

Optometry

Program Evaluation Plan

Degrees Awarded

Doctor of Optometry, O.D.
Bachelor of Science in Vision Science, B.S.

Program Review Panel

Chair: Mark Swan, OD, MEd
Program Faculty: Michael T. Cron, OD
Program Faculty: Michael P. Keating, PhD
Program Faculty: Philip Walling, OD
Individual with special interest in the Program: Teresa M. Seim, OD
Faculty Member outside the College of Optometry: Terry Doyle

Purpose: To conduct a study of the Optometry Program to evaluate its needs and effectiveness so the University can make informed decisions about resource allocations.

Data Collection Techniques

- 1) Graduate surveys
 - a) Data from 2001 survey of Michigan Optometrists regarding new curriculum
 - b) Conduct graduate survey, 2004
- 2) Student evaluation of program and courses
 - a) Data from ongoing WebCT surveys of students on externships
 - b) Conduct student evaluation survey, 2004
- 3) Faculty perception of program
 - a) Data from 2001 survey of MCO adjunct faculty associated with the Optometric Education Conference
 - b) Conduct faculty survey, 2004
- 4) Advisory Committee perceptions
 - a) Survey of Advisory Committee, 2004
 - b) Survey of the Michigan Optometric Association Board of Trustees, 2004
- 5) Labor Market analysis information from current market indicators.
- 6) Evaluation of facilities and equipment.
- 7) Curriculum evaluation
 - a) Data from the 2000-2003 MCO curriculum review and new curriculum proposal.

Schedule of Events

<u>Activity</u>	<u>Leader</u>	<u>Target Date</u>
Graduate Survey	Walling	May 15
Student Evaluation	Cron	May 15
Faculty Perceptions of Program	Keating	May 15
Advisory Committee Perceptions	Swan	June 15
Labor Market Analysis	Walling	June 15
Evaluation of Facilities	Swan	Jun 15
Curriculum Evaluation	Swan	July 15

Exclusion of the employer survey - The employer survey is being excluded from the program evaluation plan due to the independent nature of the profession of optometry. The majority of our graduates are self-employed. Therefore, information regarding graduates' preparedness for the profession will be in the graduate survey.

Optometry Optometry

Program Evaluation Plan - Budget

Student Surveys (136)

No cost because using WEB-CT

Graduate Surveys (750)

Copying Costs	\$100.00
Mailing Costs (750 x \$0.17)	150.00
Envelope Printing	90.00
Return Mailing Costs (300 x \$0.17)	60.00

Advisory Board Surveys

Copying and Mailing	10.00
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Student Wage Support

60 Hours at \$5.75/hour	345.00
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Phone Expenses	100.00
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Final Document Copying Costs	150.00
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Office Supplies (binders, computer disks)	50.00
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Travel for Dr. Seim to attend 2 meetings

(436 miles)	157.00
(two meals)	32.00

TOTAL **\$ 1244.00**

Questions for Doctorate in Optometry program Panel

The following questions or requests for information are the result of our discussion concerning specific statements or material within the Doctorate in Optometry Program Review Panel document. The page number containing the material upon which the question is based is cited prior to the question.

- 2-5 The graduates suggest that they need more education in the area of practice management. Do you have insights with respect to this concern? Has it been addressed in your curriculum revision?
- response **Graduates of optometry programs, including MCO, have invariably cited a lack of preparedness for the business aspects of practice after graduation, and this survey was no exception. While the curriculum revision makes some efforts toward improving this problem, the fact will remain that it is impossible given all the other demands on their academic time to adequately prepare every graduate for every business or practice management situation they may face. Some of the business learning is of necessity "on the job."**
- 3-1 You indicate that you did not survey employers. Do some of your graduates go to work for corporate chains? If so, would it be appropriate to obtain feed back from them?
- response **Many of our graduates work for corporate chains typically as an independent contractor and occasionally as an employee. The employer is usually not a doctor and thus has no way of assessing the "skills" required of a licensed health care practitioner. Also, MCO has a 100% employment rate following graduation which reflects the competency of our graduates. The only areas which an employer could comment on would be such things as being on time, completing records, etc. Since these areas are not a reflection of the program, responses in these areas would not be helpful.**
- 4-3 It appears from the student survey that the ratings by 4th year students rated seem to be lower than those of the 1st through 3rd year students. Do you have any insights why that might be?
- response **Each class has it's own individual temperament, and so responses will naturally vary a little from class to class. Additionally, as a generalization, there is a slight tendency for students to become a little more critical and possibly cynical, less naïve, as they move further into the program. Although not as enthusiastic as the underclassmen, the 4th year ratings are overwhelmingly positive.**
- 4-3 Have you tried to determine the basis of concern expressed with respect to the
8-1 Library?
- response **The responses to this question, in retrospect, are not very helpful and a follow-up survey would be necessary to be more specific with regards to library services. It was unclear whether the responders were referring to FLITE, the optometry holdings, the optometry reading room and computer lab, or all of the above. Future surveys will need to break this question**

into components to be meaningful. This will be thoroughly investigated in the next year as we prepare for the Accreditation Council on Optometric Education Self-Study.

5-2 What were the primary factors that prompted the changes in curriculum that you describe?
9-7

response **This is the first major curriculum review in the program since 1990 when several basic science courses were moved to the pre-optometry requirements. This was done to make room for new optometric material associated with the expanded scope of practice involving the diagnostic and therapeutic use of pharmaceutical agents. As the profession has continued to evolve we have determined that much of the basic science material would be better taught in conjunction with or at least in closer proximity to specific optometry courses and from a vision/clinical science perspective. Therefore the curriculum must be expanded to have sufficient time to cover these concepts as well as new concepts and technologies that continue to develop within the profession. Given that we need to make changes in some of the core content areas, it is also an opportune time to reorder and rename several courses to improve efficiency and to clarify curriculum content and descriptions.**

5-2 Do you have any insights with respect to the concern expressed by the faculty that the central administration has not provided support for the program? Do you have any recommendations concerning how that problem may be addressed?

response **The rating responses to this question are not very helpful. In retrospect, the question was vague, allowing varied interpretations and the results included several different administrators over multiple years. Future surveys will need to break this question into components to be meaningful. This will be thoroughly investigated in the next year as we prepare for the Accreditation Council on Optometric Education Self-Study.**

Our general impression from informal discussions is that the faculty feels the current central administration is more supportive than these results imply.

Considerable insight and clarification of faculty opinion is contained in the faculty comments in Appendix D-2 of the report. To summarize: The goal of being a "national leader" in optometric education is a high standard. We do have faculty that are making strong contributions to the goal of being a national leader. However, several obstacles have been encountered by the faculty, which may or may not be within the control of the central administration. Budget constraints mean that faculty are required to do more with less, clinical and teaching equipment is not regularly updated and there are fewer opportunities for faculty development.

Lost faculty positions have forced remaining faculty to take on additional didactic responsibilities in order to make sure all courses are taught. This limits their available time for student interaction, community and professional outreach, and scholarly activities.

The recruitment of quality students is one area in which we are currently having a significant challenge. Past FSU central administrations have rejected proposals to modify fees or create financial incentives to attract additional top quality students to enhance the class. That coupled with an outdated facility makes student recruitment difficult, compounding the frustrations of the faculty.

The faculty response on the College of Optometry's administration performance was in mild agreement (as opposed to mild disagreement). We believe this reflects the fact that from a multi-year perspective, the College of Optometry administration and faculty have made exceptional effort to try to overcome these setbacks. However, the underlying frustration of not being able to accomplish those goals is still reflected in the ratings.

6-1 How frequently does your advisory committee meet?

response

The MCO Advisory Council does not meet on a regularly scheduled basis. With the considerable amount of redundancy with special task forces such as the Blue Ribbon Commission, and the Dean's Search Committee, and the regular interaction with the Michigan Optometric Association and American Optometric Association, communication with the advisory committee has been limited to specific issues when their council is specifically solicited.

7-2 Do you have any insights as to why there seems to be a gender difference in salary other than years in practice?

response

The most compelling explanation is that female optometrists were very rare until the 1970's. In 2000, approximately 25% of practicing optometrists were female compared to 1973 where female optometrists comprised only 3% of the total optometric workforce. Therefore, the earnings compiled included the large number of male optometrists in practice for 35+ years who went to school after WWII when the government paid for their education. Another explanation is a higher percentage of female optometrists work part-time, which incidentally, is the reason many females pick optometry as a profession. Consequently, they do not accumulate the same earnings as males in practice for the same number of years.

8-2 The age and nature of your facilities seems to be a significant problem. What options have been considered to address the problem in view of the fact that it is unlikely that significant increases in funding will come from the state in the near future?

response

Alternative plans have been investigated and determined to be unachievable, including remodeling and expanding Pennock Hall, and remodeling the Commerce Building. However, we remain optimistic that funding from the state is possible in the near future. We continue to prepare for a legislative effort and keep key legislators informed of our need at a grassroots level. As soon as state funds become available we expect to be one of the first programs to be considered. To this end, MCO

Questions for Doctorate in Optometry program Panel

has worked closely with the central administration to develop a capital fund raising campaign targeting alumni, the optometric community and industry. The faculty have set the tenor for this fund raising program by having 100% pledge participation achieving a combined pledge of more than \$125,000.

9-7 In view of your proposed changes in the curriculum do you plan to make changes in the pre-optometry curriculum as well?

response **Yes, since the time that this report was submitted, the faculty have met and agreed upon a course of change for the pre-optometry curriculum and the proposed changes have already been sent to the UCC for approval. The changes are designed to make the MCO pre-optometry requirements more competitive with other optometry programs and health professions. This will also simplify the application process and encourage applicants to obtain a baccalaureate degree.**

9-7 What is the basis of awarding 13 credits for Clinical practice?

response **Students in the fourth professional year are assigned to 39 hours per week of patient care and clinic related activities. The optometry program has historically awarded credit for laboratory and clinical education at a 3 to 1 ratio of contact hours to credits, which is calculated to be 13 credits.**

10-1 Please discuss the impact of out of state tuition on your recruiting efforts? Has consideration been given to agreements in which a specific number of students from states that don't have Optometry Colleges are admitted to the program?

response **The out-of-state tuition makes MCO much less competitive for non-resident applicants. Most other optometry and health professions programs, as a result of the declining numbers of health professions applicants, have reduced out-of-state tuition or award compensatory scholarships to non-resident applicants. Several requests to modify the fee structure for these applicants at MCO have been denied by the central administration. In past years states without optometry programs have subsidized their residents' tuition at various optometry programs across the country. With strained state budgets across the nation most of these programs have been discontinued.**

11-3 What has been the impact of the loss of 2 faculty positions on the quality of instruction in the program?

response **A definite impact in the following sense:**

More part-time faculty have been hired for clinical instruction. The part-time faculty are here only for their assigned times. So when students have clinical questions at other times, their questions either don't get answered or the full time faculty answers them, which further infringes on the full-time faculty's development and scholarly activities. Some of the part-time faculty are excellent instructors, but overall there appears to be more unevenness in the quality of the instruction provided by the part-timers, and more financial constraints on the College of Optometry to remedy this.

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In terms of classroom and laboratory instruction, there are two indirect effects. One: In health care, there are many alternatives for diagnosis and management of conditions. With fewer faculty, the students have less exposure to different opinions on how to proceed, and the faculty themselves have less people and less time for discussion regarding new or alternative treatments. Two: With fewer faculty to cover more duties, there is less development/research time for the remaining faculty. Long-term, these effects have a negative impact on the quality of teaching.

Appendix What are the responsibilities of the supplemental faculty?

-A -2
response

The supplemental faculty provide direct supervision over second, third and fourth year students as practicing optometrists in our clinics. They mentor each student in all aspects of patient care including the patient's diagnosis, prescription options, medical treatment and practice management.

Appendix Please clarify what is meant by Clinical FTEF unpaid?

-A -2
response

Historically, several of the adjunct clinical faculty supervising our 4th year students were compensated for their time and expertise. However, as optometry was forced to deal with budget cuts, more effort was devoted to finding clinical externship sites that were willing to volunteer their facilities and time to take on the responsibility of supervising our 4th year students. These clinical externship sites provide our students with practical clinical experience and quality educational supervision at virtually no expense to the program.

MEMORANDUM

DATE: November 17 2004

TO: Academic Senate

FROM: Academic Program Review Council

RE: Recommendations for:

Doctor of Optometry Degree

CC: Mark Swan, Kevin Alexander, Thomas Oldfield, Michael Harris

IDENTITY OF PROGRAM:

Doctorate in Optometry Degree

RECOMMENDATION OF ACADEMIC PROGRAM REVIEW COUNCIL:

We recommend that this program be Continued

CATALOG ENTRY:

Why Choose Optometry?

The ever-changing curriculum at Ferris State is designed to produce graduates who are qualified to practice full-scope optometric care in any state and practice setting. The curriculum includes clinical training and practice under the supervision of college faculty.

The college, which meets the standards of the Association of Schools and Colleges of Optometry and is accredited by the Council on Optometric Education and the North Central Association of Colleges and Schools, operates in modern, up-to-date classrooms and labs, including an on-campus clinic. Off-campus facilities also are used to maximize clinical education.

Examples of the College's off-campus clinical affiliations include Veterans Administration hospitals, military medical facilities, optometric referral centers and prison health care facilities.

Get a Great Job

The Michigan College of Optometry at Ferris State was established in 1975 and remains the only institution in Michigan (one of only 17 nationally) to offer an optometry program. The profession is one of the top 10 income-earning professions in the country and is dedicated to maximizing the visual efficiency and quality of life of patients. It encompasses the prevention and remediation of disorders of the eyes and visual systems through the examination, diagnosis, treatment and management of visual problems and eye diseases.

Doctors of Optometry are primary health care providers who enjoy favorable working conditions, regular hours and a minimum of emergency calls. The profession offers many career options and great freedom in choosing a location to live and practice. Career options include private practice, group practice or

APRC Recommendations concerning:
Doctor of Optometry Degree

institutional practice in hospitals, health centers, health maintenance organizations or corporate offices. Graduates of the program report a high level of satisfaction with the career choice, income and lifestyle.

Admission Requirements

Each applicant seeking admission to the Michigan College of Optometry must complete 80 credit hours of pre-professional courses prior to admission. An application may be submitted while the minimum requirements are being completed. The pre-professional courses may be taken at Ferris State University College of Arts and Sciences or at another accredited college or university.

Pre-professional training must include the following: general biology or zoology (2 semesters with labs); general inorganic chemistry (2 semesters with labs); organic chemistry (2 semesters with labs); noncalculus-based college physics (2 semesters with labs); college mathematics statistics (2 credits); college mathematics through Calculus I; college English (1 year or 6 credits); pre-professional, 200-level or higher physiology (4 credits minimum with labs); biochemistry with organic chemistry prerequisite/concurrent enrollment (4 credits); 300- level or higher microbiology, (4 credits minimum with labs); humanities (9 credits from two different areas to include one speech course); and behavioral science (9 credits with a minimum of three credits in general psychology, and courses from two different areas with one 300-level course). In addition, it is highly recommended that applicants take an introductory business management, accounting or economics class (2 credits).

All applicants are required to take the Optometry Admissions Test (OAT), which is designed to measure general academic ability and scientific knowledge. Applications are received beginning September 1, and files must be complete by February 1.

Graduation Requirements

The Optometry program at Ferris leads to a doctor of optometry degree. Graduation requires a minimum 2.0 GPA overall. Students must complete all general education requirements as outlined on the General Education website, meet any special recommendations set forth by the dean, and be recommended for the degree by the faculty of the Michigan College of Optometry.

BACKGROUND INFORMATION OBTAINED FROM THE REVIEW PROCESS:

CRITERIA SUMMARY BASED ON CONCLUSIONS OF THE PROGRAM PANEL

- **Centrality to FSU Mission**

The mission of Ferris State University is to “be a national leader in providing opportunities for innovative teaching and learning in career-oriented, technological and professional education.”

 - The Michigan College of Optometry at Ferris State University continues to meet its mission, by promoting and providing for the visual welfare of the community and region.
 - Graduates of MCO are well prepared to enter the health care system and are having a positive impact on the profession of optometry both in Michigan and nationally.
- **Uniqueness and Visibility**
 - The Michigan College of Optometry at Ferris State University is the only optometry program in the state and is well respected within the state health care system.
 - Continued improvement is needed in promoting awareness of patient care services available to the local community.
 - Although active at the national level within the profession, effort to improve the image and awareness of the program outside of the state will be beneficial.

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- **Service to State and Nation and World**
 - The faculty and administration of MCO demonstrate a high level of activity within the profession at the state and national level.
 - During the period of this report the 16.5 FTE tenure track faculty have presented 173 hours of eye and vision health information to community organizations and have served 137 committee-years on state or national academic / professional committees and held 36 offices in professional organizations.
 - Thirty-one local community vision care projects and 13 international vision care missions were conducted.
- **Demand by Students**
 - The demand of students for the optometry program remains favorable, however, the size of the applicant pool surplus has decreased significantly and competition for outstanding applicants has dramatically increased.
 - The application and admissions process of MCO continues to result in highly qualified students. Students choose MCO because the classes are small, the faculty/student ratio is low and the reputation of the College is good.
 - MCO would be more competitive for the most qualified applicants if more scholarships for entering students were available and the non-resident tuition rate was lower.
- **Demand for Graduates**
 - Nationally, the employment picture for optometrists continues to look strong and alumni are extremely satisfied with their career position and salary.
- **Placement Rate and Average Salary of Graduates**
 - There has been 100% placement of graduates. The mean gross income of respondents in practice for 5 years or less was \$71,763 not including benefits. The mean gross income all respondents to the graduate survey was \$109,000 not including benefits.
- **Service to Non-Majors**
 - Not Applicable
- **Quality of Instruction**
 - The quality of instruction remains high, as indicated by the student and graduate evaluations and the 96% program retention rate. However, faculty, graduates, and students agree that the number and diversity of patient encounters needs to be enhanced.
- **Facilities and Equipment**
 - Pennock Hall has outlived its usefulness as the “temporary” home of the Michigan College of Optometry.
 - Innovative solutions have been found to improve the appearance of the facility and to acquire equipment upgrades, however, a new facility has become a fundamental need of the program.
- **Library Information Resources**
 - Several developments have been accomplished in the past five years in the area of library services. However, by student report it appears the demand has out-paced these developments.
- **Faculty: Professional and Scholarly Activities**
 - **Quantity and qualifications:**
 - The Michigan College of Optometry faculty is comprised of 17 individuals: two F/T basic science faculty who have Ph.D. degrees, 14 F/T licensed optometrists with O.D. degrees (four of these faculty have additional Masters degrees and one has a Ph.D.), and one part-time licensed optometrist.
 - Twelve of the faculty have earned Fellowship in the American Academy of Optometry, one is a Diplomate and two are eligible to sit for the final oral evaluation this year.
 - During the period of this report two FTE tenure track faculty positions have been lost while curriculum content and class size has increased.
 - **Professional and scholarly activities:**
 - The MCO faculty has together published seven books or book chapters along with 64 journal articles or posters.
 - They have taught 258 continuing education lecture-hours throughout the state, nation and internationally and completed one sabbatical.

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- They have reviewed 35 articles submitted for peer-reviewed publications and five PhD theses.
- Dr. Saladin earned the first ever U.S. Patent for FSU and collectively the faculty and administrators have generated \$178,500 in grants, donations, and other financial support for clinical investigations and health care services.
- **Administrative Effectiveness**
 - Since the last review the administration has undergone several structural and personnel changes, which makes the evaluation of the administrations' effectiveness difficult.
 - At the University level several personnel changes and the budgetary difficulties have caused delays in the implementation of several plans that MCO has developed to address changes and challenges for the program: replacing faculty, increasing competition for applicants, and changing the curriculum to match professional developments in patient care.
 - At the College level, Dr. Uniacke filled the interim Dean position following Dr. Lewis' departure and during the search that ended up bringing Dr. Alexander to the College.
 - At the beginning of this review period MCO had two half-time Associate Deans, Dr. Colladay and Dr. Cron. In 1999, Dr. Cron returned to full-time faculty status and Dr. Colladay became the full-time Associate Dean. Upon Dr. Colladay's retirement in 2003, Dr. Paramore was appointed as the Associate Dean. Dr. Paramore will be retiring in 2005 and a search for a new Associate Dean is in the initial phases.

COST INFORMATION:

According to the 2001-2002 report from institutional research:

Total cost per SCH

Doctor of Optometry Degree	\$612.85
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Total program cost

Doctor of Optometry Degree	\$99,894.64
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According to the panel, the substantial cost per SCH for the OD degree program reflects the generally high cost of professional education. Because much of the program is based on clinical patient care, the proctoring required for clinical training results in very low student/faculty ratios. The cost of the Doctor of Optometry program is among the lowest compared to other health profession's programs in the state. Additionally, the cost of medical technology equipment, and instrumentation drives the cost per SCH well above that of traditional academic disciplines. Although finances were an issue for MCO, as with all programs due to the downturn in the State's economy, the faculty and administration have been adept at securing equipment through a variety of means to try to keep pace with the challenges of developing technologies in eye and vision care. Recruiting and hiring qualified faculty and administrators will continue to be difficult considering the competition amongst other optometry schools and the lure of higher salaries in the private sector.

ASSESSMENT OF THE PROGRAM BY THE ACADEMIC PROGRAM REVIEW COUNCIL:

OBSERVATIONS:

- The Degree Program Cost Document for 2001-2002 published by Institutional Research and Testing lists all programs; 2 year, 4 year, graduate, and professional degrees in the same table.
- The Doctor of Optometry Degree ranks 1/229 in programs at the University based on **total cost per student credit hour** ranked from high to low.
- The Doctor of Optometry Degree ranks 5/229 in programs at the University based on **total program cost** ranked from high to low.
- The Program is high quality and brings prestige to the University
- According to the Administrative Program Review, the capacity of the program is 136.

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- The on-campus enrollment in the program is:

1999	2000	2001	2002	2003	2004
124	131	133	127	131	131

- The number of on-campus graduates in the program is:

1999	2000	2001	2002	2003	2004
32	27	31	33	30	

- The Administrative Program Review states that 16.5 FTE were assigned to this program in the Fall of 2003.
- The Administrative Program Review states that 7.05 FTE were assigned overload/supplemental in the Fall of 2003.
- The graduate survey was sent to 775 graduates. A total of 197 surveys were returned for a 25.4 % return rate.
- The program panel did not send out employer surveys. The rationale of the panels was "Many of our graduates work for corporate chains typically as an independent contractor and occasionally as an employee. The employer is usually not a doctor and thus has no way of assessing the "skills" required of a licensed health care practitioner."
- A survey was administered to 131 students. A total of 112 surveys were returned for a 85 % return rate.
- The Faculty survey was sent to 16 faculty. A total of 16 surveys were returned for a 100 % return rate.

