

Guest Editorial: Six Tips for Reaching Today's Optometric Student

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Imagine walking into a meeting at 6:30pm after a day that started at 8am and has been filled with labs, clinic, a 30 minute lunch, and three to four hours of lecture. By the way, since the day “ended” you’ve been poring over books and notes because you have a test the next day. Most students who attend meetings of various clubs and organizations at colleges of optometry regularly have such days. Therefore, the demands put on the speakers at club meetings are greater than ever before. Most optometry students are accustomed to a quick pace with several different stimuli going on at the same time. This means few speakers can truly just speak anymore. Obviously, speakers are brought in for their expertise in the field of optometry, whatever that may be. Every speaker wishes to ignite a passion for their given topic in the students to whom they are talking. I would like to give you the student perspective of what would do just that in the field of vision therapy.

1. Grab our attention with someone we know. We sit through lectures all day and have been doing so for years. Try to grab our attention with a video of someone we know (another student or a professor) doing a therapy technique that involves the topic of interest.

2. PowerPoint makes us feel comfortable, but reading to us puts us back in kindergarten. We like seeing a visual stimulus like PowerPoint, but if you find yourself making the font size less than 20 point font, stop. The idea is to put key points on the PowerPoint slides. If you put everything you know on the slide, people will stop listening because you will inevitably begin reading your own slide.

3. **DO NOT GO ON FOR TOO LONG.** I know you all love to talk about what you love; I do, too. But we can only handle about 45 minutes of speaking at one time before we start wondering how to exit unnoticed. The best way to accomplish this is not to go on a tangent about how this group or that group does not believe in vision therapy or enlighten us with yet another story about another patient. Stick to what you prepared.

4. Let your personality shine through. It is sometimes very difficult to be yourself with all those eyes on you, but I am basically saying do not try to be funny when you are not usually. If you are serious, then be serious. If you are funny then be funny. We all like the funny doctors but if you are not funny in front of a crowd then stick to what you know. A good joke can be great, but telling a bad joke (or even worse, several bad jokes) will only hurt your presentation.

5. Graphics, animations and videos are awesome! The age-old saying that a picture is worth 1000 words is very true. Pre- versus post-therapy videos are still talked about for years after a meeting. In addition, videos and animations speak to a large range of people. Keep in mind that you are speaking to a group of students that have an assortment of backgrounds and various levels of optometric education. Seeing a patient’s eyes jump all over the page while reading or seeing their eyes jump when trying to go from the red bead to the green bead on the Brock string is something we can all appreciate. Be prepared to show the pre- versus post-therapy videos several times and talk through them to explain what is wrong or right (even if you think it is obvious).

6. Try to discuss something we don’t get to talk about in class. We all know that vision therapy will cause the base in and base out ranges or NPC to improve, so reading cases where the patient has a follow up visit with improved data is not new or interesting. We want to hear about how to do the therapy.

- It would be great to video tape (going back to rule #5) a vision therapist doing a therapy technique with a patient. An example may be a patient trying to perform a vectogram and using a pointer to keep the vectogram single and then eventually gaining enough skill to keep the vectogram single without the pointer.

- We all know that successful vision therapy patients often have even better visual skills than optometry students. Capitalize on this fact by discussing in an advanced procedure that is done at the end of a therapy sequence. An example would be to have the students try eccentric circles without a pointer, then with a pointer and then again without the pointer. Usually, everyone is a little stronger with divergence or convergence so this is a great example that will get most people to understand this technique for improvement.

Be sure to communicate with the students to find out what has already been presented and what the group may want to hear about. Hopefully, these rules will provide some ground work to help your expertise shine through and motivate future optometrists. Please consider contacting the college of optometry closest to you to provide the students with even more of a reason to incorporate vision therapy into their professional career path.