

ON AUTHORIZING

A miraculous thing happens to many health care practitioners when they receive diplomas carrying their professional degrees; aside from now having the competencies of diagnosis and treatment granted the particular profession, each individual is also awarded silent credentials for teaching and writing. This probably goes back to the ancient concept of the term "doctor" carrying the meaning of "teacher."

Those of us in optometric education have experienced, either personally or vicariously, the dilemma of being a student on Wednesday and a teacher three weeks later. There is often the realization of the sudden role reversal--of being on the "other side of the fence"--and the feeling of inadequacy that follows. A number of optometric institutions do recognize the need to "teach the teacher how to teach" but at present they are in the minority. Fortunately, a mentoring, on-the-job training situation most often develops where the novice is able to go to a more experienced colleague for advice and counsel. The new instructor also recalls the methods that some of his more memorable teachers used and is able to apply them.

One would expect the scenario regarding writing to be better. Writing is, after all, a form of communication, and the competent clinician should be able to express her findings and reasons for choosing a particular management regimen to both her peers and patients. Logically, courses in communications should be either prerequisite to entrance or part of a health care professional curriculum, but in general this is not the case. Rather, communication skills are taught informally on the clinic floor. The degree to which the student becomes educated in communication depends on the luck of the draw of her clinical instruc-

tors and the degree of importance the instructor assigns to these skills. However, because communicating with one's patients and colleagues is essential to successful practice, the new optometrist most often develops a style, for better or worse, during the first few years of practice. Further, providers of continuing education have recognized the need of many practitioners to enhance both verbal and printed marketing messages to their patients and offer courses for these purposes.

The communication skill that receives scant attention from virtually all the health care educational institutions is that of authoring. While at least several colleges of optometry have the requirement for the student to produce a publishable article, the emphasis is on research. The fact that relatively few of these find their way into the optometric literature is usually not because of poor research design, methodology or statistical analysis, but rather due to the students' inability to transform their work into publishable documents.

I contend that the student is not to blame. Most often he has gone through four years of college where only one basic English course required some writing ability. The other prerequisite college courses for optometry required the ability to demonstrate one's knowledge of accurately filling in small rectangles with a "number two pencil." This same pattern is then usually carried out during the next four years in optometry school.

Once in practice, there is usually little incentive or time to produce an article for publication in the optometric literature.

Whatever writing skills there were become further diluted by the computer. In this age of marketing of professional ser-

vices, a goal is to devise an all-purpose letter that can effectively bring a message to a target population in one's practice. Further, newsletters are published by companies specializing in producing professional and meaningful patient-oriented literature, so that the incentive to personally write something at this level lessens.

The result of all this is becoming more and more evident. An inspection of the optometric journals indicates that most articles are being authored either by faculty members of the colleges or staff of institutions such as V.A. Hospitals, Referral Centers or Health Maintenance Organizations. The dictum of "publish or perish" is undoubtedly a factor in this development.

While the quality of articles has probably never been better, something very significant is lost. The marvelous insights and speculations that only fully practicing clinicians can make are, by and large, not being shared. The clinician

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does not have the library or computer-based resources available to her more academic colleagues and is consequently at a disadvantage. It is not uncommon for the clinical author to become quite discouraged by the first editorial review of her article after submission. Many need more help in restructuring an article than is frequently offered.

A decision has been made on the part of the editorial staff of this journal to reach out to the clinician who has something of value to share with his colleagues. This can be in the form of a case report, the reporting of interesting clinical phenomena of a behavioral nature and articles that responsibly and intelligently speculate on the underlying mechanisms of aspects of visual and more general behaviors. It will be important for the prospective author to review the articles in this and our first issue for guidance as to the form this work should take. The monograph entitled "Wanted: Optometric Writers," by James Gregg, O.D., and available from OEP, offers a number of helpful suggestions on writing several types of articles. Further, "The Uniform Requirements for Manuscripts Submitted to Optometric Journals" in this issue should also be read.

Once the article is received, it will be carefully reviewed by the Editor-in-Chief, who will make appropriate initial recommendations. After the indicated changes are made it will be sent for further review by a member or members of the editorial board. Every effort will then be made to offer concrete suggestions in order to produce an article of high interest and readability.

We also are actively soliciting articles reporting on original research that is appropriate for this publication. The same type of positive, constructive review process will be carried out for this type of article for clinical and faculty member authors alike.

There are many of you now reading this who have valuable information to report. Granted, it's easier to procrastinate than do it. However, we encourage you to sit down and start. This is the hardest thing to do. Then, let us offer our assistance in producing the best article possible.

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