



2020 Women's Leadership Conference

You Are Already Leaders

By Barbara Caffery, OD, PhD, FAAO
American Academy of Optometry President 2019-2020

Dr. Caffery welcomed attendees to the 2020 Women's Leadership Conference

So many women are now part of the health care world. This is a new phenomenon. As a child, when I went "to the doctor," it always meant that I was seeing some surly old man who poked at my teeth or pushed on my belly or strapped my legs into stirrups. The women in the room were nurses. My class of '77 at the New England College of Optometry (NECO) had three women in it. My, how things have changed.

Here we are in 2020, ahead of the game because society has accepted us as caregivers, a slightly laughable achievement since we were the invisible caregivers at home forever. Be that as it may, this shift is important.



“We learn the essence of leadership as daughters and wives and mothers.”

Living through this rise of women in health care, I have gained some aged wisdom. Women are born to lead. We learn the essence of leadership as daughters and wives and mothers. We now apply this to our profession. We instinctively know how to do things like organizing the care of elderly parents, overseeing a family morning with breakfast and school clothes, streamlining office procedures so that patients are seen appropriately and listening to the fears of a patient suffering from macular degeneration.

These talents of organization, recognition of others' needs and listening skills are ours. We are the naturals.

So you are already leading. Recognize this ability. You do it every day, quietly and efficiently. But also know that these are the exact qualities necessary to run a city, a state, the Academy, the country. The qualities of empathy, juggling points of view and sticking to the task are needed in this profession and in this world. ●



Keynote Speaker Shemeka Brathwaite

Shemeka Brathwaite is a peak performance strategist. Her high-energy messages stem from her background as a spoken word performing artist. She presented the keynote

at the 2020 Women's Leadership Conference, pulling from her experiences of the past 15 years in a variety of leadership roles that provided her with the unique opportunity to help hundreds of professionals maximize their personal and work productivity. Learn from her how to PLAN—her acronym for prepare, leverage, accommodate and navigate—your way to success. ●



Shemeka Brathwaite

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*Increased tear production was seen at 6 months when used as directed.^{1,2}

[†]Source: Managed Markets Insight & Technology, LLC™, a trademark of MMIT Database, as of March 2020. Data are subject to change. Data are not guarantee of coverage, or partial or full payment, by any payers. Actual benefits determined by respective plan administrators, insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. Allergan does not endorse any individual plan. Formulary coverage does not imply efficacy or safety.

INDICATIONS AND USAGE: RESTASIS® and RESTASIS MultiDose® ophthalmic emulsion are indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: RESTASIS® and RESTASIS MultiDose® are contraindicated in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNINGS AND PRECAUTIONS

POTENTIAL FOR EYE INJURY AND CONTAMINATION: Be careful not to touch the container tip to your eye or other surfaces to avoid potential for eye injury and contamination.

USE WITH CONTACT LENSES: RESTASIS® and RESTASIS MultiDose® should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® and RESTASIS MultiDose® ophthalmic emulsion.

ADVERSE REACTIONS: In clinical trials, the most common adverse reaction following the use of cyclosporine ophthalmic emulsion 0.05% was ocular burning (upon instillation)—17%. Other reactions reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

PLEASE SEE NEXT PAGE FOR A BRIEF SUMMARY OF THE FULL PRODUCT INFORMATION.

REFERENCES: **1.** RESTASIS® (cyclosporine ophthalmic emulsion) 0.05% [prescribing information]. Irvine, CA: Allergan, Inc; 2017. **2.** RESTASIS Multidose® (cyclosporine ophthalmic emulsion) 0.05% [prescribing information]. Irvine, CA: Allergan, Inc; 2016. **3.** Symphony Health, PHAST Prescription Monthly, data through October 2019. **4.** IQVIA, Xponent PlanTrak, January 2019- October 2019. **5.** Managed Markets Insight & Technology, LLC. Yardley, PA: Managed Markets Insight & Technology, LLC; March 2020.



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RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05% and RESTASIS MULTIDOSE® (Cyclosporine Ophthalmic Emulsion) 0.05%

BRIEF SUMMARY – PLEASE SEE THE RESTASIS® AND RESTASIS MULTIDOSE® PACKAGE INSERTS FOR FULL PRESCRIBING INFORMATION.

INDICATION AND USAGE

RESTASIS® and **RESTASIS MULTIDOSE®** ophthalmic emulsion are indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS

RESTASIS® and **RESTASIS MULTIDOSE®** are contraindicated in patients with known or suspected hypersensitivity to any of the ingredients in the formulation. [see *Adverse Reactions*]

WARNINGS AND PRECAUTIONS

Potential for Eye Injury and Contamination

Be careful not to touch the container tip to your eye or other surfaces to avoid potential for eye injury and contamination.

Use with Contact Lenses

RESTASIS® and **RESTASIS MULTIDOSE®** should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** and **RESTASIS MULTIDOSE®** ophthalmic emulsion.

ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Potential for Eye Injury and Contamination [see *Warnings and Precautions*]

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, the most common adverse reaction following the use of cyclosporine ophthalmic emulsion 0.05% was ocular burning (17%).