STRENGTHS OF THE PROGRAM

- Excellent student faculty ratio which allows for an ideal clinical instruction model
- There is a long track record of production of successful graduates
- The faculty is highly qualified and dedicated to working with students
- The presence of the program at Ferris attracts well qualified undergraduates to the University (18-20 honors students this year are pre-optometry students).
- The program provides health care to the community
- The clinical aspects of the program emphasize producing graduates who are ready to practice upon graduation
- About 70% of graduates stay in the State of Michigan to practice
- There is a wide variety of clinical externship offerings available to students
- Financially the Optometry Clinic is breaking even and is even able to purchase equipment

THE ACADEMIC PROGRAM REVIEW COUNCIL HAS THE FOLLOWING CONCERNS:

- The instructional facilities need to be improved
- The scores on some sections of the National Board Exams have declined in recent years
- The panel has expressed concern about the diminishing ability of the College of Optometry to compete for high quality out-of -state students.

THE ACADEMIC PROGRAM REVIEW COUNCIL RECOMMENDS THAT THE FOLLOWING STEPS BE TAKEN TO IMPROVE THE PROGRAM:

- The Council acknowledges the need for a new facility however, due to the economy in the State of Michigan, obtaining funding for a new building is currently beyond the control of the University
 - In the interim, the College of Optometry should continue to explore ways to optimize and whenever possible enhance the existing facilities
- When a new facility is funded and if addition faculty lines are made available, the College should increase enrollment to a level that decreases the current costs per student credit hour.

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- The faculty should continue to investigate the causes of the decline in scores on the National Board Exams and monitor the effect of the curriculum revisions that are currently being implemented on this trend
- The faculty and administration of the College of Optometry and the Central Administration of the University should continue to explore avenues to make Ferris State University more attractive to high caliber out-of-state students

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Section 1

Program Overview

MISSION

The Mission of the Michigan College of Optometry is to promote health, vision, and productivity by preparing men and women to serve the needs of those who require eye and vision care. It strives to impart to its graduates a strong ethical, social and professional commitment, and to assure that graduates have the knowledge and skills necessary for current practice as well as those that assure an ability and affinity for self-directed life-long learning. The College, through its clinics, serves as a center for education, patient care and applied research to provide environments in which current vision care procedures, delivery systems and models are continually evaluated, and where new approaches to clinical education and patient care are developed. The College serves as a resource for information and education to those already in practice and to the community at large.

PURPOSES

- To select and prepare men and women for excellence in the practice of optometry to serve the primary vision care needs of the public.
- To provide an academic and professional environment for students that will stimulate their appreciation for and understanding of professional and ethical behavior and which will provide the opportunity for them to develop their potential for leadership in their profession and community.
- To maintain and develop clinical programs for the training of present and future practitioners that demonstrate and utilize the highest levels of technology, maximize interpersonal skills and allow for the College to serve as a patient-care resource to the state of Michigan.
- To conduct programs of research in vision, patient care, and professional education which further the ability to care for patients and to educate those who will assume those responsibilities in the future.

HISTORY

In the early 1970's, substantial support developed in the Michigan legislature for an optometry school in the state. The administration of then Ferris State College lobbied vigorously for the program to be placed at Ferris. As a result, the Michigan College of Optometry at Ferris State University was established in accordance with Act 227 of Michigan Public Acts of 1974 in response to a documented need for optometrists in the state of Michigan. It is the only College of Optometry in Michigan and is one of only 17 in the United States.

An initial class of 21 students entered the College in 1975 and became the first graduating class in 1979. Despite continued legislative support, early political problems over funding arose due to a gubernatorial line item veto of the College's budget. The College was able to be sustained as a result of Ferris' dedication to maintaining the program. Each class now consists of 34 students selected from a national and international applicant pool. The class size was initially established in 1979 at 32 and expanded to 34 in 2000.

The curriculum is designed to produce graduates that are qualified to practice full-scope optometric care in any state and practice setting. The College meets or exceeds the standards of the Association of Schools and Colleges of Optometry and is fully accredited by the Accreditation Council on Optometric Education (ACOE). MCO is, concurrent with this program review, preparing a self-study in anticipation of the ACOE re-accreditation site visit in the fall of 2005. In 1998 MCO was granted accreditation by the Accreditation Council on Optometric Education for the maximum, seven year term.

The College of Optometry is housed on the west side of the Ferris State University campus in Pennock Hall, a six-story structure erected in 1968 as a residence hall. It was subsequently renovated and converted to serve as the temporary home of the academic, administrative and on-campus clinical facility for the Michigan College of Optometry in 1977.

In addition to the on-campus facilities in Pennock Hall, the College utilizes many off-campus clinical facilities to maximize the clinical education of students. The majority of off-campus clinical facilities are located within Michigan communities. Five out-of-state clinical facilities are also utilized because of their unique clinical experience. Off-campus clinical facilities encompass many optometric specialties and practice settings, and allow students advancing toward graduation to experience the wide diversity of potential optometric career possibilities that exist today.

IMPACT

Ferris State optometry graduates are fully qualified and prepared to pass licensing examinations in any of the fifty states. Ninety-six percent of the students in the classes between 1979-2004 completed the program and received their Doctor of Optometry degree. Graduates report a high level of satisfaction with their career choice, income and lifestyle. Many alumni speak of the continuation beyond graduation of the close and rich personal friendships developed while being students in the Michigan College of Optometry.

Of the 775 living alumni of the College, 70% are currently residing in Michigan. The remainder is distributed across 37 other states, Canada and the military (see Appendix A-1). A number of graduates have gone on to residencies and graduate school after completing their O.D. requirements, and there are Michigan College of Optometry graduates on the staff of many of the country's schools and colleges of optometry, including one who is serving as a Dean and one as an Associate Dean.

Within organized optometry in the state of Michigan, many of the Michigan Optometric Association district chairs are Ferris optometry grads, as are seven of the trustees on the MOA Board of Trustees. Nationally, alums of the College are intimately involved in activities of the American Optometric Association, the American Academy of Optometry, the Armed Forces Optometric Society, and the College of Optometrists in Vision Development among others.

The presence of the optometry clinic in the region has had a significant impact in enhancing the quality of eye and vision care services available to the public in west Michigan. The college clinics provide specialty care including management of pediatric, visually-impaired, surgical co-management and other advanced care and referral patients who otherwise would need to travel to a larger city for care.

The faculty of the College has also impacted professional optometry by serving as a resource for consultation and referral, and by providing continuing education programs for practitioners. MCO faculty led the way in providing diagnostic and therapeutic pharmaceutical education to the state's practitioners when the legislature authorized the use of these agents by optometrists. Members of the faculty have also been a resource for numerous industrial concerns, providing consultation services to a variety of companies.

In addition, the presence of MCO on the Ferris campus has had a positive impact on the entire University. The caliber of undergraduate student attracted to FSU because MCO is here enhances the educational atmosphere of basic undergraduate classes and many

extracurricular areas as well. The level of responsibility and maturity of students enrolled in MCO reflect positively on FSU in the community. FSU's image is enhanced because of the reputation of the College of Optometry. The research and other scholarly activity of the faculty brings a positive light onto the University, and, despite the relatively few numbers, the faculty provide service to the institution through their participation in University committees and activities.

The financial impact of MCO graduates on the State's economy is significant. Based on a recent economic survey conducted by the American Optometric Association, the average optometric practice has gross revenues of approximately \$500,000. Given that most of the college's graduates stay in Michigan, the economic impact of our graduate optometrists is more than one-third of a billion dollars per year.

EXPECTATIONS

The Michigan College of Optometry has many continuing expectations, including:

- maintaining the high quality of admitted students
- maintaining the current class size
- continuing to meet the College's mission

FUTURE PLANS

As will become evident in this report, MCO has some significant issues to contend with in the next five years. Principally, these would be:

- recruitment of new faculty in a competitive market
- recruitment of excellent students from a dwindling applicant pool
- need for expanded patient base for clinical education
- need for new and appropriate facilities

Plans for the future, therefore, would be aimed at addressing these problems that are challenging a quality program. Further efforts will need to be made to allow the College to hire the qualified faculty and administrators it will need to maintain its current level and to progress. Competition amongst optometry schools for optometrists with academic experience or additional training is made even worse considering the lure of higher salaries outside of academia.

In an effort to increase the number and diversity of patient encounters for students MCO has developed two remote clinics in Grand Rapids – Cherry Street Health Services and St. Mary's Mercy Medical Center. These clinics have been operated on a small scale while the feasibility of administering and developing these clinics has been investigated. There is good potential for expanding our patient base with such clinics, however, resources of time and money will be needed to develop them.

The on-campus educational facilities for MCO, particularly the clinic, are inappropriate for continuing to do an exceptional job of meeting the mission of the College. Future plans for the College include a new facility. Significant groundwork has already been completed towards this project including development of a building fund campaign with University Advancement and Marketing and the submission of a Capital Outlay Project Request to the Michigan Legislature.

ADMINISTRATIVE PROGRAM REVIEW

The Administrative Program Review is in Appendix A-2. As can be seen, MCO lost two tenure track positions (down from 19.4 Tenure Track FTEs in 1993), and as a result needed to hire more part-time clinical faculty. Enrollment has been steady, and placement is 100%.

An oversight of the Administrative Program Review occurred in section 9 (*What have been some major achievements by students and/or graduates of the program? By faculty in the program?*). The student body of MCO is an enthusiastic and engaged group of individuals. A comprehensive list of their contributions to the college, university, community and the profession would be exhaustive. However, the following individuals are noteworthy because their achievements are unique and competitive at the national level.

- Kirby Lam (Class of 2002) was awarded the U.S. Department of Health and Human Services Secretary's Award for innovations in health promotion and disease prevention.
- Amy Dinardo (Class of 2007) was selected from all optometry students across the nation to be the American Optometric Association Summer Intern at the national offices.
- Joy Kerns & Zachary Burns (Class of 2004) were awarded the U.S. Department of Health and Human Services Secretary's Award for innovations in health promotion and disease prevention.

Section 2

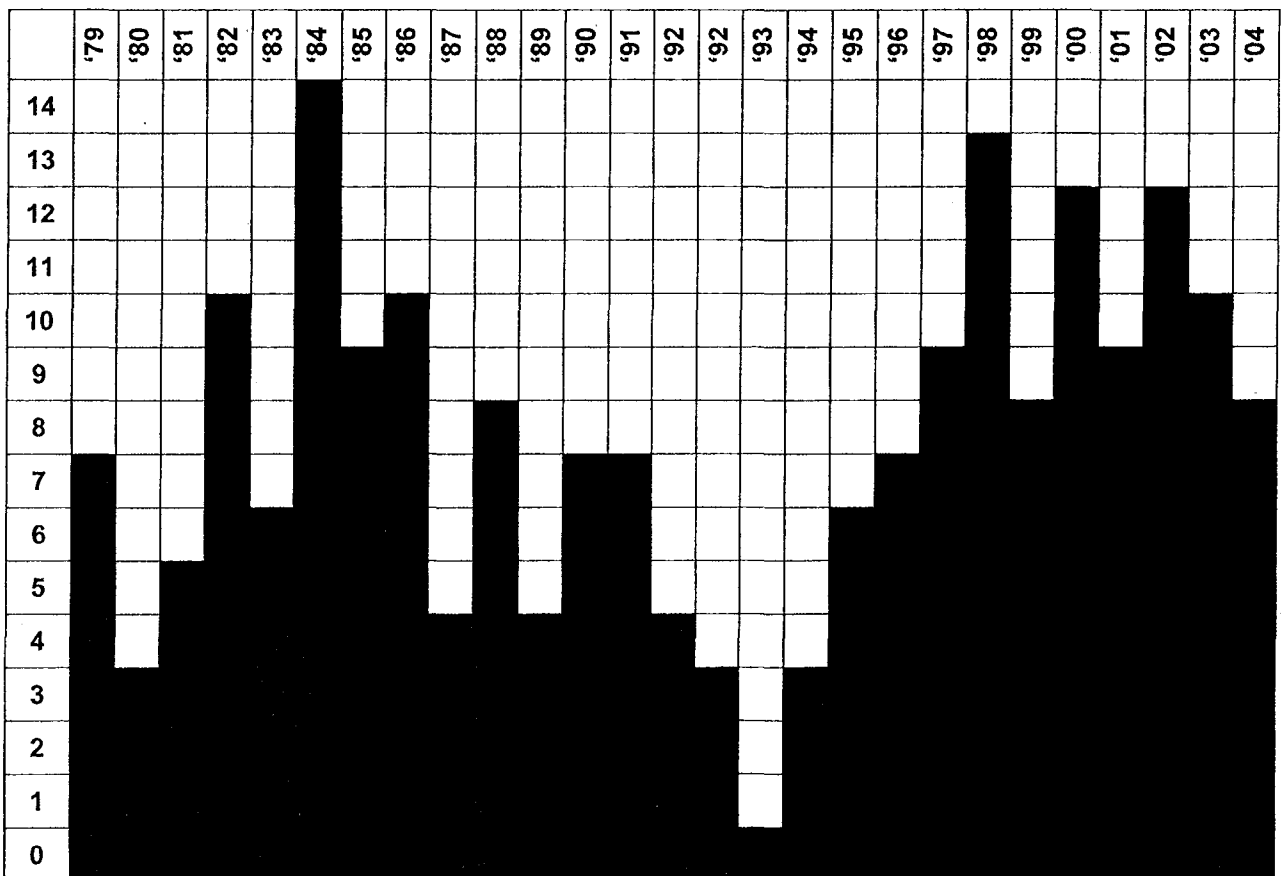
Graduate Survey

A survey (see Appendix B-1) was developed and mailed to 775 graduates of the Michigan College of Optometry (there have been 781 total graduates: 6 are deceased and we have no current address for 2). Other than lost addresses, there were no difficulties encountered in conducting this survey.

197 or 25% of the graduates responded to the survey.

Of the responders, 178 or 93% are in Michigan. Since 70% of all MCO's graduates are in Michigan, the proportion of responders is an excellent match to the total pool. The remainder of the responses came from practitioners in 23 different states.

The responses came from a reasonable distribution of years of graduation, as depicted in the following chart.



Number of survey respondents by graduation year

There were 197 respondents to the mode of practice section of the survey. Fifteen responders reported 2 or more modes of practice. The largest group of responders were doctors in a solo private practice (23.0%). The second largest group were graduates who in a partnership/group based (18.4%). The breakdown of mode of practice modalities follow national trends. The total breakdown of mode of practice of the entire group is as follows:

Mode of Practice	Number of Respondents	Percentage of Respondents
Not Practicing	5	2.6
Self-Employed		
Solo private practitioner	45	23
Partnership/Group based practitioner	36	18.4
Optical chain franchise or lease	8	4.1
Independent contractor	19	9.7
Other self-employed	1	0.5
Employed By		
Optometrist(s)	22	11.2
Ophthalmologist(s)	19	9.7
Armed Forces/Veteran Affairs	7	3.6
HMO	4	2.9
Academic institution	3	1.5
Hospital/Multidisciplinary	9	4.6
Corporation	34	17.3
Other: employed by <u>Co-op Optical</u>	1	0.5

Graduates were asked to identify their current income level. They were asked to identify if their salary included benefits and bonuses. There were 187 total responses. Of the 187 responses, 185 indicated a numeric value for their income and 2 responses used the words "variable sum". These income levels follow the national trends for optometrists in private practice with the exception of those listed in the range of 11 – 15 years in practice.

- Mean gross income of all respondents including benefits \$154,500.
- Mean gross income of all respondents not including benefits \$109,000

Total Gross Income by Years in Practice

Years in Practice	Responses	Mean Gross Income – No Benefits	Mean Gross Income – With Benefits
5 or less	56	71,763	79,166
6 to 10	36	74,454	107,285
11 to 15	21	84,222	88,833
16 to 20	42	129,523	244,400
21 to 25	30	110,017	263,076

Graduates were asked to state their level of satisfaction with their current position. There were 195 responses and 92% of the respondents were either very satisfied or somewhat satisfied with their position. The totals of responses were:

Satisfaction	Number of Respondents	Percentage of Respondents
Very satisfied	106	55
Somewhat satisfied	73	37
Somewhat dissatisfied	13	7
Very dissatisfied	3	1

The graduates were asked any further education they have accomplished since graduation. There were 197 responses and the largest group of respondents were those which completed a residency (22%). The totals of responses were:

Advanced Degree	Number of Respondents	Percentage of Respondents
Master's	3	2
Doctorate	0	0
Residency	22	11
Fellowship	6	3

The graduates were asked to state the adequacy of their educational experience at MCO for preparation into entry-level eye care upon graduation. Overall, the group felt very adequately or adequately prepared in all areas with the exception of practice management (66% felt somewhat adequate or not adequate). The totals of responses were:

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Basic Biological Sciences 192 respondents	Very adequate	96	50
	Adequate	87	45
	Somewhat adequate	8	4
	Not adequate	1	1

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Optics/Vision Science 191 respondents	Very adequate	150	79
	Adequate	40	21
	Somewhat adequate	1	1
	Not adequate	0	0

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Binocular Vision 190 respondents	Very adequate	68	36
	Adequate	82	43
	Somewhat adequate	37	19
	Not adequate	3	2

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Contact Lenses 192 respondents	Very adequate	81	42
	Adequate	88	46
	Somewhat adequate	21	11
	Not adequate	2	1

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Pediatrics 191 respondents	Very adequate	42	22
	Adequate	86	45
	Somewhat adequate	53	28
	Not adequate	10	5

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Ocular Disease 192 respondents	Very adequate	102	53
	Adequate	74	39
	Somewhat adequate	15	7
	Not adequate	1	1

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Practice Management 192 respondents	Very adequate	12	6
	Adequate	52	28
	Somewhat adequate	86	45
	Not adequate	41	21

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Primary Care 192 respondents	Very adequate	110	57
	Adequate	75	39
	Somewhat adequate	6	3
	Not adequate	1	1

Topic	Adequacy	Number of Respondents	Percentage of Respondents
Self-Directed Life-Long Learning 184 respondents	Very adequate	39	21
	Adequate	104	57
	Somewhat adequate	30	16
	Not adequate	11	6

The graduates were asked how well MCO accomplished its goal of developing a strong ethical, social, and professional commitment in its graduates. There were 195 responses and the majority (91%) felt either extremely well satisfied or very well satisfied. The totals of responses were:

Satisfaction	Number of Respondents	Percentage of Respondents
Extremely well	98	50
Very well	80	41
Adequate	16	8
Poor	1	1

The graduates were asked how well they were prepared of the National Boards while at MCO. There were 197 responses and the majority (81%) felt either extremely well prepared or very well prepared. The totals of responses were:

Satisfaction	Number of Respondents	Percentage of Respondents
Extremely well prepared	70	36
Very well prepared	89	45
Adequately prepared	33	17
Poorly prepared	3	2

The graduates were asked if they exceed the required number of continuing education hours each year in the state they practice. There were 197 responses and almost two-thirds of the respondents reported exceeding the required number of continuing education hours each year. The totals of responses were:

Satisfaction	Number of Respondents	Percentage of Respondents
Yes	124	63
No	73	37

The graduates were asked to elaborate on any areas that Ferris should incorporate into the optometry educational program. The summary of the results are as follows:

- Need much more in the area of practice management.
- Need more in area of medical billing, making a profit.
- Other areas were very mixed, i.e. pediatrics. Many thought MCO had too much emphasis on pediatrics and vision therapy and others felt there wasn't enough.
- Many thought more hands-on contact lens cases were needed because they did not actually get to see patients with problems.
- Other than the above, there were positive and negative comments about almost every topic.

The graduates were asked to elaborate on any areas that Ferris should delete from the optometry educational program. The summary of the results are as follows:

- Delete portions of VT, environment class and combine many concepts in vision science and optics.
- Many indicate the areas taught to them which did not have a direct impact on how to practice were unnecessary and should be dropped from the curriculum.

- Others had had concerns about the first year/perquisite courses in that much of the material should be taught during the students' undergraduate education prior to optometry school.

The graduates were asked to elaborate on any topic(s) you feel we should be aware of regarding the educational process at MCO. The summary of the results are as follows:

- Most comments centered around incorporating what is taught into everyday practical experiences to help better prepare the students for practice.
- Many other comments were of a personal nature about specific faculty, good and bad. Many feel there are very good things that happen at MCO and others think much needs to be changed because of the faculty. (specific comments naming faculty have been omitted)
- One comment which did stand out was the praise the alumni had for the faculty as a whole always having an open-door policy, easily approachable, etc.

A complete listing of comments is included in Appendix B-2

Section 3

Employer Survey

Owing to the independent nature of the profession of optometry, it was not appropriate to conduct an employer survey, as no such easily definable group exists.

The singular nature of the employer/employee relationship where it exists within optometry would make identifying the employers difficult, and maintaining anonymity in a survey impossible. The relationship exists as a contractual arrangement between independently licensed optometrists and an entity who needs their services who is not a member of an employer group in the traditional sense.

Optometrists are independently licensed and therefore independently responsible for the care that they provide to the public. Consequently we must look directly to our alumni to assess our program's success in preparing them for their career. Therefore the reader is directed to Section 2 – Graduate Survey and Section 6 – Advisory Council Perceptions where information from individual optometrists and representative groups of optometric leaders has been collected.

Section 4

Student Survey

The students in each of the four years of the optometry doctoral program were given the opportunity to complete a survey designed to elicit their opinions regarding the Michigan College of Optometry and its program. A copy of the survey is in Appendix C-1.

The survey was conducted on-line and complete anonymity was preserved. It was posted the last weeks of winter semester. The response rate was very good from all four classes.

<u>Optometry Year</u>	<u>Response Rate</u>
First Year	82%
Second Year	100%
Third Year	90%
Fourth Year	69%
Overall	85%

The response rate was slightly lower from the fourth year, as they were almost all off campus on clinical rotations and preparing for graduation.

The students were asked to respond to the first series of inquiries utilizing a Likert Scale (A to E) from excellent to poor, with the additional option of N/A if they felt they had too little experience to respond. The students were asked to evaluate the optometry curriculum, and they responded as follows:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	15	11	2			
Second Year	8	20	5			1
Third Year	4	22	2			
Fourth Year	3	13	6			

They were then asked to evaluate the quality of faculty instruction, which elicited the following results:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	13	14	1			
Second Year	13	19	2			
Third Year	13	14	1			
Fourth Year	1	15	6			

Clearly, from the responses to these first two questions, the mode response is either excellent or above average for the curriculum and the faculty across the board for students in all four years of the program. The fourth year students were a little less enthusiastic than the other three years.

