

GUEST EDITORIAL

RESEARCH AND OPTOMETRY

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Recently was the Optometric Extension Program Foundation's (OEP) representative at the latest of a series of "mini summits" co-sponsored by the American Optometric Association (AOA) and the Association of Schools and Colleges of Optometry (ASCO). It was held in Birmingham, Alabama, and the topic was "Research." I found it to be an excellent meeting, with considerable information sharing and a good deal of "getting to know you" between clinicians and researchers.

One of the most important things I learned is that there is current research seeking to find reasons why certain optometric clinical interventions are successful. This really hit home because as a clinician I am well aware that particular methods "work" for patients; these regimens solve patients' problems and improve the quality of their lives, in spite of the fact that there is often little or no evidence in the literature to support the underlying assumptions. This in no way minimizes the importance of these clinically determined solutions. Rather, it means that there is a lot of work to be done to answer honest questions and get the information into our literature so that we can rightfully claim ownership of the particular intervention. Truly, this is the way that science is of maximal use to the clinician.

Researchers and clinicians are usually quite different in the way they approach a problem. The researcher seeks to understand and validate, while the clinician's need is to solve the problem for the individual patient. This DIFFERENCE has been emphasized in the

past. However, it is becoming increasingly clear that the optometric researcher and clinician must form a new alliance because of societal pressures; they must work together to improve the delivery of visual and ocular health care in order to substantiate and extend the depth and breadth of optometric services. The researcher must honestly recognize the clinician's interventions that "work," and develop protocols to provide the "why they work." In a like manner, the clinician must be willing to submit organized and sound patient data to the researcher for scrutiny.

How can the optometric clinician help forge this alliance? At the "mini summit" the word "collaboration" was used many times to describe what is needed. I will add that the clinician needs to be much more proactive. He or she has a number of ways to do this. Case reports that describe unique successes ostensibly because of particular diagnostic or therapeutic means should be written and become part of the optometric literature and brought to the attention of researchers. Personal contact with researchers in optometric institutions, by letter, telephone or at meetings, is another way to foster the interaction. The products of such exchanges are evident at the Worrell Research Center, a part of the School of Optometry at the University of Alabama at Birmingham. Researchers with varied backgrounds work together on projects ranging from myopia development to new methods of drug administration. Further, researchers not based in optometric institutions will often be interested in the insights and speculations of clinical optometrists.

These investigators include basic science researchers, psychologists, psychiatrists, educators and individuals with appropriate credentials in public health and public administration. This requires that the clinician become proactive by reading the publications, attending the meetings, and arranging for personal interactions with members of these disciplines.

This "mini summit" taught me that research has two primary values for the profession. First, it will enhance our ability to provide the best care to the public we serve. The second value is that it will allow us to claim ownership of particular clinical services. Ownership implies that there is a public recognition and acceptance that we are the best qualified profession to provide these services. Research is the tool to attain this ownership. If we don't use it, others will. The result would then be that entities, such as the behavioral/functional approach to vision--a body of knowledge that has been clinically developed and nurtured by optometry--will be claimed by others. Sound research in which optometry has an active role is the only way to assure our ownership of this and other clinical areas.

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