Other reactions reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Post-marketing Experience

The following adverse reactions have been identified during post approval use of cyclosporine ophthalmic emulsion 0.05%. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Reported reactions have included: hypersensitivity (including eye swelling, urticaria, rare cases of severe angioedema, face swelling, tongue swelling, pharyngeal edema, and dyspnea); and superficial injury of the eye (from the container tip touching the eye during administration).

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary: Clinical administration of cyclosporine ophthalmic emulsion 0.05% is not detected systemically following topical ocular administration [see *Clinical Pharmacology* (12.3)], and maternal use is not expected to result in fetal exposure to the drug. Oral administration of cyclosporine to pregnant rats or rabbits did not produce teratogenicity at clinically relevant doses [see *Data*].

Data

Animal Data: At maternally toxic doses (30 mg/kg/day in rats and 100 mg/kg/day in rabbits), cyclosporine oral solution (USP) was teratogenic as indicated by increased pre- and postnatal mortality, reduced fetal weight and skeletal retardations. These doses (normalized to body surface area) are 5,000 and 32,000 times greater, respectively, than the daily recommended human dose of one drop (approximately 28 mL) of cyclosporine ophthalmic emulsion 0.05% twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine during organogenesis at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively. These doses in rats and rabbits are approximately 3,000 and 10,000 times greater, respectively, than the daily recommended human dose.

An oral dose of 45 mg/kg/day cyclosporine administered to rats from Day 15 of pregnancy until Day 21 postpartum produced maternal toxicity and an increase in postnatal mortality in offspring. This dose is 7,000 times greater than the daily recommended human dose. No adverse effects in dams or offspring were observed at oral doses up to 15 mg/kg/day (2,000 times greater than the daily recommended human dose).

Lactation

Risk Summary

Cyclosporine is known to appear in human milk following systemic administration, but its presence in human milk following topical treatment has not been investigated. Although blood concentrations are undetectable following topical administration of cyclosporine ophthalmic emulsion 0.05% [see *Clinical Pharmacology* (12.3)], caution should be exercised when **RESTASIS®** and **RESTASIS MULTIDOSE®** are administered to a nursing woman. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for **RESTASIS®** and **RESTASIS MULTIDOSE®** and any potential adverse effects on the breast-fed child from cyclosporine.

Pediatric Use

Safety and efficacy have not been established in pediatric patients below the age of 16.

Geriatric Use

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low-dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 80 times greater (normalized to body surface area) than the daily human dose of one drop (approximately 28 mL) of cyclosporine ophthalmic emulsion, 0.05% twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Mutagenesis: Cyclosporine has not been found to be mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

Impairment of Fertility: No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 2,000 times the human daily dose of 0.001 mg/kg/day normalized to body surface area) for 9 weeks (male) and 2 weeks (female) prior to mating.

PATIENT COUNSELING INFORMATION

Handling the Container

Advise patients to not allow the tip of the container to touch the eye or any surface, as this may contaminate the emulsion. Advise patients to not touch the container to their eye to avoid the potential for injury to the eye. [see *Warnings and Precautions*]

Use with Contact Lenses

RESTASIS® and **RESTASIS MULTIDOSE®** should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. Advise patients that if contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** and **RESTASIS MULTIDOSE®** ophthalmic emulsion. [see *Warnings and Precautions*]

Administration

Advise patients that the emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Advise patients to read the Instructions for Use for detailed first-time use instructions for the multidose bottle.

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“Difficult Paths Lead to Beautiful Places”

Keynote speaker **Shemeka Brathwaite** shared several strategies to help people move from worried, overwhelmed and worn out to working from a “WOW factor.” Brathwaite, a peak performance strategist, delivered a high-energy message about ways that mindset can become one’s “biggest saboteur....Worry is the unproductive use of imagination.”

In her talk, she noted that beliefs and habits inform 95 percent of everything people do. “They begin to create the rituals and routines, which are needed for personal excellence. The activity below the surface is invisible but becomes the nutrients that develop the fruits of your labor,” she said, comparing leadership skills to a growing tree. The roots underground give rise to the expertise, productivity and opportunities that flourish above ground.

Using her personal experiences in the high-stress world of fashion, Brathwaite connected with other women who experience the “struggle of the juggle—being breadwinner, breadmaker and crumb sweeper.” She also disavowed the effectiveness of multitasking, which “takes its toll on productivity. Instead, work in parallel. Arrange work so things are moving forward at the same time.”

Brathwaite unveiled her PLAN, an acronym for prepare, leverage, accommodate and navigate. Using those steps can make work more fun and rewarding as stress lessens and people advance toward their goals. ●



Shemeka Brathwaite

Inspired by the Message: KEEP MOVING ON

Following the keynote message, **Melissa Barnett, OD, FAAO, FSLs, FBCLA**, of Davis, California; **Sherrol Reynolds, OD**, of Davie, Florida; and **Sidra Qadri, OD**, of Los Angeles, California, shared how **Shemeka Brathwaite’s** message impacted them and how it can relate to the profession.