The next question asked them to assess the quality of their clinical opportunities, which they rated as follows:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	7	3	6			12
Second Year	8	11	12	3		
Third Year	4	8	13	3		
Fourth Year		7	13			

The students perception is that their opportunities for clinical experiences while a student at MCO are average.

The students were then asked to evaluate the quality of administrative/staff support, and they replied as follows:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	17	10				1
Second Year	13	15	6			
Third Year	11	13	4			
Fourth Year	3	14	2	2		1

In general, the students feel that the level of support from administration and staff is either excellent or above average.

The next question asked the students to rate the quality of their clinical equipment and technology. They responded as follows:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	6	11	6	3	1	1
Second Year	7	8	14	5		
Third Year	5	14	8	1		
Fourth Year	4	8	9	1		

This was followed by a question asking for an evaluation of the quality of their classroom and lab equipment and technology, too which they replied:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	5	13	9		1	
Second Year	5	10	17	2		
Third Year	4	15	9			
Fourth Year	3	12	6	1		

There is less satisfaction with the clinical and classroom/lab technology from the students perspective than with other areas of the program. While still rated average to above average, there is more spread in the responses.

They then gave the following replies to a question about the quality of the library.

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	3	7	9			9
Second Year	3	3	15	9	3	1
Third Year	4	8	13	3		
Fourth Year	1	8	7	3	1	2

It is somewhat unclear what library facilities and experiences the students had in mind when they replied to this question. Whatever they were thinking, it is clear they were less than enthusiastic about their library encounters.

The next question asked them to rate the quality of the student body, which they reported as follows:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	16	9	3			
Second Year	7	22	4	1		
Third Year	7	17	4			
Fourth Year	5	14	2	1		

The students appear to be reasonably well satisfied with their peer group who will eventually be their professional colleagues.

The next question asked them how prepared they felt they were to find and use clinical reference materials to aid in the diagnosis and treatment of patients. They replied:

	A	B	C	D	E	N/A
	Excellent	Above Average	Average	Below Average	Poor	N/A
First Year	2	6	7	1		12
Second Year	2	19	9	4		
Third Year	8	17	3			
Fourth Year	5	11	6			

They were then asked if they could do it all over again, would they still pursue optometry as a profession. They replied:

	Yes	No
First Year	28	0
Second Year	32	2
Third Year	25	3
Fourth Year	20	2

And, if they answered yes to the previous question, they were asked if they would attend the Michigan College of Optometry.

	Yes	No
First Year	26	1
Second Year	31	2
Third Year	26	0
Fourth Year	18	3

These last two questions show that the vast majority, but not all, are happy they chose optometry and content with their choice of MCO as their optometric educational institution.

The survey then asked six open-ended questions which allowed the respondents to provide more detailed answers. All of the answers provided to these questions are contained in Appendix C-2.

These questions asked:

- What was your main reason for choosing optometry as a profession?
- What was your main reason for choosing to attend the Michigan College of Optometry?
- Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry?
- Please explain your answer to the earlier question re: would you choose optometry if you had to do it over again
- Please explain your answer to the earlier question re: would you choose MCO again
- and finally an open place for additional comments, observations, or suggestions

To summarize the responses to these questions, virtually all respondents replied and sometimes elaborately to each of these questions, unlike what has happened in the past with paper surveys and written responses. Most of them said they chose optometry because they wanted to help people in a health profession, but preferred one with some flexibility to pursue outside interests and spend more time with family. Most of them chose MCO because of the small class sizes and the in-state tuition which helped them control costs and therefore debt.

The majority (93%) said that their interest in optometry had increased since they had become more exposed to what the profession entailed via their MCO education. Most would choose optometry still because nothing they have encountered has made them think they made a bad choice, and similarly, most would come to MCO again because they have enjoyed the intimacy of the small class sizes and the accessibility of the faculty.

There were a variety of sentiments expressed in the final open-ended comment section, which occurred around the themes of:

- MCO needs a new building
- The small class size and resultant familiarity with the faculty is a big plus to optometric education
- More clinical experiences with more patients are needed, possibly necessitating a larger clinical presence in another location like Grand Rapids
- And, the anticipated new curriculum and revised entrance requirements will be a good thing

Overall, the committee was very pleased with the results of the student survey, in that the use of the computerized format facilitated written comments and allowed for a higher overall response rate.

Section 5

Faculty Perceptions

A survey (see appendix D-1) collected the faculty views on the program of the Michigan College of Optometry.

All (100%) of the full time faculty (16) responded. One faculty member is a board appointed half-time faculty, who also clinically supervises MCO students in his practice during his other half time. We counted that person also a full time faculty (giving 17 total).

The questions in the survey were divided into 4 parts - MCO mission, curriculum/students, resources, and working conditions. At the end of the questions, space was provided for written comments by the faculty.

There was a "not applicable" choice on the faculty survey questions. When "not applicable" was marked, that response was eliminated from the following analysis. The weights for computing the mean response were: 5 for strongly agree, 4 for mildly agree, 3 for neutral, 2 for mildly disagree, and 1 for strongly disagree.

MCO MISSION

Overall, the faculty were above "mild" agreement that MCO is successful in assuring that its graduates have the knowledge and skills necessary for current entry-level optometric practice (mean 4.35; 7 strongly agree, 9 mildly agree, 1 neutral), and that MCO is successful at developing a strong ethical, social, and professional commitment in its graduates (mean 4.24; 5 strongly agree, 11 mildly agree, 1 neutral). Overall, the faculty were just under mild agreement that MCO is successful in developing an ability and affinity for self-directed life long learning in its graduates (mean 3.82; 3 strongly agree, 10 mildly agree, 2 neutral, 2 mildly disagree), and were above mild agreement that MCO is successful in providing up-to-date clinical optometric care for its patients (mean 4.24; 5 strongly agree, 11 mildly agree, 1 neutral).

All optometry colleges grant the professional level optometry doctoral (OD) degree. Some optometry colleges also have graduate research degree programs that lead to an MS and/or PhD degree. Overall, the faculty were between neutral and mild agreement on whether relative to other optometry colleges without graduate programs, MCO is successful in conducting programs of research in vision care, patient care, and professional education (mean 3.56; 1 strongly agree, 9 mildly agree, 4 neutral, 2 mildly disagree). The faculty leaned towards mild disagreement that relative to other optometry colleges with graduate programs (i.e., MS and PhD degrees), MCO is successful in conducting programs of research in vision care, patient care, and professional education (mean 2.31; 1 mildly agree, 5 neutral, 8 mildly disagree, 2 strongly disagree). The latter results are not surprising since the optometry colleges with the graduate level research programs have more research resources and faculty.

CURRICULUM/STUDENTS

Overall, the faculty were just above mild agreement that the current MCO didactic courses do a good job of preparing students for clinic (mean 4.19; 5 strongly agree, 10 mildly agree, 0 neutral, 1 mildly disagree). Overall, the faculty were between mild agreement and neutral that the current MCO clinical education does a good job of reinforcing the didactic material (mean 3.60; 3 strongly agree, 6 mildly agree, 3 neutral, 3 mildly disagree).

The faculty were also between neutral and mild agreement on whether the current second and third year clinical education is excellent (mean 3.56; 1 strongly agree, 8 mildly agree, 6

neutral, 1 mildly disagree). The faculty tended to agree that the current fourth year clinical education is excellent (mean 4.35; 6 strongly agree, 11 mildly agree).

The faculty were above mild agreement that the proposed OD curriculum will do a better job than the current curriculum in educating MCO students didactically (mean 4.38; 7 strongly agree, 8 mildly agree, 1 neutral). The faculty were in mild agreement that the proposed OD curriculum will do a better job than the current curriculum in education MCO students clinically (mean 3.94; 5 strongly agree, 5 mildly agree, 6 neutral).

The faculty disagreed that during the last 7 years, the performance of MCO students on part I of the National Board Examination in Optometry (NBEO) is good (mean 1.50; 1 mildly agree, 1 neutral, 3 mildly disagree, 11 strongly disagree). The proposed OD curriculum revision is designed to address the deficiencies exhibited by the part I NBEO test results. In particular, we are bringing back into the OD curriculum courses such as physiology and biochemistry that had been downloaded to prerequisites, since it appears that the prerequisite path is not working well. Overall, the faculty were split between mild agreement and neutral on whether during the last 7 years, the performance of MCO students on parts II and III of the National Board Examination in Optometry (NBEO) is good (mean 3.63; 4 strongly agree, 4 mildly agree, 6 neutral, 2 mildly disagree).

The faculty expressed strong agreement that relative to optometry colleges in neighboring states, MCO/Ferris State University needs to be more competitive in attracting excellent out-of-state students to enhance MCO's educational and clinical environment (mean 4.76; 13 strongly agree, 4 mildly agree). This was not an issue at the time of the last program review. However, in recent years, both medicine and optometry nationally experienced a drop in applicant numbers.

RESOURCES

The faculty mildly disagree that the Ferris State University central administration has provided the support necessary to make MCO a national leader in optometric education (mean 2.00; 1 mildly agree, 2 neutral, 9 mildly disagree, 4 strongly disagree). In the early 1970s (before any of the current MCO faculty or administration were here), Ferris State University vigorously and successfully lobbied the Michigan legislature to put the Michigan College of Optometry at Ferris. Since the program was placed at Ferris State University by act of the Michigan legislature, it should properly funded as a professional doctoral level program. In that sense, MCO is not competing with the undergraduate programs at the Ferris State University, but is competing with the other optometry doctoral programs across the country.

The faculty are in mild agreement that the MCO administration has shown the needed competence and leadership to make MCO a national leader in optometric education (mean 4.06; 4 strongly agree, 10 mildly agree, 1 neutral, 1 strongly disagree). Overall, the faculty are somewhat above neutral on whether the MCO faculty has been successful in seeking/utilizing the resources necessary to make MCO a national leader in optometric education (mean 3.38; 2 strongly agree, 7 mildly agree, 2 neutral, 5 mildly disagree).

WORKING CONDITIONS

The MCO faculty tend to strongly agree that in terms of interactions with faculty, staff, and/or administrators, the MCO faculty work environment is good (mean 4.76; 13 strongly agree, 4 mildly agree). Overall, the faculty are between neutral and mild agreement that the MCO faculty workload provides sufficient release time for faculty development and for faculty

professional activity (mean 3.63; 2 strongly agree, 10 mildly agree, 0 neutral, 4 mildly disagree), and are a little closer to mild agreement on whether the accomplishments of MCO faculty are adequately recognized and appreciated (mean 3.75; 4 strongly agree, 6 mildly agree, 4 neutral, 2 mildly disagree).

The faculty are above neutral on whether, taking into account salary and benefits, MCO faculty are adequately compensated financially (mean 3.25; 6 mildly agree, 8 neutral, 2 mildly disagree).

The faculty are above mild agreement on whether MCO faculty have adequate input into work assignments (mean 4.19; 8 strongly agree, 5 mildly agree, 1 neutral, 2 mildly disagree). Overall, the faculty are a little under mild agreement on whether MCO faculty have adequate input into college decisions (mean 3.75; 4 strongly agree, 7 mildly agree, 3 neutral, 1 mildly disagree, 1 strongly disagree).

FACULTY COMMENTS ON NEEDED IMPROVEMENT and/or OTHER FEEDBACK

Individual faculty comments alluded to several issues challenging MCO, however, two issues were recurrent frequently.

- The current physical facilities encumbers the effectiveness of the program.
- Greater effort will be needed in the area of recruiting outstanding students and faculty.

All faculty comments are included in Appendix D-2.

ADJUNCT FACULTY

Only 3 adjunct faculty responded to the survey. Those three responses are in very good agreement with the full time faculty responses.

Section 6

Advisory Council Perceptions

Optometry is a small profession with only 1200 licensed ODs in the state. Alumni from MCO comprise approximately half of all Michigan optometrists. The Michigan College of Optometry maintains communication with its alumni and other professional leaders in several ways, some formal some less so. As MCO faculty and administrators contribute to the profession in the form of alumni activities, providing continuing education, and serving within professional organizations, valuable yet unquantifiable interactions occur which provide the program insight to the profession. MCO has recently developed an alumni association chapter to enhance and cultivate this informal interaction.

Since the 1998 Program Review Report the Michigan College of Optometry has undergone several significant changes - search and replacement of the Dean and Associated Dean, a University Blue Ribbon Committee exploring issues facing optometric education and practice, and a major curriculum review and redesign. For each of these issues MCO has turned to leaders within the profession, usually starting with members of the Advisory Council. However, for several different reasons the council as a whole was not used for every project.

In 2001 MCO the Advisory council was asked to provide their perception of the MCO Program from the perspective of the curriculum in the form of a survey. This information was combined with student and faculty perspectives to guide the development of a new curriculum. A comprehensive discussion of the curriculum is included in Section 9. A summary of the Advisory council survey and results can be found in Appendix E-2. A copy of the Blue Ribbon Committee Report is also there.

The Michigan College of Optometry also maintains open and regular communication with the profession's leadership with faculty serving on several state and national committees and offices. Furthermore, since the year 2000, MCO has been an independent agenda item at the Michigan Optometric Association Board of Trustees meetings. Each month the Board receives a verbal report and has the opportunity to ask questions and make suggestions regarding their perspective on the profession's current issues. Currently the Board has nine elected members, seven are MCO alumni. The Board is made up of optometrists from virtually all practice modes, geographic distributions across the state, and length of professional experience.

A survey of the MOA Board was distributed to supplement the Advisory Council Survey (appendix E-1). Board members were asked to rate MCO using a Likert Scale on several different parameters. Eight of the nine responded with the Chair of this committee recusing himself.

When considering the overall preparation of optometrists Board members responded as follows:

	A	B	C	D	N/A
	Very Adequate	Adequate	Somewhat Adequate	Not Adequate	N/A
Responses	4	4			

When considering MCO as an environment that fosters professional behavior and leadership, responses were more mixed:

	A	B	C	D	N/A
	Very Adequate	Adequate	Somewhat Adequate	Not Adequate	N/A
Responses	3	2	3		

Rating of the quality of continuing education presented by MCO Faculty responses were mostly positive although comments indicated that Board members felt that MCO faculty should be more involved with providing CE, with one person reporting never attending an MCO Faculty presentation.

	A	B	C	D	N/A
	Very Adequate	Adequate	Somewhat Adequate	Not Adequate	N/A
Responses	4	2	1		1

The perception of MCO's reputation within the optometric community was mixed with comments indicating the national reputation probably lags significantly behind the in-state reputation.

	A	B	C	D	N/A
	Very Adequate	Adequate	Somewhat Adequate	Not Adequate	N/A
Responses	4	2	2		

All comments and responses to open-ended queries from the MOA Board of Trustees are included in Appendix E-2.

- 14 Reputation and interview experience, as well as location.
- 15 In state tuition and small class size
- 16 Cost versus value of education
- 17 Close to home. Cheap.
- 18 MCO has the reputation of producing the best Optometrists in the nation. To be the best, I want to go where they produce the best.
- 19 I began getting eye exams at MCO when I was in fourth grade and have always been impressed by the faculty and students professional care and behavior. I wanted a chance to interact with people I know from the community in a similar fashion, both professionally and as colleagues.
- 20 Too expensive to go out of state.
- 21 The small classroom size. I was very interested in making sure that I could have one on one help from a faculty member if needed. I am not one to usually ask a lot of questions in class, so I wanted to make sure I would feel comfortable going to me professor for help. In order for this to be met, I believe that it is important for the teacher to know me and how I learn and realize that I am always trying my best to succeed. It's too easy to just become a number at some of the larger schools. I really value a smaller learning environment so the professor know if we are all struggling in an area and they can work from there. That way you, as the student, doesn't feel like the one who is lost or slow to catch on to something. I have to know this material and be able to diagnose and treat these conditions for the rest of my professional life.
- 22 Being in state the tuition was much cheaper.
- 23 Cost
- 24 The main reason why I chose MCO was for in-state tuition and convenience.
- 25 My wife's uncle went to MCO and after talking to him about it I decided to attend school at MCO.
- 26 Close to home and tuition fees.
- 27 Low cost
- 28 It is very important to me to be surrounded by people that will challenge me, support me, and who I can look up to. Many of the professors here are extremely demanding yet they are also encouraging. I chose MCO so that my career as an optometrist would be shaped by the professors at this school.
- 29 The small class size, the affordable education, and the location were optimal for me. My grandfather went to ICO, but visited MCO before I came here. He said that this was one of the best schools he had seen with excellent faculty. So, I chose MCO for the reason that I believed it was the best, because of excellent faculty, small class size, location, and price.
- 30 The largest reason for attending MCO was money - tuition and living expenses are significantly lower than the other schools I was looking at.
- 31 In -state tuition, small class size, small teacher to student ratio
- 32 I am from Michigan and I am familiar with the town, plus I heard it was a good school to attend.
- 33 In state tuition, small class size

34

I enjoy Michigan and wanted to stay close to my family. Also, I will probably practice in Michigan and wanted to be exposed to how Michigan optometrists practice. I had also wonderful comments about the school and how MCO graduates are great clinicians. I only applied to MCO because I knew it was worth the wait if I didn't get in my first year.

Detail Summary: Academic Program Review

Question: Chose MCO

What was your main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2007

Responses

User ID	Response
1	location
2	Location
3	I chose MCO because it is here in Michigan where I am from and also because of the small class size.
4	I eventually want to practice optometry in the states. Being from Canada I thought if I attended an American optometry school, it would put my foot in the door to career opportunities upon graduation. MCO is the closest American school to my home in Toronto. I am very family and friend oriented so I wanted a school that was close by. Once I being interviewed here, my main reason for choosing this school was the fact that it has such a small class size. All the professors already recognize me and know my by name. Also, there is more lab time than any other school I was interviewed at. We have atleast 4 hrs. of scheduled lab time a week and 3 hrs. of lab instruction per week. This extra time is going to make me a very good clinician some day. There is also a very good lab instructor:student ratio. There are about 16 people per lab and 3 instructors. It is very easy to get help on any optometric procedure that is being taught.
5	I have worked with many alumni from MCO and really thought that it sounded like it was the right place for me.
6	I am from Michigan and attended Ferris State University for my undergrad. The quality of the education and dedication of the faculty cemented the decision to

continue my graduate studies here at Ferris.

7 In state tuition fees

8 I was impressed by the faculty as well as the facility. I also liked the fact that the class size was small.

9 I grew up in the area and through my brother and sister-in-law I was able to see just how much they enjoyed MCO, so it made the decision that much easier.

10 Two factors influenced my decision to attend MCO. First was the recommendation of my sister, her thoughts were that the class size was beneficial as was the great degree of clinical experience I would get. Secondly was the cost, as out of state tuition is outrageous.

11 In-state tuition.

12 Good repore with the Dean of students, faculty and staff throughout the admissions process. In-state tuition

13 Cost

14 One of the main reasons was because I am originally from Michigan, so I wanted to stay close to my family. However, when I visited here, I felt very welcomed by the staff, faculty, and other students, so this aided in my decision as well.

15 It is in my home state.

16 MCO has the one of the smallest class sizes and is in state (for tuition).

17 In-State tuition.

18 I chose MCO because I didn't want to move too far away from my family in Detroit. Also, in-state tuition is a lot cheaper!

19 location and cost, as well as a small class size

20 I attended Ferris and I liked the students, faculty and the location. It is close enough so I can go home if I want on weekends, the school is not too huge, and plus in-state tuition saves a lot of money.

21 cost (by far the least expensive) and then low student to faculty ratio

22 The small classes that allow us to get more attention from instructors than other schools

23 Location

24 location

25 I liked the idea of the small class sizes. I also liked the area that the college was in.

26 At first, I must admit, it was location. After careful consideration, I discovered that MCO has an excellent reputation. The student to teacher ratio is small, which I have found to be most advantageous during pre-clinic laboratory. The graduation rate is very high. Most of the professors at MCO are experienced O.D.s.

27 I wanted to attend an Optometry school in the state that I plan to practice in. My husband and I have decided that Michigan will always be our home, so I felt it made the most sense to attend a school in Michigan. I also felt very welcomed when I came for a visit and interview. Although the building itself is not as impressive as other Optometry schools, I felt like the faculty and staff made up for it in attitude, attention, and personality.

28 I really like the small classroom sizes. Everything seems a

lot more personal and I really like that. The professors actually get to know you better and you are able to interact more on a one to one basis. The school also has a very good reputation.

Detail Summary: Academic Program Review

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2004

Responses

User ID	Response
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1	<p>Both? Increased- I see a lot of potential for a future in this career. I am SATISFIED with what I do daily, but not EXCITED. I don't think that this is b/c of my education, I think my outlook and personal goals have changed. Otherwise, I think optometry has a lot to offer a woman. I am hoping to get into some form of specialty optometry and I think more ODs should specialize. If we referred our patients to specialists in our own profession for specialty services, we wouldn't have to depend so much on MDs. The education and new information is definitely interesting to me. I have enjoyed my schooling, but also know that I could be happy doing several other things as well.</p> <p>Decreased- I don't know that I am suited to be in a dark room all day without sunshine. I came into this really looking forward to pediatrics and don't really care for it at all now. The hours aren't quite what I was expecting (nights/weekends) now that corporate/commercial optometry is forcing the private practitioner to stay open longer and later to facilitate the working individuals. I don't think that optometrists make as much money as they should for the amount of time that they put into schooling and loans. I am disappointed that we are not viewed as a more medical discipline. These issues aren't due to my schooling, but instead just having a better understanding of the field.</p>
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2	<p>Increased. I never could have imagined all that was</p>
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involved until I started school. I guess I just figured I could learn everything there is to know about the eye in four years...boy was I wrong.

