

## CHANGES

**T**his issue of the *Journal of Behavioral Optometry (JBO)* completes the fourth year of its presence. If any word characterizes this time period, it is "changes." The social, economic and political fabric of both the nation and the world has changed during the past four years at an astonishing rate, and there is probably more to come. I've changed, and chances are you have too. It's not merely a matter of growing four years older. Think back; how has your practice mode and other professional activities changed during this time? It used to be that each year of practice brought with it an increase in economic security. That "rule of thumb" has at the very least been modified. The ship certainly won't sink and for most of us will not sustain any damage, but it is in need of some redesigning, some changing, to weather the stormy seas ahead.

Various institutions and organizations have changed. Businesses and corporations are streamlining, and the key concept is cost effectiveness. It is the time of the "bean counter." Unions are increasingly willing to not only forego wage and benefit increases but in some instances have agreed to reductions in these previously sacred items in order to preserve jobs. The vice president speaks of redesigning, or changing, government, and, as I write this, the radio news commentator tells me that the president today advised the United Nations to change as the world is changing. So many of the things we thought were solid and permanent are proving to be otherwise.

The Optometric Extension Program Foundation (OEPF) has changed over these four years. A number of activities and attitudes that had served the organization well for at least three decades were no longer working. The monthly papers, the "Rock of Gibraltar" for so many of us for so many years, were simply not being read. Fault the communications explosion, fault the format, fault the content, fault the change in the kind of individual who has entered the profession over the recent past; no matter the reasons, it became clear that a change had to be made. *JBO* was instituted not as a supplement to the papers, but rather as a replacement with a very different mission. It was a response by OEPF's Board of Directors regarding its interpretation of the Clinical Associates' needs and expectations from the organization's major print medium.

There has been a significant change in attitude regarding OEPF's relationship with other optometric organizations. For many years, OEPF functioned with varying degrees of perfunctory liaison between it and the American Optometric Association (AOA), the Association of Schools and Colleges of Optometry (ASCO) and the College of Optometrists in Vision Development (COVD). Recent Boards of Directors recognized that while this type of self-produced isolationism undoubtedly served a purpose in the past, the changing times and new circumstances required a reassessment of these relationships. To these Boards' credit, in my opinion, OEPF's interactions with these other optometric organizations has never been better or more productive.

The most recent change is still in the planning process. It relates to OEPF's primary mission: to provide continuing education. It has become increasingly clear that the existing methods of delivering this service, while appropriate and effective in the '60s and '70s, began to run out of steam in the '80s. The vast majority of individuals who wanted to learn more in order to practice behavioral optometry apparently had neither the time nor the inclination to attend Study Groups. Both the profession and the world had changed and the popularity of this method of education decreased accordingly. The first response was a redesign of the Regional Clinical Seminars (RCS) under the stewardship of Amiel Francke, O.D., during the late '80s. These required the attendees to commit to two days of intensive education and training in a particular area of behavioral optometric care. These RCSs are highly organized, based in the principles of sound educa-

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*Irwin B. Suchoff, O.D., D.O.S.*

tion, and continue to be well-attended today.

The success of the RCS has resulted in its being the template for the latest change for OEPPF. This change came about primarily because the increasing scope of practice has required a significant change in the role of continuing optometric education: an even cursory look at today's continuing education program shows an emphasis on courses in the diagnosis and treatment of ocular disease, and the relative deemphasis on low vision, contact lenses and vision therapy. While there are those of us who have decried this situation for the case of vision therapy, there is definitely a bright side; it presented OEPPF the opportunity to truly become *the* provider of continuing education in vision therapy. The Board of Directors accepted the challenge and over the past year have convened several meetings with a task force that represents the diversity of the organization. The product is a track curriculum whose major components are presently planned to be Foundations of Behavioral Optometry, Advanced Binocular Vision, Vision Enhancement, Pediatrics, and Rehabilitation. Individuals successfully completing the requirements of any track will undergo a well-organized, educationally-sound and intensive program. The outcome will be the ability to practice the particular area significantly beyond entry level. Because the planning for this new curriculum is still in progress, I can give no further details. Full descriptions will be provided by OEPPF in the near future.

I have presented these changes that OEPPF has made in a very positive fashion because that is what I believe. However, in the interest of fairness, it should be stated that not everyone shares my opinions. While concerns and objections to these changes by some OEPPF Associates should be seriously considered by the Board, particularly in the instance of the new curriculum, the essential new direction of OEPPF should not be challenged. This new direction is the product of a changing Associate population, the potential

for enrollment of new and recent graduates, and the desire to deliver continuing education to them in a way that meets their intellectual, fiscal, and patient care needs. But perhaps most of all it rests on an understanding that in the '90s only those organizations that prepare for the future will survive and prosper.