Dr. Barnett said she was affected by being reminded of the impact that optometrists have on the lives of their patients. “We can change patients’ lives by making them see or feel better,” she said, noting how inspirational that thought is.

The panelists shared that while optometry does have its challenges, the opportunities abound. All of the panelists were encouraged by Brathwaite’s advice, on both a personal and industry-wide level, that “success is created by taking small steps in the right direction,” said Dr. Qadri. “It’s the small steps that get us there.”

Dr. Reynolds, president of the National Optometric Association, interpreted this movement to progress on a larger scale. As a woman and as a doctor of color, she said that it’s necessary to have “the discussion on the lack of leadership for women and the lack of diversity in our leadership when it comes to optometry.” She, too, found encouragement in the idea that small steps forward are having an impact.

BREATHE

The doctors also appreciated Brathwaite’s advice to feed their hearts and minds. “If we keep worrying about the little things, we’re not going to grow and change,” said Dr. Barnett. She noted that is why yoga is so important to her as a way to improve focus and help her work in what Brathwaite calls the “flow state” where efficiency and productivity are at their highest. “You have to take a moment to breathe.”

FINDING THE WOW

Dr. Qadri said she was affected by Brathwaite’s comment, “The difference between extraordinary and ordinary is the ‘extra.’ I’ve used that a few times already,” she said.

Dr. Reynolds loved Brathwaite’s lesson about exceeding expectations—because Brathwaite did not hear the advice to hold back. A choir teacher long ago, worried that students

wouldn’t be able to hit the high notes, had told the choir where to stop, but Brathwaite and one friend belted out the notes that followed. The two girls dared to be different, even when everyone else stopped singing, and they had a chance to shine. “Don’t focus on the noise or the negativity,” Dr. Reynolds said.

Indeed, established ODs can take their experiences to help build up other women in the profession, too, added Dr. Barnett. ●



Clockwise from top left: Dr. Reynolds, Dr. Qadri and Dr. Barnett talk with *WO* Editor in chief Marjolijn Bijlefeld about how Brathwaite’s message inspired them.

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Talking the Talk and Walking the Walk on PAY GAP ISSUES

Annual salary and compensation surveys show year after year that there is a gap in reported compensation between men and women in the same profession. In optometry, that seems to be true as well. According to a 2020 survey, asking for 2019 compensation data, on average, male ODs working full time reported earning nearly \$198,000 while full-time women ODs reported an average income of \$130,000.



Dr. Lyons

During the *Workforce and Demographic Update* panel at the Women's Leadership Conference, **Stacy Lyons, OD**, of the New England College of Optometry, said she was stunned by the pay disparity reported by *WO* in 2019.

"I started to read about gender inequities in other medical professions. This is not unique to optometry, and it's important that we grab the opportunity to start

working at solutions that chip away at this."

Diane Russo, OD, MPH, FAAO, also of New England College of Optometry, said that a team at the school is analyzing pay data by factors such as the number of years in practice, mode of practice, whether the doctor is an owner or employer, "so we're getting a clear picture of the pay gap."

Jobson Optical Research has shown that the pay disparity is smallest among the



Dr. Russo

newer ODs, but for women who are further into the profession, the pay gap seems to be wider. **Ray Corbin-Simon, OD**, consultant with The Power Practice and owner of a practice in Piscataway, New Jersey, said that she sees younger female ODs as more assertive than their more mature counterparts. "Maybe they're more in debt and more prepared to say that they want what's fair. Many older ODs are not as used to negotiation."



Dr. Corbin-Simon

TABOO CONVERSATION

Discussions about salary are often seen as too personal or inappropriate for conversation, but that taboo can make it more difficult for employees and employers to approach the topic. Dr. Corbin-Simon said that equitable payment can make good

business sense. She encourages OD owners "to open up their books and help their associates and employees understand how money comes in and flows out."

While she gets some pushback from doctors who feel that exposes too much personal information, she said that transparency can help create buy-in to practice goals and a better understanding of the revenue that associates are generating.

Dr. Lyons added this is "not a woman problem. It's an optometry issue." She noted that the American Medical Association recently published its Principles for Advancing Gender Equity in Medicine. Dr. Russo agreed. "It's definitely not enough to talk about this issue. Raising awareness is an important part, but without actions to address it, progress halts," she said. She encourages employers in every facet of the profession to look to address any implicit and explicit biases they may have that impact fair compensation. ●

"This is not a woman problem. It's an optometry issue."

AMA Statement

In 2019, the American Medical Association (AMA) adopted its Principles for Advancing Gender Equity in Medicine. The nine principles affirm the concept of equal rights for all physicians and state the organization's opposition to exploitation and discrimination in the workplace. It commits to full involvement of women in leadership roles, acknowledges the importance of mentorship and sponsorship as key element of career advancement and "declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics."

It notes the importance of flexible and part-time work options and schedules that support work-life balance, states that transparency in pay scale and promotion criteria is necessary and proposes an industry-wide approach, saying "that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas." ●



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[†]Compared to a single vision 1 day lens over a 3 year period.

¹Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567.

What Are You WORTH?