- 3 Increased, by far. I am really excited about this as a profession, and am looking forward to graduating and starting to work.
- 4 Increased- I have become knowledgeable and proud of the profession. I am interested and concerned about the direction in which optometry is heading (towards medical eye care and away from CLs, B.V., V.T., Low vision, Workplace vision, etc).
- 5 Increased, they have created an excellent foundation for a career of learning and development.
- 6 Increased, especially related to low vision. Before learning about it, I never thought I would want to become certified.
- 7 Increased tremendously! I can't believe how much more there is to it than "which is better, one or two?" The versatility of the profession is very exciting.
- 8 increased, MCO made me more interested in the profession through their professors
- 9 Increased, I now understand how important our services really are to our patients.
- 10 *increased, because I have been exposed to many concepts that have encouraged me to delve into further research
- 11 Absolutely increased overall as I have gained exposure to what is out there for us to do (various modes of practice, political opportunities, etc.). Unfortunately, however, most of us probably really didn't know what we were getting ourselves into (esp with regard to insurance and billing, etc. - things that are less attractive about the profession).
- 12 I still love optometry. My friends and family members laugh when I notice when their eyes are red or when their vision is blurry and start asking them a million questions. However, I do find myself completely burned out and wanting a summer off from working in the optometric field. It's very difficult to get out of bed in the morning to get to my rotation.
- 13 Increased, I didn't realize how rewarding it is to help people and how confident I feel in my ability to do so.
- 14 My interest in optometry has increased in many aspects such as working in primary care, low vision, CLs, and ocular disease. But, in the aspect of Peds and binocular vision it has decreased because I feel I didn't get the proper education in that field of optometry.
- 15 increased. It is a wonderful field, a clean profession, respected to a degree, you can make good money, you get to help people. There is so much to learn about an organ which is only the size of a golf ball.
- 16 Greatly increased...for a short time I was worried that maybe I wouldn't like the clinical side of optometry...but after my fourth year rotations I love it!
- 17 it has increased. I have realized how huge the scope of practice is and the importance of self-learning to keep up with advances.
- 18 increased, the more you know, the more you want to know
- 19 Increased. I have never wanted to be anything other than

an optometrist (once setting my sights on said goal). As my career is about to begin, I still cannot imagine doing anything else.

20 Interest in optometry and organized optometry have increased since being a student at MCO. Since at MCO, I have been involved with AOSA as Trustee, have served on a project team with the AOA for 2 years, have gone on a VOSH mission trip to Dominica... My interests in optometry have grown immensely greater than I would have imagined in many aspects of optometry.

21 Increased.

22 increased, I was not aware of how much I could do with the profession.

Detail Summary: Program Review Survey[1]

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2005

Responses

User ID	Response
1	It has definately increased. I had no idea there would be this much disease involved. When I was picturing optometry I was thinking of the better one or two optometrists vs. the "gatekeeper" for vision care.
2	Increased, I didn't know that much about the profession when I entered the program and I since that time I have learned a lot
3	It has increased. Optometry school has helped me figure out a lot of my visual problems and everything that I have learned has been very interesting.
4	Increased, of course! I have only gained knowledge and further interest to learn more of my profession.
5	Decreased a little, more due to stress of knowledge and liabilites etc...
6	Increased. Coming in to optometry school, I was very uneducated. I had only job shadow experiences with optometry. The challenges and variety of opportunity in this field is really encouraging to me!
7	My interest in optometry has increased as I learn more and more about care and treatment of the eye.
8	Increased, very excited about practicing optometry.
9	It has definately increased. The more I learn, the more I enjoy it.
10	increased. I came in not knowing much about optometry and learning more certainly increased my interest in the profession
11	Increased, there are several optometric paths that I can pursue once I start practicing.
12	no
13	I would say that it has increased in the aspect of wanting to help people and learn more, but it has decreased as far

as what we have been taught about the political struggles that optometry deals with and the lack of respect we sometimes receive.

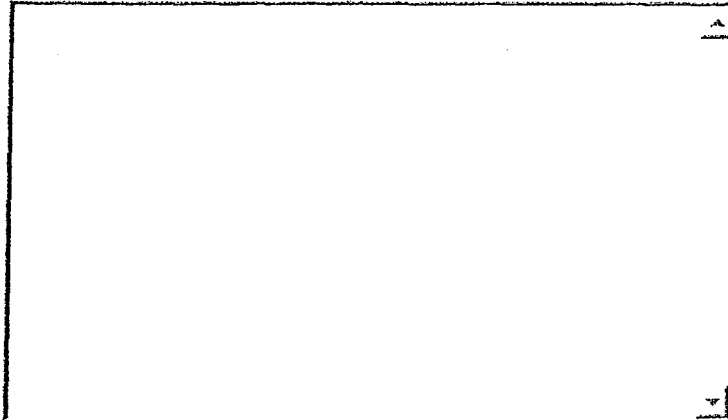
- 14 It has increased. There are many more interesting areas in optometry than I had realized before starting school.
- 15 The more I have learned, the more my interest has increased. Also, my instructors and clinical faculty seem very enthusiastic about optometry and stimulate my interest.
- 16 For the most part, it has increased; however, I was unaware of the politics before entering MCO--the politics are depressing.
- 17 increased. I know more about it now
- 18 increased, i now understand what we can do as an optometrist and i think my future is very bright
- 19 my intrest has greatly increased. i am very excited to start rotations and use all of my skills. optometry seems like an ever changing profession and i am excited to be a part of it
- 20 My interest in the profession increases every year I am in the field, I'm very happy with my decision to pursue this route
- 21 It has increased. I see even more now how the profession is both growing and lacking in areas. I see where the profession needs to step up and take responsibility. I see areas where I can contribute and areas where I'd not like to be involved.
- 22 increased, i realize that the profession is constantly changing and expanding its scope of practice
- 23 It has increased. I learn more every day here at school, and it makes me realize how much I don't know about the profession. I want to continue to learn about the field that is constantly changing.
- 24 Increased. I am more aware of the difference I can make and the oppurtunities available.
- 25 Sometimes I am excited about it, and other times I get a little sick of it. It waxes and wanes I guess. I think that it's difficult for me to be constantly interested in something that I do every day. I am definitely happy about my career choice and look forward to practicing as an optometrist.
- 26 Increased. It has increased because all the the doctors were extremely helpful and motivating.
- 27 Increased.
- 28 My interest in optometry as a profession increased as a result of my educational experience in the college of optometry. I now realize how important it is be potically involved in organizations to help optometry expand the grow as a profession.

Detail Summary: Program Review Survey

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2006



Responses

User ID	Response
1	Decreased. I find certain subjects extremely boring and a waste of time: VT, Contact lens, and optics, unfortunately these embody the profession as a whole.
2	My interest in optometry has increased dramatically in these past two years. I grow more fascinated with optometry as I learn more about the profession. In each class, I continue to be influenced by the professors at the Michigan College of Optometry because of the passion they have for optometry. Every minute I spend in the clinic reinforces my drive to be here and I continue to strive to learn everything I can and do the best of my ability. I couldn't imagine doing anything else in the world. I feel to good to know I am right where I am meant to be.
3	Increased, the more knowledged gained and the more clinical experience achieved makes me want to start practicing and helping patients as soon as possible.
4	I believe that my interest has increased since attending. I also believe that we have an excellent staff and faculty. There are 1 or 2 instructors that should NOT be teachers even though they are great clinicians.
5	My interest as a student has increased because I become more aware each day how much impact I can make on peoples' lives and their are so many things I did not know were involved in the scope of optometry.
6	Increased from learning about the different aspects of the profession from correcting refractive disorders with glasses and contacts to using vision therapy.
7	My interest has increased, I am excited to see many patients and get the most I can out of it.
8	Definitely increased. I have gotten to know so many of the students, instructors and staff very well in the past two years.
9	Increased, schooling has given me a chance to learn more

about optometry; the more I learn, the thirstier I become to learn and grow even more.

- 10 My interest has increase due to my educational experience at MCO. I can honestly say that there is no other career I could see myself going into at this point. Optometry satisfies every want I would have in a career.
- 11 Increased. Application of our education in the clinic makes it more interesting.
- 12 Increased. I'm just beginning to learn what the field optometry is all about and that makes me want to learn even more.
- 13 Increased because I have learned so much more about the profession that has stimulated my interest in it.
- 14 Increased with most experiences throughout my education.
- 15 Teachers make good connections between clinical practice and lecture, plus being in clinic during our second year.
- 16 Interest has increased, the career field has many diverse opportunities available depending upon your interests.
- 17 Same.
- 18 Increased At MCO you get to experience many things early on in your education (ie clinic, VT, etc). This allows you to get excited about an aspect of optometry and allows for planning of your future.
- 19 My interest has increased more than I could have imagined. As I mentioned earlier, I have a new appreciation for the criticality of my job. I have new appreciation for anatomy and physiology of the human body and that vital outcropping of the brain we call the eye. I enjoy my acquired knowledge and now desire to solidify and expand on it, in order to become a trustworthy clinician.
- 20 Increased - It is overwhelming the wealth of information of have accrued in the past two years. I am more interested now because I have a much better appreciation for complexity and nature of the eye.
- 21 My interest has increased. The field of optometry is continuously growing and I want to grow with it. There are so many areas of importance to follow along with (surgeries, VT, CL's, etc).
- 22 Increased-the faculty are all vey enthusiastic about our profession which rubs off on the students.
- 23 Increased - My perspective has been expanded as to what is available in the field.
- 24 My interest has both increased and decreased. Second year was very challenging, and had me wondering at times how I was going to get through it all and in a way decreased my interest. Although, after being in clinic and getting through it all, I have realized how much I really have learned, and it has regained and greatly increased my interest in optometry as a profession.
- 25 I think that it has increased a lot as a result of my educational experience at MCO.
- 26 I would say that it as increased knowing that there are great people/professionals like our faculty out there working hard and enjoying life, family, and their work.
- 27 My interest in optometry has increased, I feel due to the

amount of knowledge I have gained during my time in the curriculum.

- 28 It has increased because I am gaining a better understanding of all the challenges I will face on a daily basis.
- 29 It has most definitely increased. The more I learn about optometry, the more I enjoy it! The MCO experience is wonderful.
- 30 My interest has increased because there are so many facets and details about optometry that I was completely unaware of before I began school here.
- 31 Somewhat decreased, I feel that a lot of our time could be better spent learning much more relevant subjects. Especially the classes that aren't very relevant are things that could be easily be taught in a few weeks if the truly important things were extracted from them.
- 32 Increased in some areas and decreased in others. My experience with Dr [REDACTED] has been a terrible one and so I don't feel confident in my disease detection ability. But I feel comfortable with binocular vision.
- 33 I have learned more about opportunities in the field and more about the effectiveness of the services I will provide.
- 34 no.

Detail Summary: Academic Program Review

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2007

Responses

User ID	Response
1	increased, I didn't know that much about the profession before and now I find it more interesting
2	Increased, it has been a very exciting and fun time.
3	My interest in Optometry has increased a lot. I am learned so much during my first year that is very interesting to me. I am very excited to learn about other things that deal with the field such as the different diseases.
4	It has definately increased. I love the clinical training I am getting and I am finding the course material very interesting.
5	So far, to be honest it has decreased quite significantly. I don't really think it is all on MCO, but on optometry education in general. Its seems that the only focus in the curriculum is to prepare students for passing board exams. We are forced feed way to much material. It seems to me that from talking with many OD's out in practice, a majority of what is taught the first 2 years is stuff that is rarely if any used once we graduate. I think the focus in optometry should not be on passing board exams and getting the "Dr." title, but it should be on preparing students in helping diagnose and treat varlous eyecare conditions. If we know what a slide of kidney looks like or how a telescope works, is that really going to benefit a patient that is having difficulty seeing road signs? Or teaching old testing techniques that are never used, is

that going to help us in our everyday working condition?

- 6 Increased. Upon entering MCO, I worked in an eyecare office with MDs and ODs alike. I am pleased to have taken the route that I am, and more thrilled with the fact that I will be performing eye examinations next year. I feel that I have learned a great deal and feel prepared to enter the clinic in the fall.
- 7 My interest has increased because I have realized that there are even more opportunities in the profession than I knew of, and the profession is always changing.
- 8 My interest has definitely increased. Looking back at the semester, it's hard to believe how much we have learned this year. Not only have we learned the techniques and tests to perform, but it has constantly been related to patient care and what we will be doing in the future.
- 9 It has definitely increased, because I now understand what's going on in a typical exam and it is a very interesting process for me. Learning so much about optometry has only increased my enthusiasm about the profession.
- 10 Definitely increased, I can't believe how much I have learned in just a few short months and can't wait to learn more it has been so exciting.
- 11 My interest in optometry as a profession has greatly increased since my brief time here at the Michigan College of Optometry. I have the enthusiasm of the great teaching staff, and the positive outlook from the 2nd and 3rd year classes to thank for that.
- 12 Increased, I realize that there is still more to learn in order to be the best clinician I can be.
- 13 It has increased because I feel like I have learned a lot this year, but I have so much further to go before I can be a successful optometrist that is capable of the highest quality service.
- 14 My interest in optometry has greatly increased as a result of my education here. I feel that in the past year I have gained so much knowledge and I want to continue learning. Each time I learn something new, I think of new questions about the profession and diagnosis, and this keeps me wanting to learn more and more.
- 15 I have become much more interested by my education. I didn't really know a lot about optometry before I came here, but now even after just one year I feel like I know a whole lot more.
- 16 It has definitely increased. Now that I am actually learning in depth about this topic that I have always been fascinated with (vision), I feel reaffirmed as to why I am here and that this is truly an exceptional profession.
- 17 It has definitely increased as I have compounded on my knowledge of the field, and especially disease diagnosis and treatment which I will learn all about over the next couple of years. Optometry is more than just refraction, and MCO definitely adheres to that in its practice and education.
- 18 My interest has increased because of all the experience that I've gotten in just my first year. With everything that I've learned so far, I can't wait to get more into the profession.
- 19 it has remained the same.

- 20 Increased. I never thought I could learn as much as I have over this past year and I love all the professors. They are very attentive and are willing to help at any time if you feel like you don't understand. They really push you to excel and their enthusiasm really makes me want to learn more.
- 21 My interest has slightly increased after this first year. I say slightly because certain courses really increased my interest in optometry (OHA, Ocular anatomy), but then there are other courses that almost seemed very repetitive (material was taught that didn't really relate to or wasn't tied in to vision and the vision sciences and on top of that many of the classes were repeats from undergrad.
- 22 Has significantly increased as my first year went by, and now I have more ideas on what direction I want to go when I graduate
- 23 My interest in optometry continues to increase as my knowledge of the profession increases.
- 24 definitely increased ... during my undergraduate program, my goal was to do well on a test (OAT) to get into this school ... now I apply my educational experience to real world situations and how I will use this knowledge in the future ... I am not studying to pass a test, I am studying to benefit my future patients
- 25 It has increased. It is amazing how much we have learned in one year here at MCO, but I am looking forward to seeing patients and to gaining the knowledge to become a doctor.
- 26 My interest in the profession of optometry has increased as a direct result of my experience at MCO. It has been exciting for me to be able to relate my work in the classroom directly to the field in which I will practice.
- 27 It has greatly increased. Every day makes me feel more like the professional that I have always hoped I would become. As I learn more about my future profession, I have more questions and curiosity. I know that my education will never end, therefore I will always have a stimulated interest in optometry.
- 28 It has increased. Learning so many new things is a lot of work but it is so interesting. I can't wait to work with patients and actually use all the skills I am learning in the classroom and in labs.

Detail Summary: Academic Program Review

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2004

Responses

User ID	Response
1	See #13
2	The hard work has been worth it. When you can tell you've made a difference in a patient's life, even if it's just one patient, it's worth it and that means doing it all over again if you had to.
3	Yes I would b/c I like the profession, however the struggles that you go through in the 4 years of optometry school are (at least for me) hard and that would make me hesitate slightly. As the profession goes, I would do it again.
4	This is a great profession for women, although the rise of corporate eye care is really hindering our ability to work in a private setting and forcing us into corporate to find jobs. In 10 years, I feel optometry will be corporatized, much like pharmacy is now and it will be much harder to avoid that type of practice in the future. Right now is an ok time to be an optometrist.
5	I'm happy and I don't see any reason that would change.
6	No regrets, I worked very hard and still feel I did not want to become an M.D or D.O. because of all the added responsibility/liability.
7	the flexibility of the profession and how much I like what we do is wonderful.
8	I loved the profession before admission, and love it more now

- 9 Optometry school was very difficult, but it has made me a more confident, organized person.
- 10 Yes, because I feel that I will continue to be challenged and stimulated throughout my career.
- 11 I love it.
- 12 Yes, I think I would do it again. However, there are times when I've felt like the road was a little too long to get to where I'm at. There are a lot of other things I want to do in life. My friends are doing those things and I'm not. I do know however that I've earned a great degree that most people don't have. Now I can start my career and hopefully do more of the other things that I want to do.
- 13 I love what I will be doing with my life! It was worth the scarifices!
- 15 I would be a buisness or financial manager. There is to much schooling in optometry and I have a love, a true passion, of money and all thing financial.
- 16 This is a great profession...I hope with time it will become more recognized for what it is.
- 17 if anybody asks me an eye question, i can talk for hours about it. enough said.
- 19 As I mentioned in question #13, I have never wanted to do anything other than optometry. Now that my career is really about to begin (as graduation looms closer and closer), I am more excited than ever to be an optometrist. So the answer to question #14 remains a most emphatic: YES!
- 20 I believe this professionis the perfect match for me and I would recommed MCO to any student looking to enter optometry.
- 21 Enjoy it.
- 22 yes, because this is something i enjoy doing and would do it again in order to do something I enjoyed with my life.

Detail Summary: Program Review Survey[1]

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2005

Responses

User ID	Response
1	I think it's a wonderful profession that can be very rewarding. You get to deal with different patients every day from young to old. Every patient is a new experience and it is an ever changing profession.
2	I am more interested and love working with people as patients more than I thought I ever would
3	Optometry is a great choice and it doesn't require me to be in school for 13 years so yes i would choose it again.
4	I am still excited to serve my community as an optometrist; though the road has been a long one, I know it will be worth it.
5	I did not really ever toy with other decisions and this one made sense to me.
6	The last three years have been terrific - lots of work but worth it! I'm excited to use my education that I have obtained to provide care to patients.
7	Optometry is a great profession, with a variety of options available after graduation. This is a fascinating field with so many things to learn and ideas yet to be discovered. The profession has advanced quite a bit over that last few years and it is exciting to be a part of where we are going in the future.
8	The more I learn about optometry the more I like the profession.
9	See #13
10	Wouldn't change a thing
11	As stated in question #13 I have been exposed to several areas of optometry to pursue.
12	Although I am very tired of going to school, I feel I have chosen the right profession and would recommend it to others.
13	Even with the downfalls of the political nature of the profession and the sometimes lack of respect we receive, I

enjoy what I do and believe that I am and will meet the needs of many people.

- 14 I have had many struggles throughout my college education. However, I realize that optometry will serve to be a very rewarding career for my future. I feel that it will be worth the hard work in the end.
- 15 Seeing patients and feeling I can solve their vision complaints is very rewarding.
- 16 Assuming opticians don't take over our jobs and ophthalmologists don't narrow our scope, this should be a very rewarding career.
- 17 too many years of school for med school.
- 18 I like the hours offered, it is great for family life, I enjoy what I have been doing in clinic and I can't wait to get out in the real world
- 19 I feel my experience at MCO has been wonderful and I think optometry is a great profession. The faculty and staff have reinforced my interest in the profession and I would definitely choose optometry again
- 20 I think that it is a profession that I enjoy, that allows me the time to spend with family and provides a comfortable lifestyle
- 21 That's my answer for today. It changes from day to day. Currently, this is a stressful time and I have no idea what the future holds. Knowing what I do now about my life, goal, and passions, if I had to go back and choose again I may do it differently. But I don't have that luxury. I know I will enjoy being an O.D. and believe I will help many. I've made it this far and am excited about the future!
- 22 I may want to be a physician. It has always been my dream to be a doctor and I sometimes feel like I sold out
- 23 I am still interested in the profession. Even after three years of school, I can't wait to get out in the real world and continue to see patients. It is a great opportunity to interact with people everyday and help improve their quality of life by making them see well.
- 24 I feel that this is the best career opportunity for me. I think it will be both rewarding and provide financial stability.
- 25 I've wanted to do this for a long time. I thoroughly investigated optometry before my final decision to pursue it as a career, and I still feel like it is a great career path for me.
- 26 I thought it was a great experience and I feel I got a great education.
- 27 I am excited to graduate and begin working.
- 28 I didn't really realize how much time, effort, and stress went into becoming a doctor of optometry. I love what I will be doing and know that I will be rewarded for all my hard work and dedication. But, at the same time I don't think that I would have the energy or strength to go through optometry again. It was really a stressful experience for me.

Detail Summary: Program Review Survey

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2006

Responses

User ID	Response
1	I'm much more interested in medicine and disease. Every finals week I ask myself "Why didn't I go to Veterinary School?"
2	I would choose optometry all over again with no doubt in my mind. I love working with the professors, fellow classmates, and patients. It feels great to be able to help someone in need, while doing something that fascinates me.
3	The curriculum has been challenging enough to maintain interest and require hard work but not impossible. The few patients I've seen have made me realize how necessary optometric care is to the public's quality of life.
4	no comment.
5	I still think it is the right fit and I can't think of anything else I would like to do more.
6	For the original reason as stated in #11 and there is no other profession that I'm interested in that would qualify.
7	I like how optometry kind of acts like the underdog—we are always trying to get more rights and level the playing field with MD's, but we are still a small group that can get along well in the interim.
8	I could not imagine doing anything else.
9	It is a difficult path, but the end point is well worth it. Even the difficult journey has many benefits and learning experiences (my life would seem incomplete without many of the experiences I've had since I began optometry school).
10	See my answer in number 13
11	I love the field. It's exciting and fun.
12	During second year we start getting a taste of clinic. That's so much fun, I can't wait to see more patients!
13	I love it! I have no regrets.
14	I still want to be an optometrist.

