein, IL 60060, (312) 566-5455.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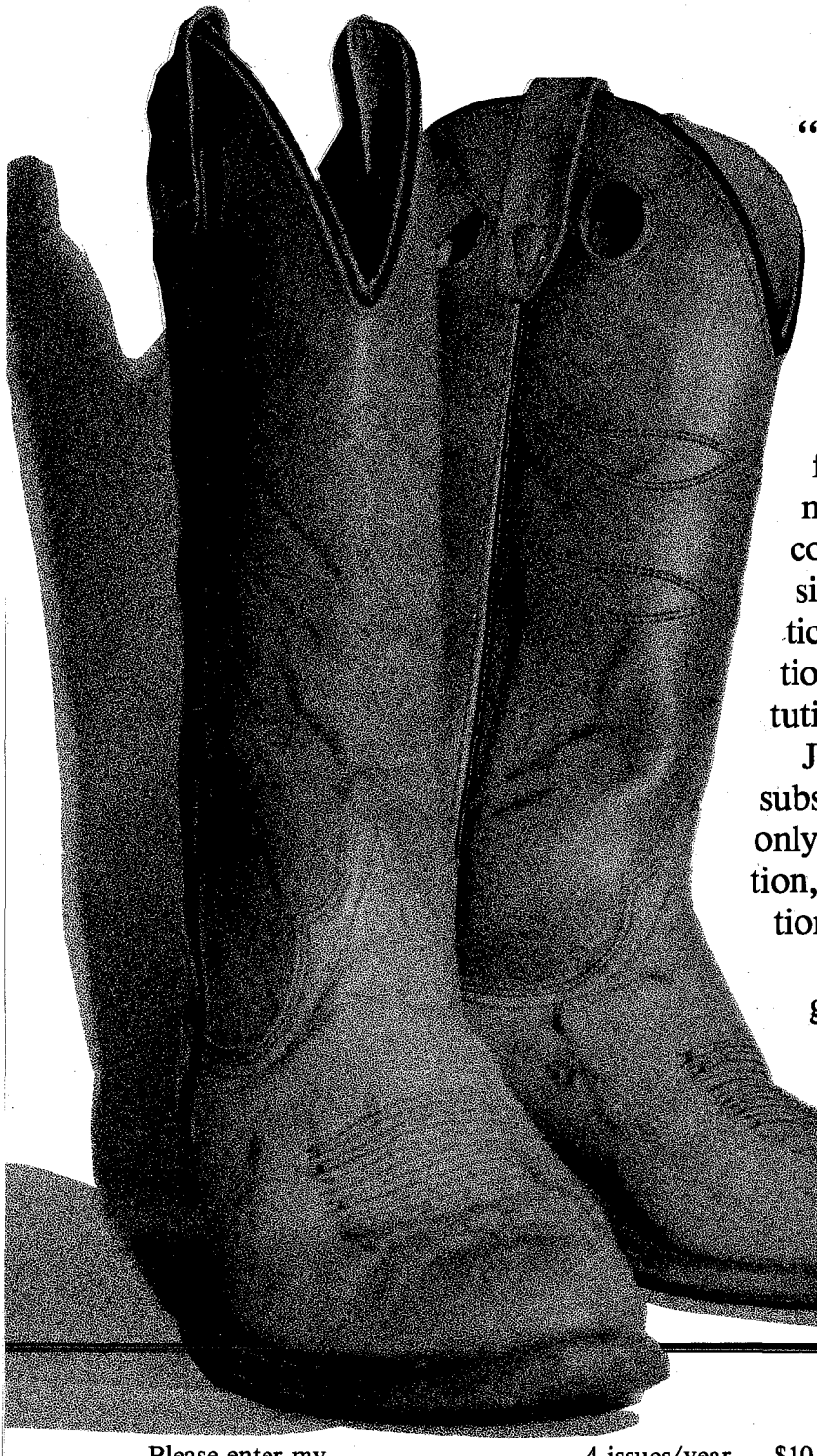

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