Dr. Carlson

“we negotiate every single day with somebody.” Dr. Carlson, along with **Hardeep Kataria, OD, FAAO**, of Oxnard, California; **Maria Sampalis, OD**, of Cranston, Rhode Island; and **Leslie O’Dell, OD, FAAO**, of Hanover, Pennsylvania, shared their best advice for negotiation.

● **Understand what’s on the table.** Dr. Kataria said that it took some time to gain experience with negotiation, but she’s grown wiser and now has a full understanding of what she can negotiate for in her job. It’s more than a salary; “it’s health benefits, PTO or tech support with scribes,” Dr. Kataria said.



Dr. Kataria

● **Be reasonable.** Dr. Sampalis said it’s important to take advantage of your local and online networks to learn as much as you can. Research salaries and opportunities in your area. Through her work with colleagues and with her sister, an attorney, Dr. Sampalis said that she enjoys spreading the knowledge and helping others. Pay attention to the details in your contract, especially related to ownership of intellectual property or a strict covenant. “Think ahead about what you are looking to do in the future,” she said. Certain statements could set you back from another opportunity.

Dr. Carlson added, “You lose your credibility if you haven’t done your homework. Know the going rates when you make your requests.”



● **Know your value.** Dr. O’Dell said that the best way to showcase your value is through the work that you are most passionate about; for her, that’s been dry eye and medical eye care services. “That passion is going to bring value to whomever you are employed by,” she said. Continue to learn as much as you can about that area of expertise.

Dr. Kataria asked her current employer for more transparency about revenue she generates, and now she has a better understanding of her productivity. “I can see how I am performing, and I can compare my January from this year to January five years ago and really see my growth and convince myself of my worth.”



Dr. O’Dell

● **Forget your fears.** “Do something that scares you because that’s how you grow,” Dr. Carlson advised. One of her scariest moments was the first time she asked someone to vote for her when she ran for the president of the American Optometric Association, but it was a few uncomfortable seconds that led to a position that ultimately provided great opportunity.

“Don’t be afraid to move from one place to the next if you feel that you’re undervalued,” Dr. O’Dell said. Be courageous and move through these conversations that can sometimes feel awkward. Find out if negotiation is possible or if it’s time to move on. “That’s what took me the longest—to realize it was OK to make the change. And once I made the first change, it made the second change easier to do.”

“The fear of rejection can hold a lot of weight in a negotiation,” Dr. Kataria said. “If it didn’t work out, it wasn’t meant to be, and something better is waiting on the other side.” When you aren’t afraid of the “no,” you can “use the rejection as motivation,” Dr. Sampalis added. “Appreciate the little wins.” ●

“You lose your credibility if you haven’t done your homework.”

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MIScommunication or UNDERcommunication Can Plague Practice Success

“The single biggest problem with communication is the illusion that it has taken place.” **Selina McGee, OD, FAAO**, of Edmond, Oklahoma, said that she refers to this quote from Irish playwright George Bernard Shaw when thinking about effective communication. “We all think it goes well, but on the receiving end, it may not go as well,” Dr. McGee said. “It’s a lifelong skill, and some people are more natural at it, but truthfully, we have to work at this and practice every day with our patients and our team.”



Dr. McGee



Dr. Chinn

Dr. McGee was joined in conversation by **Jennifer Chinn, OD**, of San Diego; **Ann Hoscheit, OD, FAARM, FAAO**, of Gastonia, North Carolina; and **Laurie Sorrenson, OD, FAAO**, of Cedar Park, Texas, who each brought unique perspectives to the table with the common agreement that a better understanding of the people around you can make all the difference.

● Educate yourself on effective communication.

Dr. Hoscheit said that she attributes a great deal of her success in practice with both patients and staff to discovering the Myers-Briggs personality test. The lessons learned also applied to recruiting, hiring, training and team-building. Many practice leaders have not yet invested the time to grow their own communication knowledge and use it consistently, Dr. Hoscheit said. “That little bit of investment in communication trickles down to the bottom line as a net positive,” she said, noting it is costly to recruit and train new employees versus retaining the ones you have.



Dr. Hoscheit

● **Practice makes perfect.** Dr. McGee said that she dug deep into learning personality types through a personality characteristics assessment tool, which classifies four personalities: doers, talkers, thinkers and feelers. “Before any conversation with a team member or patient, I’m looking at their body language, how they answer questions and how they want to be communicated

with,” she said. Dr. McGee said that she is a doer, and she knows that she needs to get straight to the big point when she encounters a patient who shares this personality. It takes practice to identify a personality and adapt your conversation to it on the fly, but it’s a skill well worth learning.

● “Help me understand.”

Be methodical in your approach to challenging situations. Dr. Sorrenson said that she follows these steps each time: What (is the problem), why (it is a problem) and forward-focused conversation (help me understand)—as advised by The Power Practice consultant **Bethany Fishbein, OD**. “This approach helps to remove the blame and makes it less personal with an aim to solve the problem. ‘Help me understand’ has been the phrase of three magic words in very difficult situations,” which allows her and an employee to come to a resolution together, she said.