- 15 I am happy with my position and feel that I am being challenged and rewarded
- 16 I am confident that I have made the correct choice. I enjoy most everything about the career field, save for VT, and I'm getting there also. Vt can be extremely beneficial for patients suffering from binocular vision problems that can't be solved with an Rx alone.
- 17 No.
- 18 The profession is broad spectrum and you are allowed to pursue many different avenues.
- 19 I have interests not only in being a trustworthy clinician but also a contributing member of society, my community, my family and my church. A profession in ophthalmology may not have afforded me the time to balance the equation of my life. Optometry gives me a chance to be involved in the profession at various levels. At the same time, I work a 9:00 to 5:00 - 8:00 to 6:00 type job and will not be taxed by emergency to the same extent as medical doctors. So I would pursue and will continue to pursue!
- 20 Absolutely - Optometry is a career choice that will allow me to pursue both my professional and personal goals.
- 21 It's a great profession, we just need to make the rest of the people in this world aware of this.
- 22 I would definitely choose optometry going through the process again, but there is still a part of me that thinks med school may have been a better option for me.
- 23 I like this profession. I am as excited as ever to get started in helping patients.
- 24 Right now, it looks like in the end, all the hard work will pay off, and it will all be worth it, giving me a challenging and fun career.
- 25 I really enjoy what I am learning and the clinical part of my education. I know that being an optometrist in the future will make me happy.
- 26 I have never wanted to be anything else, and I still believe that same thing. This profession challenges me to want more and be more than just someone who helps themselves, but help others. I always wanted to be an optometrist for their lifestyle and the challenges they encounter.
- 27 Optometry still fulfills my goals for a profession.
- 28 The only other career I wish I would have considered is becoming a medical doctor.
- 29 I love optometry. I can't see myself doing any other job and loving it this much. I love everything about optometry, from the "helping people" end to the "business" end. It is the best profession for me.
- 30 Some challenges of school I enjoy and some I do not. I believe the same principle will be true when I enter into practice; however, there is no other profession that I know of that suits me better or that I would find as fulfilling over the long term as a career.
- 31 I would, because I enjoy eyes, but would not, knowing where the profession is going.....downhill. I feel there are too many unprofessional doctors out there, and that we are made to look bad because of corporations, part of the reason I choose optometry was for the respect, which we are losing, due to morons becoming docs... Also, I don't

even feel that half of the classes are challenging because they are fluff, so we are wasting our time with fluff, when the important stuff, like actually seeing patients and recognizing ocular disease aren't stressed enough. I feel this school is sorely lacking in differential diagnosis.....looking at many many slides, and having a teacher tell us WHY it is one problem and not another would help.

- 32 Optometry is still my passion and I believe it is what I have been called to do.
- 33 I have had a great experience so far.
- 34 I enjoy it and I always smile when I talk about being an optometrist.

Detail Summary: Academic Program Review

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2007

Responses

User ID	Response
1	It seems like it will be a very good profession that I will be very interested in.
2	Its hard work but so far has felt very rewarding.
3	I have never even thought about dropping optometry as a career. I went into this knowing that being a doctor isn't going to easy and it is going to take a lot of work and knowledge, so therefore I am not surprised at the amount of work we have to do or amount of material we have to learn.
4	So far, I think I have made the right career choice because optometry has everything I want in a career. I can definately see myself doing this for the rest of my life.
5	I still would, but I think that I would have been a little more smarter and done it at a time in my life were studying and learning was the only thing that could take place.
6	The profession as a whole seems very rewarding. Many of the ODs that I talk to are very satisfied with their choice. My wanting to help people of all ages even with the hard work will be more than worth it in the long run.
7	I wonder sometimes if I would rather do something less "formal," such as something to do with music or outdoors, my real passions in life. But I know that optometry is a better choice because it will allow me to still pursue other interests in life while maintaining a more steady income and continuing to learn (my other passion!) in such a

growing and changing profession.

- 8 I am constantly seeing how important eye care is to our patients. Even this early on in my career, I find it to be incredibly rewarding. This definitely seems to be a career that compliments my personality and personal goals.
- 9 I haven't found anything about MCO or the profession of optometry that I dislike, it's only become more interesting to me.
- 10 Definately, I love the whole package you get to help people and give back for what has been given to you. Plus the flexibility it provides you is second to none. I can't think of anything I'd rather do.
- 11 Personally, I have great passion for the visual sciences, being a clinician, and a educator to my future patients. I'm glad that chose Optometry, and would only do it sooner, if i could do it all over again.
- 12 Although it hasn't been easy but it's been a very positive experience
- 13 I like what I have been learning and I still want to become an optometrist.
- 14 I have loved every second of being here at MCO. I feel that I am learning so much and I am very excited to one day become an optometrist.
- 15 I keep becoming more and more interested as I learn more about this profession.
- 16 I love the fact that optometry is growing and expanding its scope of practice. I would definitely grow tired of refracting all day, every day. However, I know that there are so many more opportunities to involve myself in the health related aspects of vision care.
- 17 This profession seems to fit me best due to my desire to help others and work in the health profession. Working in the mouth (dentist) does not appeal to me and becoming a entire body seems like too much. It was just not what I desired to do, while optometry was and is my calling.
- 18 I've always wanted to be an Optometrist and that hasn't changed and I'm pretty sure that it won't change.
- 19 Even though the work load is alot, I believe in the long run, I will see the joy of going through the hard load and see the pay off everyday when I am working with patients
- 20 If I had to change anything, I would have decided earlier to be a Pre-Optometry major and tried to work for an optometrist. I am really looking forward to becoming an optometrist and I would not change my major. My pharmacy friends even admit our profession is much more interesting and hands-on than pharmacy, which makes me feel like I made a good decision because I did consider going into the Pharmacy program.
- 21 It is a great profession that provides many different opportunities for its doctors and students.
- 22 There is nothing else I would rather do, besides surgery
- 24 sometimes optometry can be scary because of all the advances such as autorefractors, lasik and even large corporations monopolizing the optometry profession ... but these are just obstacles that we will overcome ... in the end, I know I will be happy with my career choice
- 25 Optometry is an excellent profession. The more that I learn about the profession, the more that I would

encourage anyone who has a remote interest in optometry to fully pursue this career.

- 26 As a first year optometry student I am only at the beginning of my career. So far, I have learned so much about optometry and I can't wait to learn more.
- 27 Now that I have completed a year of school, I know without a doubt that I was "meant" to be an optometrist. There is always something exciting going on in the profession of optometry, I could never be bored. I can't believe I ever considered doing anything other than optometry.
- 28 As I stated earlier, I fell in love with this profession a long time ago and couldn't imagine a job that would make me happier or be more perfect for me. I am still really excited to one day be an optometrist.

Detail Summary: Academic Program Review

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2004

Responses

User ID	Response
2	I've had the chance to speak with students from other schools and I am amazed at the difference in education. We have been able to experience such a unique classroom and clinical situation, one that I think is the best.
3	I would like to explore another school. I greatly enjoyed the small size of classes here, and this a great bonus, but the curriculum needs a vast overhaul, and there needs to be more support from the school as far as boards go, and job placement would be useful.
4	My family is very important to me and I would have come back just for that reason alone. I had a good experience overall at M.C.O., but I felt mistreated on certain issues. I feel the 4th year rotations are run in a poor way, discouraging us from finding outside sites for our learning experiences so they can "keep the affiliated sites full at all time." I think this is a poor reason to deny students new learning experiences and possible future job ties. In addition, sending students to the Jackson prison is dangerously risky. I realize that nothing major has happened to students there yet, but all it takes is once and the school will be in big trouble. I also feel like every time I tried to voice an opinion to help change things for the better for students, I was either hushed up or made out to look like an enemy of the administration. If the college is there for the benefit of the students, then that is wrong. The majority of professors, administration and staff at MCO are great and I formed many relationships, but a few people have soured my image of the college.

- 5 Excellent support from the faculty.
- 6 I would still attend MCO because of the location and small class size and exceptional faculty.
- 7 I said I only attended here because of in-state tuition, but I was pleasantly surprised with the caliber of the teaching staff. I feel very well-prepared to face most of the challenges of a new OD and I'm glad I have connections to great mentors in Michigan who can help me along the way also.
- 8 Excellent school from an academic standpoint
- 9 I felt like part of a team at MCO. Everyone at the school had the same goal, to educate great doctors. I could always get help when I needed it, and the classes were small enough that you were able to get to know the staff very well. I know I can always call the school when I'm out practicing on my own and they will help me with anything I need.
- 10 Overall, it's a good school with small class sizes and personal attention.
- 11 I would never wish MORE debt upon myself!!!!
- 12 I hated the location, but it's a good school!
- 13 I will not have as large as debt graduating as other students attending more expensive schools.
- 15 I didn't answer yes to #14
- 16 I loved MCO, but I wish we had a more rich clinical experience at the college...I would chose a different school on the basis of location only...not that the faculty and staff weren't great...because they are....but I would like to have the clinical experience early on that comes with being located in a more urban area.
- 17 i think the school gave me as much as it could, and i had to take it from there.
- 18 i feel my education was as good as or better than i could have gotten elsewhere and the cost was more reasonable than anywhere else.
- 19 The class size and subsequent teacher/student ratio is very conducive to learning. I'm not simply a "number" in a huge class, I know all my classmates and they all know me and perhaps most importantly, all my professors know me! Being able to establish a "realationship" with your professors, I feel, is important and allows for a better learning environment. When you know that your professors know who you are and really care about what you're learning and how you're learning it, the incentive to really learn is much higher.
- 20 Yes, and as i mentioned above, I would recommend MCO to anybody wishing to enter the profession.
- 21 Expense.
- 22 Due to the finacial aspect of attending another college I would go to Ferris again.

Detail Summary: Program Review Survey[1]

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2005

Responses

User ID	Response
1	The instructors for the most part are excellent. I like to be able to walk down the hall and know everyone on a first name basis including the teachers. It makes it easier to ask for help when you need it.
2	I like the small class size and the quality of education we get from the excellent faculty
3	The faculty on staff is fabulous. They are well respected in the field and it has been a great learning experience.
4	This choice has been a positive one. I am happy with my education, and the location has worked out well for me, too. The tuition and, thus, loans are also much more bearable for in-state purposes.
5	Still in Michigan, near my family. Low tuition.
6	I prefer the small class sizes and individual relationships that I've gained with faculty members. Besides our outstanding staff, the relationship builder is enough for me to encourage people to attend MCO.
7	Through the years here at MCO, I have learned about eye care as well as people care. The school is concerned, not only about eye health, but the over all health and well being of the patients as well as the students.
8	Again, the small size makes the school experience more personable.
9	See #12
10	Wouldn't change a thing
11	I can think of no other schools I would have wanted to attend. The small class size, individual attention and location have been a major plus
12	I feel my overall education has been great.
13	I enjoy the small class size and the one on one that we can get with the faculty. I don't believe that if I was at a bigger school that I would have as many opportunities to discuss things with faculty in the ways that I am able to

because we have such small class size.

- 14 I have had a good experience at MCO.
- 15 The faculty and staff have been extremely supportive and want every student to succeed. They work hard to educate us in the current trends of optometry and are good mentors.
- 16 I don't know a whole lot about other schools, so I can't say MCO is the best, but I have heard some rumors that ICO students don't know as much at the same point of their schooling as we do. I'm proud of MCO, it's philosophies, and it's faculty.
- 17 same as question 12
- 18 i enjoyed the small class size and the excellent clinical instructors
- 19 MCO is a great school and my education has been great. i really enjoy this school and would recommend it to anyone interested in the profession
- 20 I had a great experience at the college, the faculty is excellant, and the people there are very friendly. Also, you can't beat the one on one you can get at MCO with the faculty.
- 22 I like the optometry program here, I love the faculty and everyone in the program
- 23 I liked the small atmosphere of the school and the personal interaction with the faculty. Everyone wanted us to learn and would do anything they could to help us. The only complaint that I have is the amount of "no shows" in the clinic. THat gets frusterating when you don't see a patient for weeks at a time.
- 24 It has always been my first choice and nothing about that has changed.
- 25 Coming to the MCO has been one of the best decisions that I have made. I had the opportunity to attend atleast two other schools and I am very happy with my decision. I feel like I have benefitted greatly from the small class size, living in a small community, and being close to my wife's home. Financially it has been a great decision. I assume that I would have incurred 2x the debt at another institution, which will make a big difference for the beginning of my career. It is difficult to compare teaching and equipment since I haven't attended the other schools. However, I have seen more patients than I expected to see, found the faculty to be high quality(especially the OD's) and the facilities to be adequate. It has been a wonderful experience. I percieve the faculty here to be very passionate about what they do, without exception.
- 26 I'd attend MCO again because of the great faculty and the in-state tuition.
- 27 I like the small classroom size and the small town of Big Rapids.

Detail Summary: Program Review Survey

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2006

Responses

User ID	Response
2	I would still attend the Michiagn College of Optometry becuae of the same reasons that I came here in the first place. Also, my experience here has been great. I like the classroom settings and the small class size.
3	Same as answer to question 12, although a larger patient base in clinic would be nice, big rapids doesnt't really provide enough patients to avoid large amounts of time in clinic with empty appointment slots or unreplaceable no-shows.
4	I do believe that we have a great school with a wealth of knowledge to learn from.
5	Although it is small you get to know the Drs. and they are willing to help you at all times. The clinic is not always busy but the instructors do their best to always make it a learning experience.
6	I think the smaller class size is really beneficial to the learning experience, where professors are receptive to the students' needs and can adjust lectures to emphasize weak areas.
7	I enjoy the small class sizes and really feel that both the faculty and my peers care about me both professionally and personally.
8	I considered going to Indiana for school, but realize now that I would not received the one on one attention that sometimes is needed to understand issues in classes.
9	The students The faculty The environment The local church (St. Paul's) The experiences The education The friends The ways my life have changed are uncountable... Each of the above would have been dramatically different at any other university - I like the way my life is here and now; I can't imagine it anywhere else.
10	I really enjoy the small class size and the one on one interaction with the professions. I enjoy the fact that all my profession genuinely care about me as a person and that they all know my name.

4. being somewhat better equipped in pursuing life-long learning

I do enjoy being an optometrist and serving people by caring about their lives and their vision. I appreciate the way FSU equipped me to pursue an enjoyable profession! I get great feedback from my patients every week!

- I feel that I have been fortunate enough to receive THE best optometric education available and will be forever indebted to FSU-MCO for what I have received. Thank you!
- We do not see enough patients in our clinic years at MCO. If you do not have strong rotations a lot of your first year will be trial and error. I proctor students from Houston, PCO, and SCCO. Academically we exceed these universities which is great for boards, but seeing it in a boo, and in your chair are two different scenarios. I would encourage going out of state for a rotation. I would encourage to make it mandatory to do a military or VA site. I feel this is the best well rounded experience the students have.
- MCO does a very good job when it comes to instructing us on books and equipment to purchase. I would like to see MCO have a larger representation of students doing residencies
- MCO needs to attract more out-of-state ODs. There are too many ODs in Michigan. With the recent changes to Cole Vision reimbursements, ODs were forced in many areas to take sub-par reimbursements. Some may argue you don't have to participate but when 25%+ of your patients have this insurance you really do need to participate. If you don't need to participate, why is the MOA president and MOA OD of the year participating? ODs are cutting their own throats and are their worst enemies by caving in to sub-par insurance programs. If there wasn't a glut of ODs, this wouldn't happen
- Somehow, the clinical experience before rotations needs to be improved. Unfortunately, Big Rapids does not draw a large patient base (besides healthy college students). The rumors of a Grand Rapids facility are exciting and would definitely help in this area.
- overall I am happy with the education I received. I do believe there is too much emphasis on private practice v. commercial eye care. Maybe this has changed since 96 but all practice management I remember was regarding private practice
- I think there is some politics and posturing (big egos) that goes on in some of the upper level courses. Certain faculty try to foster a competitive environment that is not conducive to learning.
- The first-year course -Ocular Immunology, I believe - seemed a little difficult for myself and others who didn't complete their undergrad at FSU.

Probably the single most important improvement, in my opinion, would be a greater patient volume in 2nd and 3rd yr clinics as well as 4th year externships. I was disappointed that some days were basically dead. Maybe patients don't like spending about 2 hours of their day on an eye examination, even at the best price in town...here's a thought - no patient should be scheduled for more than one hour - and if further testing is needed, they are simply reappointed. The fee should be at least double what it was when I was a student (\$35 I think) to promote the perception that the patient is receiving first-rate care from an educational institution.

MCO should also pioneer a study of the workforce needs of the profession - are we creating an oversupply of optometrists? Who really knows...

Also, something should be done, although I'm not sure what, for what I perceive as a problem of optometry schools creating a graduate pool that essentially serves as a feeding ground for corporate optometry. For example, how did we let the profession become prostituted and denigrated by the mass merchants and big box stores? The notion of increasing student debt doesn't hold water with me - look at dentistry, for example. Many dentists graduate with debt exceeding \$200,000 and yet find a way to succeed via self-employment of some type.

From a different angle, why is there so much disrespect for optometry among the medical community (PCPs, etc.)? That's a broad question and I don't expect a simple or concise answer but whatever the solution, we should start as early in the educational process as possible. More political involvement in optometry school would be a step in the right direction. I guess this point isn't germane to the question, but something that is worth consideration anyway.

- I realize it is difficult to fit all the necessary topics into the curriculum, but I feel practice management topics are far more important day in and day out to the average O.D. than some of the esoteric binocular vision topics that were beat to death. Binocular vision is obviously very important, but in the real world so is practice management
- I think one of the most beneficial things for me was Dr. _____ pharmacology class where we did cases. I think it would be great if that kind of concept could be used in other classes. Maybe this could be used in disease class.

- Either I missed some key days, or I had no training in running a modern business. It appears we were best groomed to be commercial chain employees, since we could focus only on pt care and not have to be involved in business decisions...as an uninformed party
- Emphasize traditional optometry. After 25 years in practice, my observation is that the new students are good entry level clinicians in ocular disease management but are dropping the ball on what makes optometry unique, our ability to prescribe lenses. We must continue to place our emphasis in being the "vision" doctors!
- Students are weak in refractive data analysis and prescribing skills.
Overall quality and maturity of students has eroded compared to past years
- Loved my education! very rewarding and very fun
Great instructors! Awesome one-on-one care when needed!
- National Boards needs to be highly addressed! From graduates I have spoke with from other optometry schools, the professors all give multiple choice tests - like what is on boards. ICO also has a board review committee that ensures the subjects being covered and tests given on what National Board tests on. I know they have a very high National Boards pass rate
Classes at MCO need to be restructured. Pediatrics needs to be taught earlier in the year. The tests given for pediatrics needs to be multiple choice.
I believe a summer class is required to allow the students to focus on and thoroughly understand each course taught.
I believe students at MCO are very well prepared clinically when they go on rotations and that should be kept up by allowing 2nd years to start clinic as they do.
I think the assisting clinical instructors that are not professors need to be reviewed 1 year by the other clinical staff. Most students feel uncomfortable about reporting clinical instructors who show up late or leave early. Having a 4 year degree should be a requirement for entrance into MCO
- I loved my experience at MCO and strongly recommend your program to everyone!! I miss everyone!!
- I believe our education was good. I wish I had been more interested in certain areas while in school - such as vision therapy. I don't know if it wasn't stressed or I just kind of phased it out. My individual education in that area doesn't seem really good but like I said, I just wasn't interested in it when it was presented.
- I feel I had a very good education at Ferris. The faculty was excellent and bent over backwards to help us.
- As I mentioned earlier, I feel some of the time spent on detailed VT studies and theory should be dedicated towards more practical pt care. I am aware that the roots of our profession are firmly established in refractive care and I think that it should be. However, I have diagnosed 1000s of cases of conjunctivitis, AMD, and diabetic retinopathy since I left MCO, but I have never once diagnosed someone with Unharmonious Retinal Correspondence. My Clinic doesn't even own a synoptophore, but we do have fundus cameras, VFs, GDx's, pachymeters, and topographers, and there is a reason for that. This equipment helps me to diagnose conditions that a large number of my patients have, they make the job easier, and best of all you can bill and get paid for using them. I'm not an OD that feels we should make a strong push towards doing laser procedures, surgery, etc. I have had experience with some of these procedures while practicing in Oklahoma, and honestly, I don't feel that the majority of ODs should perform laser proc or surgery. I do feel though, that we should have a very strong base in ocular disease and therapeutics before we leave school; a much stronger base than what we get in VT. I think the addition of one or two courses in BV/VT would be a big improvement. Another great class would be "New Technologies" in the eye care field. How to use various nerve fiber analyzers, pachymeters, etc. I am sure company reps would love to come in and give demonstrations on how their product works.
- I feel very good about the quality of my education @ MCO. There were 3 areas though, that could have been better:
 1. practice management
 2. low vision
 3. binocular vision
 These areas could be addressed and may already have been.
- Better instructors for general path. and pharm

- I feel MCO provided me with an overall outstanding education. Particularly, the small class sizes are one of the best reasons I would recommend MCO over the larger optometry schools in the midwest and the quality faculty members MCO has maintained over the years!
- The faculty at MCO was great when I was there. They always made themselves available and seemed to take a genuine interest in your education and in the students as their future peers. They did a great job, especially Drs. _____, _____, and _____.
- I have worked with many O.D.'s in the Military, private practice, and have been an adjunct associate professor for three other Colleges of Optometry. I know without a doubt that the education I received at MCO was superior to what they received. I have been asked many times by other O.D.'s, "How do you know so much about _____?" My response is always, "they taught us well at Ferris."
- I am happy and pleased with my education at MCO. I am proud to be an alumni of MCO.
- Already addressed since 1980.
- We spend years learning how to practice full-scope optometry just to be sucked into the corporate realm due to our high debt and inadequate focus on how to succeed financially in the private sector. The longer we work commercial, the harder it is to get out and we end up using just a minimal level of our training.
- Great teaching staff with small class size; perhaps more clinical related topics incorporated into the class.
- great clinical experiences were available and real world training was very good.
- poor preparation classes with no review courses given for part I boards; well prepared for parts 2&3 though
- I like that you are re-visiting basic sciences, esp. for the part I boards. Ferris needs to make sure their grads are the best in the nation.
- I feel that my experience at Ferris was limited in specialty practice, mostly pediatrics and contact lenses. The patient numbers were limited in these areas and disproportionately spread between the instructors. There should be more contact lens and pediatric related rotations available. I only had one rotation that fit contacts, and another that fulfilled my pediatric requirement.
- Need to broaden patient base if it hasn't already been done, ie, satellite clinic in Grand Rapids. Students should not have empty clinic appointment schedules - need to access larger pediatric and ocular disease bases.
- Need a new Clinic/office building for opt only - get rid of old dorm building.
- THE number one problem with my education was not being prepared for "real world" exam expectations. A majority of new grads end up working for "chains" who only allow 20 minutes for a full exam. I'm not saying we should conform to this - in fact, students should be taught not to accept these limitations...However, FSU-MCO could also teach more efficient exams, ie the bare minimum necessary for ethical/legal exams on a "normal" healthy patient. I know it takes 2 hours while students are learning, but before externships they should practice doing exams (w/DFE) much faster and know which entrance tests are truly important and which are not. All faculty must agree on and teach the same "efficient exam." As an example, I briefly worked for DOC. The Aug I got my license I worked at a location as a "fill-in" and found 18 full exams and 4 F/Us scheduled in a 7 hour work day!!
- Overall, I am very happy with my education.
- The curriculum has changed so much since 1986! I was fortunate to have a position for 5 years after graduation that was similar to a residency program otherwise my training would have been lacking. Some clinical rotation sites were poor back then. The Ferris rotation did not provide enough patients or enough variety of patients. But, it is largely up to the individual to make it a great experience. There is no way to teach everything in 4 years. Much of what I have learned was after graduation. As our scope of practice continues to evolve, those of us out of training awhile must take responsibility for keeping on top of new technology and treatment options
- Like Penn C.O. - Have students visit different modes of practice 2nd/3rd year just to see the "local color"
 - Have alumni back up to plan "a day with _____ = 3x10^6 CES"
 - Have us slugs visit your website to keep up with what's happening
 - How do you guys stay in the same practice mode since the late 70s
 - Nutritional therapy (ARMD)
 - The big 3: HTN, MSG, DM
 - Work hard, play hard, be happy and content

It's what I've learned
Keep up the good work
Re-open Caseys?

- Pediatrics: need to relate class and labs more to clinic, ie when to use certain binocular test, accom tests, etc. Seems like lots of binoc vision class was too theoretical and was hard to apply it to patients. Need more pediatric and VT patients.
Practice Management Class was inadequate. After graduation I felt I knew nothing about insurance plans, coding, managing employees, etc. The project in that class has potential but is not necessarily realistic. I felt like all they told us to do was network and send resumes. At the time I took the class it seemed a waste of time - way too general and too much busy work.
Contact Lenses - would have been nice to learn more about K-conus, Reversegeometry, and bifocal CLs
Pharmacology - Didn't get much out of the oral drug part, how did it relate to us? Not just "memorize these drugs for these conditions" had more focus on systemic conditions rather than the eye.
I think there have been some significant changes made in staff in the past few years which will help some of these problems. However, I think they still need to be addressed.
Overall - great experience at MCO!!
- I was extremely pleased with the preparation I rec'd at FSC of Optometry
- Extern rotations and Clinical Education is a must. Keep up that emphasis.
- My education at Ferris prepared me very well for clinical optometry. Even though FSU is not known for its research, my senior research project stimulated an interest in research that led me to go back for graduate training at OSU followed by a career as a researcher in the USAF. Thank you FSU for giving me the opportunity to experience research as a student, it started me down a path I never would have considered otherwise. I certainly hope your students still have the opportunity to do some research.
- I feel as if I had the best possible optometric education, and I would suggest that any pre-optometric student make MCO their first choice.
- The educational process at MCO is very strong. I felt well prepared for my post-graduate residency and knew I was as capable, if not more capable, than many of my peers from other optometry schools. Keep up the good work!
- More patient encounters with a diseased population are needed. Seeing healthy eyes repeatedly is of little benefit. We were told that we need to see many normal patients to build up our understanding of what normal is. That is just an attempt to reassure the students that they are getting an adequate clinical experience, while covering up the fact that the clinic does not have access to the type of patients needed. You can teach theory and hypothetical cases to the students all you want, but there is no substitute for hands on management of patients with complex conditions. If the students never manage glaucoma, treat uveitis, or assesses diabetic retinopathy while in training, they will not feel comfortable managing it in practice and will refer many cases earlier than they need to. The clinical instructors also need a higher level of clinical experience and knowledge - preferably residency training. I was not impressed with the knowledge level or experience of some of the clinical faculty while I was in school, and after being exposed to excellent clinicians since graduating, I am even less impressed now. I am practicing primarily in a primary care private practice and do not feel that upon graduation I would have been adequately prepared to practice competently. This inadequacy is not due to a lack of achievement, lack of a commitment to learn, or lack of ability either - just a lack of encounters with patients with ocular diseases. It makes it difficult for us to continue to move our profession forward when our graduates are not as competent as they need to be. This problem is not isolated to MCO either. I have interacted with several graduates from Ohio State and they are definitely not any better clinically upon graduation. I hope my comments are not viewed as coming from a bitter or disgruntled former student that wants to just criticize MCO as I am neither of those. I simply want to help improve the school and the level of its graduates.
- My education at MCO (then the FSU College of Optometry) was very good. I felt that the professors were talented, dedicated and committed to get their students ready for the "real world." All general and subspecialty areas were covered (and have all since expanded in scope). Our clinical experience was varied with some strong programs (VAs, Military Installations, at MCO) and also some poor ones (private practices, etc.) Honorable mentions in my education would go to _____ (the best!), _____ (the smartest human being ever!), _____ (wisest human being) and, of course, Dean _____ (visionary and renaissance OD)

- Upon my graduation, I had fitted a total of two soft contact lenses and no RGP's. I definitely was unprepared there.
- I feel I was well prepared for entering the field upon graduation. Nothing sticks out in my mind as an area for improvement! The class size and personal attention from professors was definitely a strong point and really enhanced my education at MCO.
- There seems to be an over supply of optometrists. The colleges of optometry should consider reducing the number of students admitted.
 2. There has been a huge shift from patients looking for quality care to looking for "the best deal." OD's have to work harder and see more patients to maintain the same income. Private practice can still be rewarding and successful, but it will be more and more difficult to get a practice started and survive the lean years.
- I would like to elaborate here with an interesting topic but my experience at MCO was perfect that I have nothing to say.
- The education is outstanding. I was very well prepared to conduct patient care. But the business end of the profession is necessary to allow me to practice for any length of time. I believe that it needs more attention.
- The 4th year rotations need much improvement. Sites labeled as VT, CL, etc., often do not have exposure to those. I feel very lacking in clinical experience. Although I am an optometrist, I have never managed a VT case, fit an RGP, seen a bifocal contact lens or done any low vision work. I did learn these things on paper, but that is much less than actually doing it. When I chose my rotation sites, all I had to go by was the information provided by MCO, and in my opinion, the information was misleading. Even during 2 years of clinic at MCO, I didn't gain much experience other than simple refractive error management.
- -how interns are treated by doctors while on rotations
- -what interns are being taught and what their not being taught during rotations
- It seems like as an educational institution there should be more publishing, lecturing, and research encouraged and REWARDED for the faculty.
- This may be very specific, but, I would have appreciated perhaps a booklet listing the standard of care for the various situations we come across. Although I have a general idea and am known for being extremely thorough, sometimes with the concern of legal issues today, it would be helpful to know you've taken the exactly correct steps in ruling out pathology, performed all the correct testing, and made the proper referrals for many different scenarios. I know there are publications we can check now to get reassurance, but I was just thinking that it would be nice to have this included as we learn to treat and diagnose different conditions – to have stressed "this is the standard of care – all these steps are necessary whereas other steps are optional."

GRADUATE SURVEY AND COVER LETTER

Dear Ferris Optometry Alum:

I hope this letter finds you in good health and prosperity. Having graduated from the Michigan College of Optometry or FSU College of Optometry, you are an extremely valuable resource for us.

The Michigan College of Optometry is currently conducting a self-study for two purposes: an FSU program review and a renewal of our accreditation by the Accreditation Council on Optometric Education. Clearly these are both critical reviews for the future of your alma mater.

One essential piece of information that is needed is the opinion of our graduates on the quality of the program as they see it in retrospect, along with their suggestions for improvement. As a member of the self-study committee, I am asking that you please take a few minutes to complete a survey. Please keep in mind this is your chance to influence the future of education at MCO.

The response rate to this survey itself will be a measure of alumni support of the Optometry program or lack thereof. Of course, we want you to be completely honest and thoughtful in your responses. The surveys will be identified using a unique responder number and will thus only be used for grouping of data, all personal comments and data will remain strictly confidential.

We are providing this survey to you in multiple formats for your convenience. To prevent accidental duplication of responses, please make sure your random, unique responder number is included in any correspondence. The preferred method for completing the survey would be to access our website and follow the directions at... <http://www.ferris.edu/mco/apr>

Other options include: Completing the enclosed survey form and fax (231.591.2394) or mail it back to us in the self addressed envelope, or other downloadable options at the web site listed above.

Thank you for helping us in this important self-study process. We would appreciate a response to the survey by August 01, 2004. Please feel free to contact me if you have any questions or concerns about completing this survey.

Sincerely,

Philip E. Walling, O.D.
Professor
Academic Program Review Committee

Optometry Graduate Survey

Unique Responder # _____

Please fill out as completely as possible. Your responses are critical to our future success.

1. Year of graduation from the College of Optometry at Ferris State University: _____

2. State(s) you currently practice in: _____

3. Current mode of practice:

Not practicing at this time

Self-Employed

- Solo private practitioner
- Partnership/Group based practitioner
- Optical chain franchise or lease
- Independent contractor
- Other self-employed

Employed By

- Optometrist(s)
- Ophthalmologist(s)
- Armed Forces/Veteran Affairs
- HMO
- Academic institution
- Hospital/Multidisciplinary
- Corporation
- Other: employed by _____

4. Current annual income in US dollars: (Please indicate all professional income)

Salary: _____

Does the above salary include benefits and bonuses? Yes No

5. In general, how satisfied are you with your current position?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

6. Other degrees/residencies completed since leaving FSU: (check all that apply)

- Masters Doctorate
 Residency Fellowship

7. Please list your professional/service activities involvement:

8. In general, please indicate the adequacy of your educational experience at Ferris in preparing you for entry level eyecare practice upon graduation:

	Very Adequate	Adequate	Somewhat Adequate	Not Adequate
Basic Biological Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optics/Vision Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binocular Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Directed Life-Long Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How well did MCO accomplish its goal of developing a strong ethical, social, and professional commitment in its graduates?

- Extremely well
 Very well
 Adequate
 Poor

10. How well were you prepared for National Boards while in school?

- Extremely prepared
 Very well prepared
 Adequately prepared
 Poorly prepared

11. Do you exceed the minimum number of CE hours needed each year in the state which you practice?

- No
- Yes

If Yes, how many hours are required each renewal period? _____ hours

Approximately how many hours do you typically exceed the minimum? _____ hours

12. Please indicate any areas that Ferris should incorporate into the educational program.

13. Please indicate any areas that Ferris should delete from the educational program.

14. Please elaborate on any topic(s) you feel we should be aware of regarding the educational process at MCO.

GRADUATE COMMENTS

Question 12: Please indicate any areas that Ferris should incorporate into the educational program.

Summary:

- Need much more in the area of practice management.
- Need more in area of medical billing, making a profit.
- Other areas were very mixed, i.e. pediatrics. Many thought MCO had too much emphasis on pediatrics and vision therapy and others felt there wasn't enough.
- Many thought more hands-on contact lens cases were needed because they did not actually get to see patients with problems.
- Other than the above, there were positive and negative comments about almost every topic.

- obviously I feel that ocular anatomy needs to be improved! Better practice management and business prep including more realistic representation of practice opportunities. Realistically - most grads work for someone and fit eyeglasses and contacts. Most do not own their practice or treat much ocular disease because of time restraints and liability!
- more information regarding signing up for insurance panels (ie, make all students fill out an application for Medicare UPIN # so that upon graduation they will be able to sign up for different insurances)
- med billing
- practice management and billing/coding
- A course on personal finance and retirement planning
- Grand Rounds Session
- third party billing
- foreign body removal
- binocular vision on a practical instead of theoretical level
- Patient assessment and management course set up like the NBEO PAM section
- Course on systemic pharmacology with cases
- Binocular vision problem-solving course
- Spread out the disease courses over another semester to get less memorization and better comprehension
- more neuro-ophthalmology
- Better practice management
- A clinic that exposes students to greater disease and infection management with patients.
- Business aspects of optometry - opening an office, getting loans, taxes of practice (ie state, fed, SDI, FICA, etc)
- More clinical experience in contact lens fitting (which was I felt was necessary graduating in 1994 but I have worked with a few new graduates from MCO and they could use more experience in contact fitting.
- Communication
- General Medicine principles, labs, and pathophysiology
- Pharmacy dose side effects of systemic meds
- NEURO PATHWAYS AND CLINICAL ASSESSMENT
- MORE IN DEPTH ANATOMY OF EYE INTERNAL AND EXTERNAL STRUCTURES
- MORE PRIMARY CARE/SYSTEMIC WORK UP FOR OCULAR FINDING
- MORE REVIEW OF CT, LABS, MRI, FA
- MORE EXPERIENCE WITH WHEELCHAIR EXAMINATIONS
- The more practice management, the better. The existing program is solid but there's always room for improvement.
- It's been so long, I'm not familiar with the current program
- Better Peds (VT), infant vision, more applicable gas perm, bifocal fittings, post lasik fits
- Updated refractive surgery care

- More practice management
 - Practice Modality Days with alumni panelists from every practice option for questions and answers.
 - After graduation, the eyes are the easy part. Practice management is my greatest challenge.
 - How to code and bill insurances for various specialty cases or bill cash paying patients. There are things I learned, but aren't practical to apply in business because I don't know how to bill it. ODs I've joined don't practice that way. I've had to be self-taught in those areas
 - Mentor programs with specialists in various fields to see how to follow through in these fields; like binocular vision and developmental and low vision.
 - A sound practice management module
-
- More clinical experience in binocular vision, pediatrics, and low vision
 - be better prepared for practice management
 - Cataract co-management/Lasik co-management, how to consolidate and do more of a problem focused exam, keep a list of pts w/diseases, have them come in for students to see it all in one day
 - I believe that if all contact lens wearers had 2-3 hours per day and 1 full day per week of no contact lens wear, CL related problems would decrease substantially. Also, I would encourage contact lens instructors to teach students about "setting up" patients to let them know what to expect in regards to contacts - how they will feel, VA expected, etc. Also, teach that its good to ask the patient where they want to read (ie 13", 16", or 21") instead of putting them in a bifocal that the doctor thinks they should have.
 - A&P of the Eye
 - more practice management
 - more practice management (dollars and cents of running a practice)
I understand many optometrists are employed and do not need to know about this, but I do, and I feel lost at times
 - I think the patient simulation activity designed by Paramore was an excellent educational tool. If made interactive, would be even better and a great way to learn "hands on," without actually seeing patients.
 - Encourage more independent practices by stressing more business knowledge.
 - -more pharmacology
 - -more practice management
 - -more in-depth study of basic sciences (anatomy, etc.)
 - -more case study
 - Students need to be prepared to practice in a world heavily influenced by managed care. Also, strong foundation in practice management while in school and mentoring/support after graduation in this area is critical. The real world of practice/finances can be much more challenging than what school prepares one for!
 - Triage & business management
 - practice management update
glaucoma tx
 - Need more hands on clinical experience offered in ophthalmology field - glaucoma, cataracts, refractive sx
Optometric management - show us how to make \$ with our profession, create a working schedule, bill VSP
 - Teach students to be realistic about the real world. ODs often work for pathetic reimbursement rates and have no other choice because of the area they work in.
 - Require students to learn and use new technology like OCT, Digital imaging
 - Appropriate billing practices as defined by CPT manual for medical billing
 - More practice management. I was all set to work for someone else, but I bought a practice and had a lot to learn (the hard way)!
 - More advice on individual practice and ethical advertising
 - More info on ortho-K
 - The actual contact lens market is ahead of what my exposure to CL's during school. More brands, different niche lenses could be added. I learned a lot form colleagues, not school. A lot of contacts was theoretical not practical
 - New diagnostic technology-scanning laser ophthalmoscope, etc.
Better systemic pharmacology teaching as well as better systemic disease teaching and better/more extensive anatomy course.

- More clinical practice in Binocular Vision (VT), RGP contacts, and frame adjusting
- It would have been nice to have recent graduates discuss what types of opportunities are available, what should be expected as far as pay, what type of individual hurdles they encountered starting out, and what their individual mode of practice is like.
It would have been nice if there were an intense review course for boards.
- business, management
- business 101
managing employees 101
how to present a treatment plan
accounting 101
- Practice management - personalize
More hands on binocular vision/pediatrics to go along with the book work
- Ferris needs to continue to place an emphasis on not just ocular disease management, but also pediatrics and developmental vision. This area is important by virtue of the incidence of non-strabismic binocular dysfunction, accommodative disorders and oculo motor problems. They have a far greater incidence than ocular disease and the impact of these and other developmental vision problems can have a profound affect on a patients quality of life. While Ferris is one of the best in the schools in the country and thanks to the leadership of Dr. Mike Cron and Dr. Mark Swan we are getting exposure to this area, we need to continue to make this a priority at Ferris.
- Practice Management
- Practice Management
Communication
- new research
new CL/LASIK/retina info
- 1. More patients for 2nd and 3rd year students to see in clinic
2. Review committee for National Boards
3. Summer class to eliminate the "intensity" of 2nd year - too much information is given at one time making it very tough to master every subject presented.
- study courses for boards
- I believe my only true area lacking was in practice management - I'm not even sure how you would incorporate this, especially with the increased load needed as far as pathology/treatment, etc.
- More Gas Permeable CL experience
More Business Experience
- Practice management
- Require shadowing all of the ophthalmology specialties at least a couple of days/semester. I thought I knew about the retina until I followed a ret. specialist once/month who say 70-80 pts/day. Makes a big difference to know when they decide to laser, or do other treatments, and makes you confident enough to avoid unnecessary referrals. Following a ped's oph also was a great learning experience.
- Increase patient contacts...primary care
- Better understanding of comanagement, developing professional and material fees. More patient interaction
- My education goes back to the early 1980s and at that time practice management was the "weakest link" is my education. A few business classes and computer classes would greatly help any future optometry student.
- -Greater practice management
-Third party/managed care education
-Modes of Practice
-Appropriate medical testing as it pertains to ocular manifestations of systemic and neurologic disease
- A better binocular vision program/education more extensive
- Practice Management - setting fees, max reimbursement, coding with modifiers, etc.
Common surgical post-op procedures/protocol pre-clinical rotations.
- Optional practice management courses for those interested in private practice
- Business oriented practice development
- More practical application needs to be reinforced related to binocular vision situations, pediatrics, and understanding vision insurances (so much theory was discussed but less practical-everyday clinical info reviewed)
- Strong focus on the organization, financing, and running of a PRIVATE office

- A better understanding and/or simplified medicare/medicaid Billing Coding for exams and procedures
- practical binocular vision
Orthokeratology
Lasik pre- and post-op cases
Lectures specifically geared toward disease treatment
- more education on laser pre-op/post-op care and other surgical procedures (cataracts, lids, glaucoma)
- Business management
- How to handle employees, The doctor is typically highest ranking employee and must handle many conflicts between employees and how to handle themselves.
- more practice management information should be included.
- hands on office management - hiring, firing, claims, budgets, regulations, prof. insurance, liability. maybe more patient psychology too. Need to keep some emphasis on binocular vision / motor system analysis - its getting pushed aside for pathology. If we don't do it, the physical therapist will be glad to do it under ophthalmology's guidance.
- There should be more experience for students to experience commercial and private practice. I was unprepared for life outside of academia in terms of clinical setting and what was expected of me in terms of decision making and problem solving. Most students who start out commercially are not practicing with another doctor and run into problems adapting to working patients, opticians, and managers.
- Better practice management, business, accounting, legal and areas dealing with the day to day running of an optical office including dealing with frame and lab reps
- In the practice management classes- teaching negotiations for jobs in any area, private practice, retail, ophthalmology, etc. Also, how to find these jobs/opportunities. Michigan is limited on resources for this type of information once a student graduates. Don't just hand them their doctorate. They could use some guidance since Michigan doctors don't utilize the AOA website job search or any other sources for career opportunities.
- If not already changed - change the A&P and pharmacology professors. Those subjects are key and the professors who taught between 96 and 00 were not graduate level quality instructors.
- Increase Ocular disease
- More business classes
- During Pt simulation there should be more on psychology aspects - ie how to deal with angry patients, pts who don't like their new glasses/CLs, manipulative patients who demand CL Rx extensions or "tinted windshield" permission, etc.
- Things may have changed in the last 18 years but I think schools have reduced the pediatric/binocular vision/vision therapy aspect of optometry. This is a very underserved part of our profession.
I also think it would be helpful to have doctors from private practice come in and share their experience with the students.
- Use websites a la Pacific U, Indiana etc as quizzes, tests (like students need more work...)
- Satellite offices with more patients
Stronger emphasis of pharmacology in practice (I'm sure this has already occurred)
- More independent critical thinking
- Increase practice management and VT for basic primary care.
- better management - detection is pretty good, but what and when decision making could be improved for the primary care provider in the realistic world of optometry
- More info on insurance plans - how to get on panels, billing info, coding
Practice Mgmt - more realistic expectations on \$ and job availability
Employee management and general business class - ie info on taxes, accounting, money, management, etc
More info on computer vision syndrome and herbal meds/vitamins
- 3rd party payment: how to evaluate plans and manage one and participating in
- How to deal with Militant MDs
How to deal with Moronic Insurance Policy
How to avoid Corporate Practice
- More exposure to research
More practice management

- more private practice OD's working with the students to give them instruction/ideas from the private practice angle.
- More case simulation hours with small group discussions.
- National Board review course
- enhanced practice management programs, enhanced network for learning about and matching career path opportunities
- hands-on neuro labs
gain access to a more diverse and diseased patient base - whether it is a veteran population or urban, low socio-economic population
- More practice management
- business management - payroll, taxes, etc.
- My perspective of the optometric education offered by MCO is somewhat dated (class of '83). At the time of graduation, ocular pathology and pharmacology were just beginning to be covered in the curriculum. I trust that this has progressed beyond an introductory stage?
- Perhaps a little more emphasis could be placed on intervals and urgency of follow-up care.
- I believe that the program has improved since I've graduated and my comments would be outdated.
- Optional class on how to start and run a solo practice
Loans, stocking, handling reps, sales, cash flow, taxes, employment of others, etc.
- More info on insurance companies and billing
- Review class for boards
- Practical glaucoma management.
- Teach coding and billing practices so new graduates can properly earn an income
- Practice management
- Communication skills – management
- More low vision prep in clinics
- As indicated in question 8, I would have personally appreciated more emphasis on pediatrics (specifically better ways of testing patients who cannot subjectively respond well) and practice management – especially on details regarding insurances and procedure codes

Question 13: Please indicate any areas that Ferris should delete from the educational program.

Summary

- Delete portions of VT, environment class and combine many concepts in vision science and optics.
- Many indicate the areas taught to them which did not have a direct impact on how to practice were unnecessary and should be dropped from the curriculum.
- Others had had concerns about the first year/perquisite courses in that much of the material should be taught during the students undergraduate education prior to optometry school.