Dr. Sorrenson

● **Hit pause and check in.** Dr. Chinn implemented weekly staff meetings when she joined her father’s practice as an owner. It’s helped establish her as a leader in the office where she had previously been a staff member, and it showed her willingness for their input. Dr. Chinn said that “taking a step back and listening to the concerns the team members have” builds a stronger team. It also helps her glean a better understanding of issues arising in the office that may have been unknown or even a problem outside of the office that could be causing emotional turmoil resulting in a lack of productivity. ●

Communication Resources

Consider these referenced communication or personality assessment tools that can add value, fun and understanding to your business.

- Myers-Briggs Type Indicator®
- Personality Plus personality system by Florence Littauer
- The Teambuilding KIT
- DiSC® personality assessment tools

How Do You Stay BALANCED?

Taking Care of You segment explores the ways that six ODs find time for self-care

This year—maybe more than ever—it's been so crucial to find time to refocus and refresh when office hours are over. These six ODs shared the hobbies and activities that they turn to for enjoyment in feeling a more fulfilled life.

Danielle Roth, OD, of Los Angeles, California, is a self-taught baker who spends time creating delicious treats in her kitchen when she's not seeing patients at her practice, Beverly Grove Vision Care. In fact, her patients can expect to try these baked goods when they come in for their exam. Dr. Roth walks patients through how to make twist buns with a fresh black currant jam. Visit @eyedobakes on Instagram for the recipe, to see more of her works of edible art and to share your favorites with Dr. Roth.



Dr. Roth

As a mom of two teenage daughters who are attending virtual high school this fall, **Bridgitte Shen Lee, OD, FBCLA, FAAO**, of Houston, Texas, shared her advice on focused parenting. By building confidence in the areas of healthy daily habits, essential life skills and strong mental health, children will learn to take ownership in their routines, allowing busy working moms to have more time for their own self-care.

Neda Gioia, OD, FOWNS, showcased her smoothie-making from her home in Shrewsbury, New Jersey. For six years, Dr. Gioia has turned to smoothies as her own natural medicine to help alleviate health issues. She walks viewers through her typical ingredients, from nondairy milk beverages to probiotics and plenty of fruits and veggies. Dr. Gioia's daughter makes a special appearance for smoothie-pouring.



Dr. Gioia

Louise Sclafani, OD, FAAO, of Chicago, Illinois, has a passion for cooking and entertaining, which stems from her Italian heritage and growing up in the kitchen with her Nonna as she made traditional family cuisine from Sicily. "She never wrote



down her recipes; you had to watch her if you wanted to learn," Dr. Sclafani said. "If she did write it down, she'd probably leave something out so that the recipe would be special to her." Today, Dr. Sclafani enjoys cooking regularly with her mom, husband and son. Colleagues have joined her when in town for conferences for special, home-cooked dinners, and she invites her guests to help in the kitchen. You'll surely be hungry after viewing all of the delicious dishes crafted by Dr. Sclafani!



Dr. Sclafani



Dr. Hornberger

Samantha Hornberger, OD, of Lawrenceburg, Indiana, has made self-care a priority during this 2020 pandemic. "When the shutdown came, those seven weeks were a gift to me. There was stress, for sure, but it allowed me time to pour into other people, spend time with my family and to figure out what was really most important to me." Her return to the office in July on a limited schedule of three days per week was a welcome adjustment, and she's planning to keep this schedule to provide the balance she needs.

Elise Brisco, OD, FAAO, CCH, FCOVD, of Los Angeles, California, wrapped up the segment talking about the three elements that she said are most important in taking care of herself: input, output and stress management. Input, or how you eat, not only controls your weight but also your energy level. Output, or exercise, can be done in many forms; Dr. Brisco enjoys boxing, weightlifting and training with her son. To relieve her stress, she turns to meditation. Dr. Brisco walked through her daily routine to taking care of herself and her family. ●



Dr. Brisco

Define Your Own Success and SET GOALS to ACHIEVE IT

While there isn't one precise path to follow to achieve success, there are actions you can take to improve your leadership skills and abilities. It also can evolve over time, said **Kelly Nichols, OD, MPH, PhD, FAAO**, dean, University of Alabama Birmingham School of Optometry. "My success as dean is determined by those around me and what we can do together.



Dr. Nichols

I'm measured by the success of our school, and it's a bit different than success has been at different times in my life," she said.

Dr. Nichols, along with **Janelle Davison, OD**, of Smyrna, Georgia; **Bridgitte Shen Lee, OD, FBCLA, FAAO**, of Houston, Texas; and **Nikki Iravani, OD**, of Santa Clara, California, shared this advice for mapping out a path to success.



Dr. Shen Lee

Dr. Shen Lee is a meticulous planner. "Understanding my top priorities helped bring success," she said, and she recommends writing goals down, revisiting them and focusing on no more than three at a time. With her family, she organizes her priorities based on her daughters' seasonal schedules. And recently throughout the COVID-19 pandemic, her three priorities were launching her new website; offering new services via telemedicine and her online store; and keeping her entire staff on the schedule and off of unemployment, which she was most proud of.