-
- What ever class Dr King taught about the lighting...it could be consolidated and added to Dr. Shansky's class or optics.
 - Luminance - did we need it
Less or condensed Shansky class
 - I did not find many of the classes offered during first year beneficial. For example, microbiology and neurology. While these are topics covered on part I of National Boards, I absolutely did not retain any of the information from first year and basically re-taught my self in preparation for the exam.
 - Shansky - Lewis class not really used after MCO
 - Shansky's stuff was "groovy" but pretty much useless in optometric practice.
 - Move 4th Yr research project to 3rd year where preceptor would be located near student
 - -MICROBIOLOGY FIRST YEAR
-DIFFERENT FOCUS ON OPTICS, MORE CLINICALLY RELEVANT
 - I cant think of what I'd delete. I'm not sure 10 week rotations submitted me to enough variety. I wish I could have spent a few weeks in more variety of settings. Why not shadow MDs to get a better idea of pathology and comanagement.
 - combine pediatric and geriatric classes
 - 3rd Year developmental class

- -less optics
- -less vision science
- Increase the number of patients seen at the clinic at the school
- VT
- Do we now have a professor that can teach pharm? I learned more from reading Schwartz 3x's than sitting in that ophthalmic class taught by Shansky, Saladin, etc.
- A lot of info I learned was taught to pass the National Boards. It had virtually no relevance to clinical application. Being out of school 20+ years I have no idea what the current curriculum is like
- Hope "graphical analysis" is gone by now.
- Theoretical optics
- Statistics
 - outdate binocular vision (graphical ex) who ever really does that in real settings?
 - Require all applicants to take pre-req's before entering OD program .Courses like biochem, microbiology, anatomy and physiology (exclude head and neck), etc. Should not be part of OD curriculum but rather required at the undergraduate level
 - too much theoretical binocular vision. things like horopters and ARC!! Facts likely to appear on boards should be discussed, but these topics were overanalyzed for little benefit.
 - All courses that should be undergrad prerequisites
 - Anatomy in 1st year - that should be done in undergrad work!
 - Too much work/time spent on binocular vision and vision therapy. I think the specifics of vision therapy should be left to residency programs that specialize in it. Such a select few choose to make BV/VT their primary mode of practice, that I think the class time spent on it could be used on something else.
 - Basic Science Classes should be done at the undergraduate level. A bachelors degree should be required for admittance
 - 4th year FSU Rotation
 - Human Anatomy & Microbiology since both are already pre-requisites for admission.
 - It's been a long time, but I can't remember anything that wasn't worthwhile
 - Historical perspectives of binocular vision
 - Environmental Optics?? (3rd year class)
 - binocular vision is more in depth than needed for boards or a primary care or even VT based practice
 - Some classes are irrelevant practical optometry profession and I would recommend removing from the program but due to the subject matter covered on boards, they are necessary
 - None. Patients ask hard questions and you need to have a wide base knowledge.
 - The basic micro and anatomy of first year are redundant to undergraduate studies
 - Less optics, Less binocular vision
 - Environmental Vision should not be a separate class but incorporated into others
 - microbiology is a redundant class, esp if taken at FSU during undergrad
 - Developmental Vision - should be either an elective or part of a Peds residency
 - Tuition (corporate sponsorship of students)
 - Too much optics - nice for boards, but not as practical for day to day use as some others
 - Geriatrics Course, Environmental Vision Course
 - Micro. The class was a repeat of the class we had in undergrad (@ FSU).
 - None - although the environmental vision course should be redesigned to be more practice relevant (real-life situations)
 - overall, it is an excellent educational program and nothing specific comes to mind other than an overall theme of a little less depth on the theory side and a little more depth on the practical application side of things
 - cut back on some of the time spent learning "traditional optometry" such as optics, binocular vision, and visual perception, focus more on teaching evidence based medicine, which would remove large portions of the vision therapy course
 - Esoteric and obscure contact lens information (i.e. ways to make CLs)
The ongoing fight between Graphical Analysis and OEP
Behavioral Optometry (irrelevant and useless (at least for me!))
 - I remember having to spend a week observing in a private practice. The first day was interesting. The next four had no educational value.

- Possibly the environmental optics course. Other than providing board rat-facts, it didn't really apply to real life.
- Binocular vision is important, but it may have been given too many class hours
- Microbiology
- I felt all they offered was beneficial
- Not so much binocular vision

Question 14: Please elaborate on any topic(s) you feel we should be aware of regarding the educational process at MCO.

Summary:

- Most comments centered around incorporating what is taught into everyday practical experiences to help better prepare the students for practice.
- Many other comments were of a personal nature about specific faculty, good and bad. Many feel there are very good things that happen at MCO and others think much needs to be changed because of the faculty. (specific comments naming faculty have been omitted)
- One comment which did stand out was the praise the alumni had for the faculty as a whole always having an open-door policy, easily approachable, etc.

- The profs and staff made us feel trusted as individuals and respected. When I tell grads from other schools that we had keys to the building...they are shocked!

I had the opportunity to complete a primary care residency at ICO after I graduated from MCO. I made many comparisons during that year. Ultimately, if I had to do it over again, I would still choose MCO because of the faculty, the small class size and the cost. MCO's best quality is the respect the faculty and staff show toward the students - you told us we were the best, you treated us as though we were the best, therefore we tried to do our best and act our best. The honor code was a real thing for us.

The biggest downfall of MCO is its location because it limits the patient base (nothing you haven't heard before)

I do feel that more emphasis should be placed on self directed learning, research, and residency training! It would be helpful if a small bookstore could be started in the optometry building that stocked reference books, texts (that may or may not be required for classes) and equipment. I lost my prism set and my scleral depressor during my fourth year and couldn't buy a replacement! Finally, don't be afraid to challenge the students or make changes. I feel that in some classes we were not pushed to learn and therefore did not learn as much as we should have. I can tell you that students at ICO are much more challenged academically and clinically.

- I think MCO has an excellent educational process/system.

I would recommend de-emphasizing the binocular vision curriculum and devote some more "real world" class time to practice management - specifically important aspects of practicing optometry, like signing up for insurances, how to get a business loan, how specifically to run a practice and all expenses associated with it. Bring in "real world" private OD's to talk on these aspects of practicing.

- Better resources - library with reference books (up to date), good periodicals selection. Up to date - slides, videos, etc.

Better technology - more teaching microscopes, BIO

More Grand Rounds time setting, see pts with actual diseases, problems

Very little awareness of residency programs

BETTER EXTERNSHIPS - see volume of pts with interaction from preceptor, offer sites where student can see a variety of diseases, dystrophies, etc.

More exposure with CLs - GPs, K-cone, bifocal fitting

More exposure to research

More pediatric patients, more VT (did not see VT patients) Have a VT clinic M-F night

Vision screenings were a good start, should do pediatric screenings too!

Lectures with case base presentations, more slides, pictures, videos. Again see the disease, etc.

- Obviously, seeing more patients while at MCO would be beneficial. I feel that my weakest clinical area upon leaving school was contact lenses - mostly because of lack of patient experience.

- In the area of RGP's, I have far more knowledge in fitting bitoric and k-conus lenses than other O.D's whom have graduated at the same time from different schools. I often find myself teaching them what I have learned so they are not calling a consultant for every fit!
- I feel that the school is run in a very political way. If you propose a change to the way things have always been done, you are shunned and blacklisted by those in charge. Although I feel that the school is stagnant and set in its old ways, I am also very worried that it is not moving in the best direction with Dr Alexander's new curriculum which emphasizes basic science, disease, pharmacology, etc. Although this is important, we must remember what sets optometry apart as a profession from ophthalmology (binocular vision, developmental vision, visual-perception, contact lenses, etc.) If these courses are cut our profession is in trouble both in identity and finance. Also, I disagree strongly with the external rotation site selection and that every site must be filled every semester. This discourages students from seeking out great learning/practice opportunities and makes the students appear as guaranteed workers for a site. I think many sites take advantage of the interns, especially the Jackson prison. The learning in ocular disease there is great but I don't think students should be placed at risk, even if the risk of physical harm is low. I was verbally threatened a couple of times there (once that he was going to shoot me) The guards are down at the other end of the hall and not usually near the exam rooms. This risk is crazy and I don't feel comfortable with this as an alumni.
Most of the professors are excellent, but some need to adapt to the times. I am proud of the school overall and feel my knowledge is superior to new grads from other schools.
- 1. Use as much logic as possible to teach path & pharm. After 3-4 years of undergrad, some of these kids may be burned out on memorizing.
2. What is "professional" anymore? I think it just means doing your best job. I have the impression that younger ODs are more interested in using their BIO than in taking the time to listen to their patients' concerns.
- I feel that the students at MCO are extremely babied. I remember an occasion where my class actually had a meeting with the dean to complain about 2nd year being hard. I think the dean should have refused to even have such a meeting. Do students in med school have these types of meetings and what would a med school dean say if students were complaining that it was too hard? That was completely absurd! Also, MANY of the professors allow exam dates to be changed in cases of conflict with other exams. Students entering this program should be aware that becoming a doctor should not be easy...otherwise everyone would do it! I think professors need to be more firm and not allow these types of things to happen. It may actually weed out some students that may not belong in the program. In practice, would you tell a patient that you can't help them because it's too hard? I think not.
- Student clinicians should be urged to solve the patient's problems and not worry about the amount of boxes filled out on an exam form
- I feel the school has improved significantly since Dean Lewis left MCO. Dean Alexander had done a lot more the school since his arrival
Optics was top notch education from Keating.
- 1. MOA provides terrible CE, if MCO could provide more CE classes that would help.
2. Better practice management
3. Optics was top-notch, don't ever lose Keating
4. Does Walling still have the super-huge ego? Sometimes his ego would block the screen.
- I feel a curriculum overhaul at MCO would be vastly valuable. From by understanding this process has already begun and positive steps have been taken. First off, summers except for after first year should be mandatory. I know MCO is proud to get their students into clinic early (beginning of 2nd year) yet these students aren't ready. They have not had any disease or BV training at that point. They know how to run tests but don't know what to do with the data or they don't know how to diagnose pathology because they haven't learned ocular disease yet. Clinic should begin the summer after 2nd year. By making this change more time would be free during this 2nd year for more academic learning. Also I believe certain classes themselves need to be modified - not changed. Also a 1-2 hour class during the 3rd year on new technologies, surgical comanagement, new procedures, etc. would be beneficial. I have a number of other suggestions that I'd be willing to share should someone be interested in contacting me on this matter. Sincerely, Rob Paides
- Overall I felt ready to practice and confident when I graduated. Over time with all the changes in optometry and eye care I really see the need to continue my education with continuing education programs.

I would have liked to have instructors/teachers who had been in private practice for a number of years teach more practical things they learned in the "real world." May be a retired OD teaching part time

- reduce memorization of lists and incorporate logical problem solving analysis and internet based grad rounds
- I felt I got a great education at Ferris; I do think MCO should try to do more research, clinical studies to become better known in the optometric community. Other larger schools in different states don't seem to respect MCO--I practiced in NC and found that so.

During final year--need to do more exams - possibly no rotation at MCO - hardly saw any patients - really did not know how to fit a gas perm upon leaving school - my rotations were mainly path related (same goes for VT).

Also, low vision - students may need more direction, ie: practical application vs. optics of every telescope, magnifier... (I know that optics are important, but so is taking care of patient properly. CE in Detroit area instead of going to FSU - would probably have a good turnout?)

Good Luck MCO

- I feel I learned a lot - just wish I'd have paid attention to the practical end - collecting. I feel as a mom, I've chosen lower level opportunities in order to be at home more. I'm bothered to realize I don't make avg. income for ODs. But have accepted less than avg because of relationships developed with mediocre practices. I am currently changing those ways of thinking as my own business, started from nothing, is growing.

- I had a great education and experience

- neuro was weak

excellent disease (Walling)

excellent pharmacology (Carter)

great optics (Keating)

You have to learn to condense exam times. Teach more of a problem-focused real world exam.

Saladin's binocular vision was over everyone's head. Again, make it more real world, less on theories, more on practical application.

- I am so far removed from the education standpoint it would be difficult to comment. I believe optometrists should try to stay with the core philosophy of a doctor and stay out of department stores. It really is unbecoming of the profession.

I personally or professionally would not want my office next to a Blue Light special or a Tire or Clothes sale.

- I remember having some repeating of material 2-3 times, but by different instructors. If some of the repetition was eliminated it would free up room for other topics.

(Example: I remember learning the Parks 3 step method a few times in different classes)

Also concerning National Boards - some of my classmates failed and complained that MCO did not prepare them for the test. I feel that MCO did a great job preparing us for boards. The people that failed were unprepared because they didn't work hard, or maybe because they are poor standardized test takers. A couple of my friends that failed just didn't take boards seriously.

- Please stress need for private practice. Discourage corporate optometry. Thanks.

- Run a mock practice for a year including income from patient fees, rejections from insurance companies

Pay bills - overhead, rent, phone, advertising.

All that is needed in running a practice including hiring staff

- Unfortunately, I don't feel the patient base is large enough in Big Rapids to get adequate clinical exposure. Although our rotations in fourth year help, I feel we should try to increase the clinical aspect of the program. Has anyone considered a satellite program in Grand Rapids?

- I thought the curriculum was already very recently revised. I am not as familiar with the curriculum now as I was as a clinical associate. I filled out the hard copy but realized today it wasn't mailed so I completed this to expedite.

- The largest drawback to MCO is the limited patient base seen at the school clinic and the continuity of care. As a student doctor I rarely had the opportunity to see patients on a follow-up appointment.

- I basically believe that I received a good optometric education but would have liked to have a stronger background in:

1. practice management

2. binocular vision

3. role modeling/encouragement in developing a strong ethical, social, and professional commitment

4. being somewhat better equipped in pursuing life-long learning

I do enjoy being an optometrist and serving people by caring about their lives and their vision. I appreciate the way FSU equipped me to pursue an enjoyable profession! I get great feedback from my patients every week!

- I feel that I have been fortunate enough to receive THE best optometric education available and will be forever indebted to FSU-MCO for what I have received. Thank you!
- We do not see enough patients in our clinic years at MCO. If you do not have strong rotations a lot of your first year will be trial and error. I proctor students from Houston, PCO, and SCCO. Academically we exceed these universities which is great for boards, but seeing it in a boo, and in your chair are two different scenarios. I would encourage going out of state for a rotation. I would encourage to make it mandatory to do a military or VA site. I feel this is the best well rounded experience the students have.
- MCO does a very good job when it comes to instructing us on books and equipment to purchase. I would like to see MCO have a larger representation of students doing residencies
- MCO needs to attract more out-of-state ODs. There are too many ODs in Michigan. With the recent changes to Cole Vision reimbursements, ODs were forced in many areas to take sub-par reimbursements. Some may argue you don't have to participate but when 25%+ of your patients have this insurance you really do need to participate. If you don't need to participate, why is the MOA president and MOA OD of the year participating? ODs are cutting their own throats and are their worst enemies by caving in to sub-par insurance programs. If there wasn't a glut of ODs, this wouldn't happen
- Somehow, the clinical experience before rotations needs to be improved. Unfortunately, Big Rapids does not draw a large patient base (besides healthy college students). The rumors of a Grand Rapids facility are exciting and would definitely help in this area.
- overall I am happy with the education I received. I do believe there is too much emphasis on private practice v. commercial eye care. Maybe this has changed since 96 but all practice management I remember was regarding private practice
- I think there is some politics and posturing (big egos) that goes on in some of the upper level courses. Certain faculty try to foster a competitive environment that is not conducive to learning.
- The first-year course -Ocular Immunology, I believe - seemed a little difficult for myself and others who didn't complete their undergrad at FSU.

Probably the single most important improvement, in my opinion, would be a greater patient volume in 2nd and 3rd yr clinics as well as 4th year externships. I was disappointed that some days were basically dead. Maybe patients don't like spending about 2 hours of their day on an eye examination, even at the best price in town...here's a thought - no patient should be scheduled for more than one hour - and if further testing is needed, they are simply reappointed. The fee should be at least double what it was when I was a student (\$35 I think) to promote the perception that the patient is receiving first-rate care from an educational institution.

MCO should also pioneer a study of the workforce needs of the profession - are we creating an oversupply of optometrists? Who really knows...

Also, something should be done, although I'm not sure what, for what I perceive as a problem of optometry schools creating a graduate pool that essentially serves as a feeding ground for corporate optometry. For example, how did we let the profession become prostituted and denigrated by the mass merchants and big box stores? The notion of increasing student debt doesn't hold water with me - look at dentistry, for example. Many dentists graduate with debt exceeding \$200,000 and yet find a way to succeed via self-employment of some type.

From a different angle, why is there so much disrespect for optometry among the medical community (PCPs, etc.)? That's a broad question and I don't expect a simple or concise answer but whatever the solution, we should start as early in the educational process as possible. More political involvement in optometry school would be a step in the right direction. I guess this point isn't germane to the question, but something that is worth consideration anyway.

- I realize it is difficult to fit all the necessary topics into the curriculum, but I feel practice management topics are far more important day in and day out to the average O.D. than some of the esoteric binocular vision topics that were beat to death. Binocular vision is obviously very important, but in the real world so is practice management
- I think one of the most beneficial things for me was Dr. Carter's pharmacology class where we did cases. I think it would be great if that kind of concept could be used in other classes. Maybe this could be used in disease class.

- Either I missed some key days, or I had no training in running a modern business. It appears we were best groomed to be commercial chain employees, since we could focus only on pt care and not have to be involved in business decisions...as an uninformed party
- Emphasize traditional optometry. After 25 years in practice, my observation is that the new students are good entry level clinicians in ocular disease management but are dropping the ball on what makes optometry unique, our ability to prescribe lenses. We must continue to place our emphasis in being the "vision" doctors!
- Students are weak in refractive data analysis and prescribing skills.
Overall quality and maturity of students has eroded compared to past years
- Loved my education! very rewarding and very fun
Great instructors! Awesome one-on-one care when needed!
- National Boards needs to be highly addressed! From graduates I have spoke with from other optometry schools, the professors all give multiple choice tests - like what is on boards. ICO also has a board review committee that ensures the subjects being covered and tests given on what National Board tests on. I know they have a very high National Boards pass rate
Classes at MCO need to be restructured. Pediatrics needs to be taught earlier in the year. The tests given for pediatrics needs to be multiple choice.
I believe a summer class is required to allow the students to focus on and thoroughly understand each course taught.
I believe students at MCO are very well prepared clinically when they go on rotations and that should be kept up by allowing 2nd years to start clinic as they do.
I think the assisting clinical instructors that are not professors need to be reviewed 1 year by the other clinical staff. Most students feel uncomfortable about reporting clinical instructors who show up late or leave early. Having a 4 year degree should be a requirement for entrance into MCO
- I loved my experience at MCO and strongly recommend your program to everyone!! I miss everyone!!
- I believe our education was good. I wish I had been more interested in certain areas while in school - such as vision therapy. I don't know if it wasn't stressed or I just kind of phased it out. My individual education in that area doesn't seem really good but like I said, I just wasn't interested in it when it was presented.
- I feel I had a very good education at Ferris. The faculty was excellent and bent over backwards to help us.
- As I mentioned earlier, I feel some of the time spent on detailed VT studies and theory should be dedicated towards more practical pt care. I am aware that the roots of our profession are firmly established in refractive care and I think that it should be. However, I have diagnosed 1000s of cases of conjunctivitis, AMD, and diabetic retinopathy since I left MCO, but I have never once diagnosed someone with Unharmonious Retinal Correspondence. My Clinic doesn't even own a synoptophore, but we do have fundus cameras, VFs, GDXs, pachymeters, and topographers, and there is a reason for that. This equipment helps me to diagnose conditions that a large number of my patients have, they make the job easier, and best of all you can bill and get paid for using them. I'm not an OD that feels we should make a strong push towards doing laser procedures, surgery, etc. I have had experience with some of these procedures while practicing in Oklahoma, and honestly, I don't feel that the majority of ODs should perform laser proc or surgery. I do feel though, that we should have a very strong base in ocular disease and therapeutics before we leave school; a much stronger base than what we get in VT. I think the addition of one or two courses in therapeutics/pathology in place of one or two courses in BV/VT would be a big improvement. Another great class would be "New Technologies" in the eye care field. How to use various nerve fiber analyzers, pachymeters, etc. I am sure company reps would love to come in and give demonstrations on how their product works.
- I feel very good about the quality of my education @ MCO. There were 3 areas though, that could have been better:
 1. practice management
 2. low vision
 3. binocular vision
 These areas could be addressed and may already have been.
- Better instructors for general path. and pharm

- I feel MCO provided me with an overall outstanding education. Particularly, the small class sizes are one of the best reasons I would recommend MCO over the larger optometry schools in the midwest and the quality faculty members MCO has maintained over the years!
 - The faculty at MCO was great when I was there. They always made themselves available and seemed to take a genuine interest in your education and in the students as their future peers. They did a great job, especially Drs. Betts, Keating, and Paramore.
 - I have worked with many O.D.'s in the Military, private practice, and have been an adjunct associate professor for three other Colleges of Optometry. I know without a doubt that the education I received at MCO was superior to what they received. I have been asked many times by other O.D.'s, "How do you know so much about _____?" My response is always, "they taught us well at Ferris."
 - I am happy and pleased with my education at MCO. I am proud to be an alumni of MCO.
 - Already addressed since 1980.
 - We spend years learning how to practice full-scope optometry just to be sucked into the corporate realm due to our high debt and inadequate focus on how to succeed financially in the private sector. The longer we work commercial, the harder it is to get out and we end up using just a minimal level of our training.
 - Great teaching staff with small class size; perhaps more clinical related topics incorporated into the class.
 - great clinical experiences were available and real world training was very good.
 - poor preparation classes with no review courses given for part I boards; well prepared for parts 2&3 though
 - I like that you are re-visiting basic sciences, esp. for the part I boards. Ferris needs to make sure their grads are the best in the nation.
 - I feel that my experience at Ferris was limited in specialty practice, mostly pediatrics and contact lenses. The patient numbers were limited in these areas and disproportionately spread between the instructors. There should be more contact lens and pediatric related rotations available. I only had one rotation that fit contacts, and another that fulfilled my pediatric requirement.
 - Need to broaden patient base if it hasn't already been done, ie, satellite clinic in Grand Rapids. Students should not have empty clinic appointment schedules - need to access larger pediatric and ocular disease bases.
 - Need a new Clinic/office building for opt only - get rid of old dorm building.
 - THE number one problem with my education was not being prepared for "real world" exam expectations. A majority of new grads end up working for "chains" who only allow 20 minutes for a full exam. I'm not saying we should conform to this - in fact, students should be taught not to accept these limitations...However, FSU-MCO could also teach more efficient exams, ie the bare minimum necessary for ethical/legal exams on a "normal" healthy patient. I know it takes 2 hours while students are learning, but before externships they should practice doing exams (w/DFE) much faster and know which entrance tests are truly important and which are not. All faculty must agree on and teach the same "efficient exam." As an example, I briefly worked for DOC. The Aug I got my license I worked at a location as a "fill-in" and found 18 full exams and 4 F/Us scheduled in a 7 hour work day!!
- Overall, I am very happy with my education.
- The curriculum has changed so much since 1986! I was fortunate to have a position for 5 years after graduation that was similar to a residency program otherwise my training would have been lacking. Some clinical rotation sites were poor back then. The Ferris rotation did not provide enough patients or enough variety of patients. But, it is largely up to the individual to make it a great experience. There is no way to teach everything in 4 years. Much of what I have learned was after graduation. As our scope of practice continues to evolve, those of us out of training awhile must take responsibility for keeping on top of new technology and treatment options
 - Like Penn C.O. - Have students visit different modes of practice 2nd/3rd year just to see the "local color"
 Have alumni back up to plan "a day with Nancy = 3x10^6 CES"
 Have us slugs visit your website to keep up with what's happening
 How do you guys stay in the same practice mode since the late 70s
 Nutritional therapy (ARMD)
 The big 3: HTN, MSG, DM
 Work hard, play hard, be happy and content

It's what I've learned
Keep up the good work
Re-open Caseys?