Some leadership qualities are innate, said Dr. Davison, but you can always strive to do better. "Everyone has limits, and there's always room for growth. If you have those innate qualities but you don't do anything to hone them or know

what your shortcomings are, you easily can be outperformed by those who are taught those skills." To improve herself, she watches others and models the steps she sees. Dr. Davison also seeks out opportunities to help those around her improve as leaders, whether those are her employees or people she works with in her nonprofit.



Dr. Davison

● **Surround yourself with mentors.** It's valuable to build a collection of mentors throughout the stages of your career. Dr. Nichols received some great advice from one of her mentors, **Bernard Dolan, OD, MS, FAAO**, who told her to set her table for eight. Imagine who those guests would be and take the time to tell them how meaningful they were before it was too late. "I've told mine that they are great mentors, and sometimes they are very surprised, and it's become an even more important mentor relationship after that." Now she's in a position to mentor young faculty members and students, and she hopes that some of them may consider her for their own tables of eight.



Dr. Iravani

● **Check in and reassess.** "Success is very much a subjective measuring; you have to think about where you are in your life and what you are hoping to achieve," said Dr. Iravani. "It's not a one-size-fits-all. What works for me may not work for another individual's success." So while it's important to learn from others, stop comparing yourself down to the details. At the root of the matter is your happiness. "Be at peace with yourself," she said. Dr. Iravani said she checks in with herself every day, making sure everything is in place. Her success is at a maximum when she has a happy family, work environment and team and when she can give back to her community. ●



CULTURE:

“That Feeling You Get When You Walk Through the Door”



Establishing a practice culture requires leadership, intentionality and continuous attention, said the four business owners in the *Workplace Well-Being: Creating a Productive and Positive Culture* panel.

Unlike an operations manual that details how service is delivered, a culture is more “that feeling you get when you walk through the door,” said **Tonia Sobchuk, OD**, of Lake Havasu, Arizona. **Paula Newsome, OD**, of Charlotte, North Carolina, agreed, saying that anyone



Dr. Sobchuk

calling the office is going to hear the words, “Thank you for calling Advanced Vision Center, where we care.’ Care is at the core of our culture.”



Dr. Newsome

two that they stress in their help wanted ads is that team members show up and have fun. “What that means is that if you’re vomiting, you stay home. If you have the sniffles, you come in. We’re a small office

Suzy Lake, OD, of Kansas City, Missouri, added that it’s important to identify core values;



Dr. Lake

and we have to be there for each other,” she said. Creating that family feel is a solid value in the offices co-owned by **Brittani Carver-Schemper, OD**, of Fayetteville, North Carolina; other than for a few new hires, her staff has been with the practice for an average of 7.5 years.



Dr. Carver-Schemper

- **Share the mission.** Dr. Sobchuk said that bringing the mission statement into the daily operations—it’s posted large in the break room and on every mousepad—keeps the mission front of mind. She said that implementing The Great Game of Business®, an open-book management program, created a big culture shift in the practice that brought everyone into the ownership mentality and the sense of being a part of something bigger.

- **Involve the staff.** Dr. Newsome started her annual day of service in the Charlotte community about six years ago. Staff members are invited to help, but it’s not a workday. (Dr. Newsome typically pays them anyway for their help.) It’s a point of pride and community engagement.

- **Choose joy.** Dr. Carver-Schemper’s motto is to choose joy. It’s something she discusses in team huddles in their discussions and engagements with patients and others.

- **Create a culture calendar.** By letting employees know what event or special day is coming up, staff members look forward to it, said Dr. Lake. She found that letting staff members know what’s coming excites them—and removes the anxiety of wondering if there would be a surprise event.

- **Find the unusual.** Dr. Sobchuk offers a “Zen room,” a quiet space with a massage chair and purple walls. It’s been used by staff members who need some decompression and by nursing moms. It’s doesn’t get overused or abused as a hideaway, either, said Dr. Sobchuk. Dr. Newsome has invited her massage therapist to come in on a Friday afternoon and give each staff member a short massage in a room she set up or at their chairs.

- **The value of a mental break.** Dr. Lake provided her staff members with lunch together and allowed each team member to take some scheduled mental health time after the exhausting rush of reopening. Dr. Carver-Schemper has scaled back from the larger monthly staff events held prior to COVID-19 to smaller events, like pop-up happy hours.

- **You can turn it around.** Several of the panel members discussed how they slowly and methodically enhanced the culture, especially by repetition and consistency of the core values. ●



2020 Theia Awards of Excellence Honor Six Women ODs

Six women were named recipients of the 2020 Theia Awards of Excellence on Thursday, Oct. 15. The award ceremony was held virtually as the conclusion to the three-day Women's Leadership Conference hosted by *Women In Optometry* with the American Academy of Optometry Academy at Home program.

LEADERSHIP

The recipients were **Thuy Tran, OD**, of New York, New York, and **Belinda Starkey, OD**, of Rogers, Arkansas.

Dr. Tran is president of the Optometric Society of the City of New York (OSCNY). During the COVID-19 pandemic, even as she was furloughed, she managed to expand the OSCNY's membership and programming



Dr. Tran

and supported members. In the height of the pandemic, she used her own funds to source PPE and distribute it to first responders.

Dr. Starkey was the leader in the passage of Act 579, Arkansas for Healthy Eyes, the latest scope expansion bill to pass a state legislature, which passed by 70 percent. Dr. Starkey continues to lead the battle to preserve this law as the opposition has continued to attack it. "I consider optometry to be a family; we may not always agree on every detail, but we lock arms—and it's very important that we have a unified voice any time that opposition or adversity comes knocking."



Dr. Starkey

and supported members. In the height of the pandemic, she used her own funds to source PPE and distribute it to first responders.

MENTORING

2020 recipient **Karla Zadnik, OD, PhD, FAAO**, the dean of The Ohio State University College of Optometry, has published more than 500 papers, presentations and abstracts in the profession, including the CLEERE study, one of the first to explore myopia. Dr. Zadnik is a passionate supporter of aspiring students, students, young ODs and colleagues, and she will drop anything to make time to support those who need it, said a nominator. "[Mentoring] has always been my favorite part of my job, which is figuring out how to help others get to their future and promote the future of optometry," Dr. Zadnik said.



Dr. Zadnik

INNOVATION

Deborah Zelinsky, OD, FNORA, FCOVD, the founder and executive research director of the Mind-Eye Institute in Northbrook, Illinois, is recognized worldwide for her studies of retinal stimulation and her innovative work in evaluating and addressing retinal processing disorders. The mission of the Mind-Eye Institute is to build better brains by evaluating and addressing patients' peripheral visual processing, which comprises an overwhelming percentage of a person's visual awareness. Dr. Zelinsky is also the inventor of the Z-Bell Test, which enables health professionals to evaluate a patient's retinal processing by having the patient touch a small ringing bell with their eyes closed. She said her own work and that of her mentors were inspired by unanswered questions.



Dr. Zelinsky

EDUCATION

Susan Cotter, OD, MS, FAAO, of Southern California College of Optometry at Marshall B. Ketchum University, has dedicated her entire career to optometric education and research. She has been a teacher and a mentor to many optometrists for nearly four decades, and her primary research interests are related to clinical management strategies for strabismus, amblyopia, convergence insufficiency and childhood refractive error. Dr. Cotter quoted Maya Angelou: "When you learn, teach; and when you get, give," and that rings true to me and sums up why I do what I do—teach."



Dr. Cotter

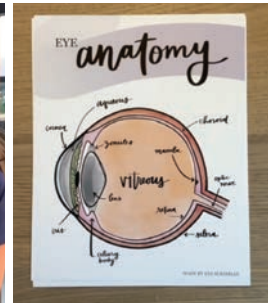
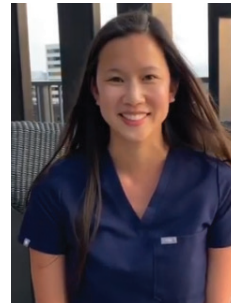
YOUNG OD

This year's award went to **Breanne McGhee, OD, MEd, FAAO**, of New Orleans, Louisiana, and a 2016 graduate of Pacific University College of Optometry. Now pursuing a doctorate, Dr. McGhee's research interests are diversity and inclusion and the impact of educational inequities and inequalities in Black and Latino communities. Dr. McGhee is an assistant professor and clinical adjunct at her alma mater, making her the first African American educator at the optometry school. She dedicated the award to her four children. "To some, having children during optometry school and residency seemed like a lot. Thank you for being my daily motivation, for pushing me to never give up and be my best self," she said. ●



Dr. McGhee

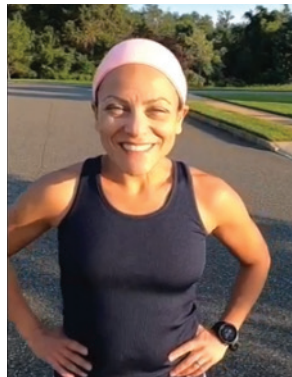
A Minute Just for You!



Karen Castleberry, OD, of Athens, Georgia, entertained viewers with a tune on the French horn. It's a hobby she's enjoyed working on at home during the past few months since she could not be out performing.



Nicole Nguyen, OD, of Chantilly, Virginia, has enjoyed doodling since she was young. Now she creates digital drawings that are transformed into educational posters for optometry offices. Learn more @eyescribbles on Instagram.



Go for a run with **Sally Halim, OD**, of Woolwich Township, New Jersey. She's been participating in triathlons since 2014 and said that exercising and training keep her grounded.



Felicia Popowski, OD, of Colorado Springs, Colorado, is a certified yoga instructor, and she shared some simple moves for refocusing that doctors can fit in between patients.



Laretta Justin, OD, of Orlando, Florida, knew it was best for her family to be home to help her sons through virtual learning this fall. She gave credit to her supportive team that has allowed her to make this family time a priority.



Jennifer Tsai, OD, of New York, New York, was about to open her practice in March when the COVID-19 pandemic hit. She shared her top five self-care tips from rekindling favorite hobbies to taking a pause on social media and news. ●

QUICK TAKES



Marjolijn Bijlefeld

Learn something new in less than 10 minutes while listening to these insightful Quick Takes. Six ODs chatted with *WO* Editor in chief **Marjolijn Bijlefeld** on everything from medical eye care opportunities in 2020 to adding an associate and more.

In *Mentoring Matters*, **Camille Cohen, OD**, of Brooklyn, New York, explained how she channeled her energy into something positive when her newly acquired Lenscrafters lease location had to temporarily close due to COVID-19. Dr. Cohen collaborated with her colleagues to create a support system for optometry students, a roadmap to help them navigate through studying, taking tests and managing stress and anxiety.



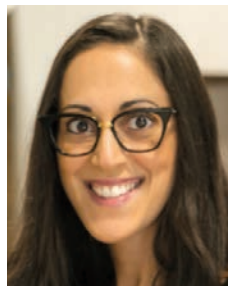
Dr. Cohen



Dr. Cho

Hannah Cho, OD, of Irvine, California, has big plans for her business, FLOE Optometry. In *Exponential Expansion*, hear about her ambitions for the future. "When you are opening and you learn the ins and outs of how to start, run, manage and optimize a regular practice, it is easily transferable to other locations," Dr. Cho said. Her next step was opening as many as possible by implementing learnings from the first practice. She started 2020 with one location, and by early 2021, she is on target to have eight. The process is refined with each new office.

Monica Johnsonbaugh, OD, of Grosse Pointe, Michigan, didn't want her student debt loan looming over her. In *Financial Freedom*, she shared the path that she took to pay off her student loan debt in a fraction of the preset payment period. By opening her own practice as well as working in a corporate-affiliated practice and speaking as a consultant in the industry, she was able to accelerate her payments to pay off a 25-year loan in less than 10. She talked about the sacrifices and determination it took to get there.



Dr. Johnsonbaugh



Dr. Lowe

While optometry's big year didn't pan out as planned, **Pam Lowe, OD, FAAO**, of Niles, Illinois, said a focus on the silver lining can bring opportunity despite challenges. In *The Medically Oriented Practice*, she detailed three key areas of medical eye care that can help ODs exceed patient expectations and allow practices to thrive: myopia management, age-related macular degeneration and dry eye services. "It's really important for practitioners to take it to the next level," she said.

Brianna Rhue, OD, FAAO, of Tamarac, Florida, didn't like the feeling in the room when patients asked for their prescription to go. In *Catch Your Walking Scripts*, she discussed how it felt like the sale was already lost and nothing could be done to save it. Through her efforts with a colleague, the two launched a patient reordering portal called Dr. Contact Lens. With it, she's created a way to provide her staff with the confidence and a proactive approach to recapturing patients' contact lens orders.



Dr. Rhue



Dr. Vo

Tammy Vo, OD, of Austin, Texas, shared how she found the best match in an OD to join her team in *Adding an Associate*. She needed to find an associate who would treat patients with genuine kindness and the practice like it was their own. "Find someone with that personality to bring patients into the office but also the personality to match yours," she said, adding that **Travis Bailey, OD**, keeps her Type-A personality centered and brings her true heart to the office. ●



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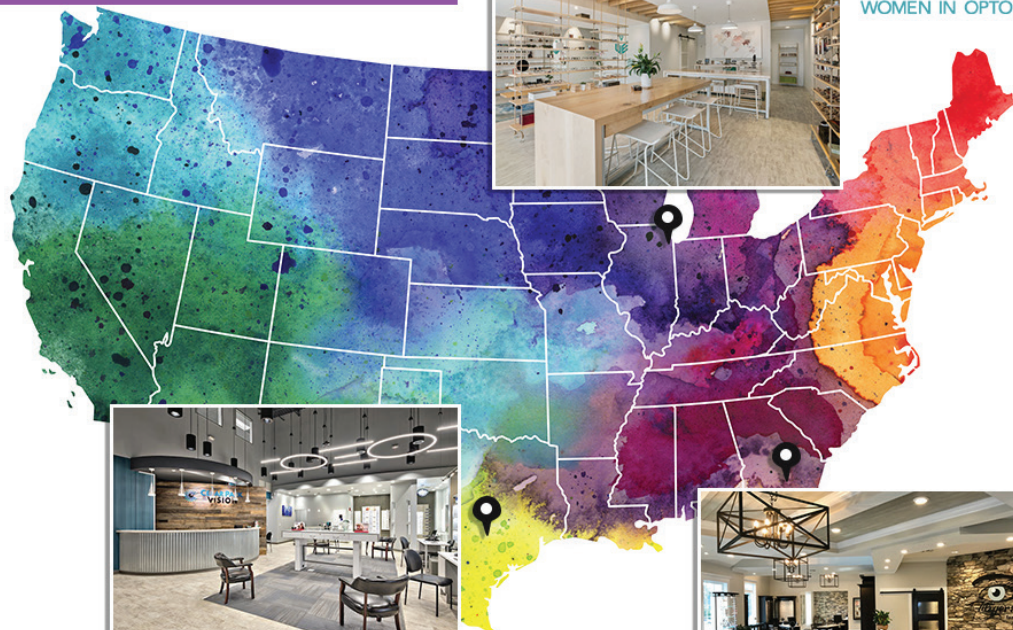
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