- Pediatrics: need to relate class and labs more to clinic, ie when to use certain binocular test, accom tests, etc. Seems like lots of binoc vision class was too theoretical and was hard to apply it to patients. Need more pediatric and VT patients.
Practice Management Class was inadequate. After graduation I felt I knew nothing about insurance plans, coding, managing employees, etc. The project in that class has potential but is not necessarily realistic. I felt like all they told us to do was network and send resumes. At the time I took the class it seemed a waste of time - way too general and too much busy work.
Contact Lenses - would have been nice to learn more about K-conus, Reversegeometry, and bifocal CLs
Pharmacology - Didn't get much out of the oral drug part, how did it relate to us? Not just "memorize these drugs for these conditions" had more focus on systemic conditions rather than the eye.
I think there have been some significant changes made in staff in the past few years which will help some of these problems. However, I think they still need to be addressed.
Overall - great experience at MCO!!
- I was extremely pleased with the preparation I rec'd at FSC of Optometry
- Extern rotations and Clinical Education is a must. Keep up that emphasis.
- My education at Ferris prepared me very well for clinical optometry. Even though FSU is not known for its research, my senior research project stimulated an interest in research that led me to go back for graduate training at OSU followed by a career as a researcher in the USAF. Thank you FSU for giving me the opportunity to experience research as a student, it started me down a path I never would have considered otherwise. I certainly hope your students still have the opportunity to do some research.
- I feel as if I had the best possible optometric education, and I would suggest that any pre-optometric student make MCO their first choice.
- The educational process at MCO is very strong. I felt well prepared for my post-graduate residency and knew I was as capable, if not more capable, than many of my peers from other optometry schools. Keep up the good work!
- More patient encounters with a diseased population are needed. Seeing healthy eyes repeatedly is of little benefit. We were told that we need to see many normal patients to build up our understanding of what normal is. That is just an attempt to reassure the students that they are getting an adequate clinical experience, while covering up the fact that the clinic does not have access to the type of patients needed. You can teach theory and hypothetical cases to the students all you want, but there is no substitute for hands on management of patients with complex conditions. If the students never manage glaucoma, treat uveitis, or assesses diabetic retinopathy while in training, they will not feel comfortable managing it in practice and will refer many cases earlier than they need to. The clinical instructors also need a higher level of clinical experience and knowledge - preferably residency training. I was not impressed with the knowledge level or experience of some of the clinical faculty while I was in school, and after being exposed to excellent clinicians since graduating, I am even less impressed now. I am practicing primarily in a primary care private practice and do not feel that upon graduation I would have been adequately prepared to practice competently. This inadequacy is not due to a lack of achievement, lack of a commitment to learn, or lack of ability either - just a lack of encounters with patients with ocular diseases. It makes it difficult for us to continue to move our profession forward when our graduates are not as competent as they need to be. This problem is not isolated to MCO either. I have interacted with several graduates from Ohio State and they are definitely not any better clinically upon graduation. I hope my comments are not viewed as coming from a bitter or disgruntled former student that wants to just criticize MCO as I am neither of those. I simply want to help improve the school and the level of its graduates.
- My education at MCO (then the FSU College of Optometry) was very good. I felt that the professors were talented, dedicated and committed to get their students ready for the "real world." All general and subspecialty areas were covered (and have all since expanded in scope). Our clinical experience was varied with some strong programs (VAs, Military Installations, at MCO) and also some poor ones (private practices, etc.) Honorable mentions in my education would go to Nancy Uniacke (the best!), Michael Keating (the smartest human being ever!), Thomas Colloday (wisest human being) and, of course, Dean Bennett (visionary and renaissance OD)

- Upon my graduation, I had fitted a total of two soft contact lenses and no RGP's. I definitely was unprepared there.
- I feel I was well prepared for entering the field upon graduation. Nothing sticks out in my mind as an area for improvement! The class size and personal attention from professors was definitely a strong point and really enhanced my education at MCO.
- There seems to be an over supply of optometrists. The colleges of optometry should consider reducing the number of students admitted.
 2. There has been a huge shift from patients looking for quality care to looking for "the best deal." OD's have to work harder and see more patients to maintain the same income. Private practice can still be rewarding and successful, but it will be more and more difficult to get a practice started and survive the lean years.
- I would like to elaborate here with an interesting topic but my experience at MCO was perfect that I have nothing to say.
- The education is outstanding. I was very well prepared to conduct patient care. But the business end of the profession is necessary to allow me to practice for any length of time. I believe that it needs more attention.
- The 4th year rotations need much improvement. Sites labeled as VT, CL, etc., often do not have exposure to those. I feel very lacking in clinical experience. Although I am an optometrist, I have never managed a VT case, fit an RGP, seen a bifocal contact lens or done any low vision work. I did learn these things on paper, but that is much less than actually doing it. When I chose my rotation sites, all I had to go by was the information provided by MCO, and in my opinion, the information was misleading. Even during 2 years of clinic at MCO, I didn't gain much experience other than simple refractive error management.
- -how interns are treated by doctors while on rotations
- -what interns are being taught and what their not being taught during rotations
- It seems like as an educational institution there should be more publishing, lecturing, and research encouraged and REWARDED for the faculty.
- This may be very specific, but, I would have appreciated perhaps a booklet listing the standard of care for the various situations we come across. Although I have a general idea and am known for being extremely thorough, sometimes with the concern of legal issues today, it would be helpful to know you've taken the exactly correct steps in ruling out pathology, performed all the correct testing, and made the proper referrals for many different scenarios. I know there are publications we can check now to get reassurance, but I was just thinking that it would be nice to have this included as we learn to treat and diagnose different conditions – to have stressed "this is the standard of care – all these steps are necessary whereas other steps are optional."

Detail Summary: Academic Program Review

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2004

Responses

User ID	Response
1	flexible schedule, possibility of being my own boss
2	I was inspired by my own optometrist and saw that his profession made him happy. That's what I wanted for my life.
3	I wanted something where I could be on my own (as in own my own practice) and something that could allow my schedule to be flexible. I also wanted something in the medical field that allowed me to work with people.
4	Good role model in my optometrist Flexible field for a woman
5	It is an excellent opportunity to help people.
6	For the prestige of the title, the "cleanliness" of the profession, interest in helping people see better, work with people, and the money.
7	positive experiences with optometrists and ophthalmologists in the care of my own eyes.
8	Loved the profession.
9	I was very interested in the medical field, but did not want to work long hours required by medical residents. Optometry is a good profession to make a difference in the quality of the lives of others without sacrificing the quality of your own life.
10	*flexibility: being able to work full or part time *having a skill to use for mission work *working in the medical field

- 11 flexibility in being able to contribute to the well-being and quality of life of others combined with the ability to make a comfortable living while placing less stress on the family than other "higher" income professions.
- 12 At first, eyes just intrigued me. I always noticed friends & family member's eye color. As I began to volunteer while in undergrad, I thought that optometry may be what I wanted to do. I continued to work in the field and just really loved what I was doing. I knew the pay was good and I enjoy working with people!
- 13 To give the gift of sight without having to go through a demanding medical program. Family friendly profession.
- 14 My main reason for choosing optometry as a profession was to work with people and help them increase their quality of life.
- 15 security
- 16 When I first decided to become an optometrist I did so because I wanted to have a balance between a good career and a good family life...but I love optometry now for reasons different than those which attracted me to optometry in the first place. This really is a great profession.
- 17 i liked idea of getting people out of glasses and into contact lenses, which is what my OD did for me.
- 18 "clean" health care profession with multiple career opportunities
- 19 When I first discovered Optometry, I was fascinated with the idea that this was something that a woman could do, do well, and do on her own terms...whatever those terms may be (ie: full-time, part-time, occasionally working to focus on raising a family, etc).
- 20 I knew I wanted to work somewhere within the health care field. Optometry provides the ability to live comfortably financially while still allowing you the time to spend with your family due to regular hours and weekends off (should you wish). It allows the possibility to own your practise and to be your own boss. It comes with many responsibilities, will challenge me throughout my career, and will allow me to contribute to the community that I chose to live in.
- 21 Interest.
- 22 I wanted to work with people and help them. I am a people person and wanted to do something in the medical profession.

Detail Summary: Program Review Survey[1]

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2005

Responses

User ID	Response
1	It's been something that I have wanted to do ever since I was a little girl. Giving others the ability to see like they are suppose to is just an amazing thing.
2	I like working with people and I like the health profession
3	My optometrist as a child first inspired me and then as I learned more about the profession it becamemuch more interesting. I did not want to go into anything that would expose me to a lot of blood or have a high malpractice insurance.
4	I like working with people and wanted a profession in the medical field; I found it very interesting.
5	Control of my own working hours....flexible with my future plans of raising a family.
6	The individual relationships that are formed with patient's in a health care setting.
7	With my knowledge in optometry, I hope to provide services to the community that will help improve the quality of life of that community.
8	Help others
9	Helping people to see is very attractive to me. I love working with patients.
10	Wanted to work in healthcare, optometry is relatively "bloodless" and has good hours
11	I wanted to be an integral part of the health care community and work in a clean and professional environment. Working the public and my interest in the area were also factors that influenced my decision.
12	I wanted to choose a health profession that dealt with people, and would work well for having a family
13	I desired to be in the medical field, but did not desire to deal with blood on a regular basis and did not want to deal with teeth.
14	It is a career that will challenge me and allow me to work

with and help patients.

- 15 I wanted to help others enhance the quality of their lives by attending to their vision needs. I have always enjoyed working with people and have a love for the biological sciences.
- 16 I was intrigued by the photos of various eye anomalies in my optometrist's office, and what a great way to be a doctor without all the blood! =)
- 17 exposure to optometrist in childhood
- 18 good for family life
- 19 I wanted to be in the health profession and optometry seemed to be a good fit. I was not interested in being a surgeon but I feel I will get a good mix of refractive and disease patients
- 20 Because it is a profession that is ever-changing and challenging.
- 21 I had an excellent (female) optometrist growing up who was a role model to me by her lifestyle and her professionalism. She balanced life well, both with family and work.
- 22 I have always wanted to be involved in the medical field, I enjoy working with people, but I want to be able to spend time with my family as well. Optometry offered me all of this.
- 23 I have always wanted to enter the health care profession and optometry seemed like the best way to go. I will get interactions with a variety of people everyday and will aid in the improvement of their vision. I have always been fascinated with the use of glasses and contact lenses
- 24 Good career satisfaction and compensation.
- 25 It's a nice job for having a family.
- 26 It is an area of medicine that I believe is growing and can continue to thrive.
- 27 Excellent schedule, working conditions, and income.
- 28 My main reason for choosing optometry as a profession was due to my interest in the healthcare profession. I grew up seeing an eye doctor my entire life so I knew that it seemed to be a great profession. I also took a course to get some hands-on experience in the healthcare profession and optometry seemed to appeal to me!

Detail Summary: Program Review Survey

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2006

Responses

User ID	Response
1	Life style.
2	I wanted to work in the health field and I have always found the eye and vision to be very interesting. I also wanted to learn more and help others in need.
3	It is a medical profession without the extensive time requirement of medical school. I wanted to be a primary care physician that works closely with the public and is a positive and necessary contribution to all communities.
4	I liked the idea of clean and safe environment while offering essential healthcare to a patient. I also liked the fact that it is a specialized area of medicine that does not mainly deal with the entire body.
5	I liked the quality of life and the fact that no surgery is involved in the profession in most states. Also, all of the optometrists I know or have spoken to love their job and have no regrets about choosing this as a way of life.
6	I wanted to do something in the health care profession and compared to medical doctors, this profession seemed to be one where you can help people but still take time out to enjoy your own interests that do not involve the profession.
7	I choose optometry for it's lack of blood and hours and money.
8	Undergraduate degree was aimed toward a future in law. Started working as a technician for an optometric company and was so impressed by the dedication to patient care that I saw and the doctor's willingness to share their knowledge and guidance to me.
9	It is what I have always wanted to do; it was the first profession I ever wanted (I was vocal about it by the time I was 3 years old). As I grew older, my thoughts turned to other professions, but they always found their way back to optometry. This is my chance to help people, my chance to improve people's lives, my chance to change my little corner of the world. This is my passion - one of the first

things I think about in the morning and one of the last at night.

- 10 I have always wanted to go into a profession that I could have interaction with people. Optometry is exactly what I want to do because it allows me to help people and have one on one interaction. Optometry gives the opportunity to have time to spend with family and make a comfortable income.
- 11 The field is interesting. It's also great for family life in the future.
- 12 The profession of optometry has many qualities which I find essential for building an enjoyable career. The opportunity to serve a community, work in a clean environment, work anywhere in the country, and the opportunity to work in different settings were all factors that influenced my decision to choose optometry.
- 13 Help others and I was very interested in it and I also wanted to be in a profession that went well with my lifestyle and my future goals.
- 14 Excellent health care profession with great variety of lifestyle options. Personal experiences.
- 15 Hours and interest in subject
- 16 A multi-disciplinary career field that interacts with people
- 17 Good hours, Good pay, Good opportunity to help people.
- 18 Helping people Hours allow for family Money
- 19 Patient care in a relatively stress free environment (although it has been an alarming and pleasant surprise to realize the criticality of my care). I wanted to use my gifts and aptitudes to help others improve their quality of life.
- 20 To help improve people's lives.
- 21 I think that optometry is a very rewarding career, especially as a female. At some point in life, I will have the benefit to be a leader in my community, a respected doctor, and a wife/mother. Time management wise, I will rarely see ER visits, plus have normal routine hours and be able to communicate/diagnose/treat patients. What more could you ask for?
- 22 Being in the medical profession but having a better lifestyle than MD's or DO's.
- 23 The profession afforded me the quality of life that I wanted. I wanted to work with people in a health profession.
- 24 Optometry is a challenging profession that has lots of opportunities as well.
- 25 I wanted to do something in the medical field and when I met my wife her uncle was an optometrist and I talked to him about it.
- 26 I was exposed to it at an early age and I knew it was what I wanted to be involved with. I always loved working with people and I knew that the occupation I would do would revolve around this concept. I also wanted to do something that would challenge me and push me to expect more of my abilities and of myself. So far this has suited me well in all of those categories, and I would never change the experience or future experiences I will encounter for another occupation or health profession.
- 27 I wanted a health profession that dealt with patients in an

appropriate amount of time.

- 28 Optometry as a career offers me something different and interesting everyday while challenging me to continue my education past my degree. Also, it allows me the flexibility to be a wife and mother. With optometry, I can be involved in community and global service activities by providing a valuable service to those in need.
- 29 My grandfather was an optometrist, and he got me really interested in the field. I then job shadowed an optometrist who practiced vision therapy. This confirmed my interest and love for optometry.
- 30 I was interested in health sciences (but didn't like the idea of surgery and sutures). I knew that I enjoyed learning about biological sciences and I wanted a job that I would find stimulating.
- 31 Respect, health field, science, problem-solving skills
- 32 It has always been my dream
- 33 Aid in visual welfare of people - mostly interested in pediatrics
- 34 I wanted a specialized career in the health care field that would remain challenging throughout my career. Optometry provided the specific focus in one area without the need for additional residencies. Also, optometry had less exposure to blood borne pathogens than other specialties.

Detail Summary: Academic Program Review

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2007

Responses

User ID	Response
1	Helping people
2	Grandfather has serious vision problems.
3	I wanted to be a doctor to help people with little or no on call time and I also want a relatively easy going job that will allow me to start a family when I decide to.
4	I have always had an intrest in physics and optics in particular. During undergrad I was toying with the idea of going into pure physics but I was also enjoying my human physiology courses and embryology courses. I decided on optometry because it combined both of these interests. I also knew I did not want to spend my life working in a lab or in a cubicle. I needed a career the is very people oriented. Optometry has it all.
5	I have worked in the optical field for over 10 years. I have always been very fascinated with how the visual system works and enjoy being able to help those people that have vision difficulties.
6	I have always had a love of helping people. I started out by wanting to teach, but then science and seeing my own optometrist steered me towards this direction. I thought this profession would be the best for me for personal enjoyment and interest as well as being able to help numerous people.
7	Opportunity for a wide range of practicing options. Depending on how I decide to live after graduation, I can make from 50,000 to 150,000 a year. I feel that if I apply

myself, there are virtually endless opportunities in this profession to suit my lifestyle.

8 I wanted to enter a medical field that would give me the opportunity to work as well as have a family. I like the environment that optometrists work in, and I feel that this is a field that is constantly making advancements in patient care.

9 Since I was in third grade and my oldest brother starting looking into the profession I was interested in the profession. Through my brother I was able to experience the program here and the profession as a whole and am confident in my choice of MCO and my decision to go into the optometric profession.

10 Wanted to have a profession which allowed me the time to do what I wanted to do, to have a family yet still earn a decent living. Primarily though was the position it places me in of having the knowledge and ability to help people

11 It was actually a mixture of many reasons, the top three being: 1) Interest in a healthcare profession 2) Specialization in one body system: the eyes 3) The flexibility of lifestyle that being in the optometric profession affords.

12 I worked in an office of Optometry and loved my job. Also, I have a great interest in Science/Medicine.

13 I wanted to be in the health services, and optometry was the most attractive. Dentistry was a consideration, but I much prefer working on eyes as opposed to mouths.

14 I wanted to pursue a medical profession that would allow me to work with the public and help people on a daily basis. I have always been intrigued by people's eyes and how they work, so I felt that optometry was the profession for me.

15 It is a health profession that fascinates me.

16 It is a profession that integrates health, service, communication, and math. Optometry is so dynamic and allows a lot of flexibility within the field.

17 My interest in the profession.

18 I chose Optometry because I wanted to be in a profession that gave me the opportunity to interact and help various types of people. This profession will also give me the flexibility to have raise a family.

19 Simply, I have been working in the field for a while and I find it very fascinating about how our eyes are a major role in everything in life.

20 I wanted a medical profession that was in a specialized field, and optometry seemed like the perfect choice. You can specialize in the eyes, it is not very invasive, it is 7 years of school as compared to 8 or 12, and you really make a difference when people come in to see you.

21 I love working with the public and this career gives me the opportunity to interact with a wide diversity of patients from different backgrounds and different generations. This diversity of people provides a challenging and changing environment. It is very rewarding to be able to serve the community and know that you have not only allowed one person to see better, but you have also taught and further educated them about vision.

22 It is my job to help people see better and prevent them from going blind

- 23 As opposed to other health care related fields, I choose optometry for the flexibility available in mode of practice, working hours, ect.
- 24 optometry is a math minded medical profession
- 25 I wanted to help others, in a medical field.
- 26 I have always been interested in the medical profession. Optometry is a fascinating branch of medicine which directly affects the patient's quality of life.
- 27 I chose optometry because it will allow me to be autonomous and flexible with my schedule, allow a great quality of life, and it is an area of healthcare that greatly interests me. I have also had the opportunity to gain exposure to the profession by working for an optometrist for several years. I know it will be a profession that will keep me interested and happy.
- 28 I began working for an ophthalmology clinic where and optometrist works as well. Being there and being able to interact with patients made me feel so happy. I began to become really interested in optometry as well as ophthalmology and thought this would be the perfect profession for me.

Detail Summary: Academic Program Review

Question: Chose MCO

What was you main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2004

Responses

User ID	Response
1	small class size, instate tuition, definitely NOT location!!!
2	Small class size and therefore more personalized attention.
3	It was instate and had a good reputation. I did not apply elsewhere
4	Cost Family ties nearby
5	In state tuition and small class size.
6	The location and small class size.
7	three words: In state tuition
8	Excellent reputation
9	Small class size
10	*in state tuition *good reputation *close to home *staff was very helpful and friendly
11	locale and prospect of high level of personalized instruction.
12	Location, tuition, reputation
13	Low in state cost
14	My main reason was because it was in Michigan and the loans would not be too high.
15	location
16	I wanted to stay in state and I like the idea of a small

calss size.

- 17 impressed with faculty and reputation.
- 18 cost and location (within the state)
- 19 Cost
- 20 Small class size. Great teacher to student ratio. In-state tuition.
- 21 Location.
- 22 location

Detail Summary: Program Review Survey[1]

Question: Chose MCO

What was your main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2005

Responses

User ID Response

- 1 It is close to home and the class sizes are very small. I liked the student/teacher ratio as well as the small town atmosphere.
- 2 It was the least expensive of all the schools
- 3 I attended Ferris State University for my undergraduate studies and I wanted to stay in state.
- 4 I completed my undergraduate work at Ferris, so it was already my home. I liked the idea of the small class size and knew of MCO's good reputation.
- 5 Low tuition in comparison to other schools. It is the only Optometry school in Michigan, nearest my family.
- 6 Location & in-state tuition
- 7 The reputation of MCO as a high quality program was well known to all the people I talked to.
- 8 Small size, more personable
- 9 Small class size, challenging curriculum, and challenging to get in. They have an excellent reputation.
- 10 Small class sizes, in-state tuition
- 11 The small class size.
- 12 It was in-state tuition, and I didn't want to move states away from my family.
- 13 It was in state and closest to my home town.
- 14 It seemed like a great school. I really wanted a smaller class size.
- 15 I wanted to stay in MI.
- 16 Location and reputation
- 17 Closest school to fiance.
- 18 in state and small class size
- 19 I know the school has a good reputation and I did not want to go out of state. I had heard good things about MCO

- 20 small class size
- 21 It's closeset to home, has a great program, small class size, and is in the area I'd like to practice some day.
- 22 small class size, in-state tuition
- 23 I liked the small school and the oppourtnty for one on one interaction with the faculty. It was a big change from undergrad at Michigan State.
- 24 Educational excellence, small size, and finacially affordable.
- 25 Small class size/Financial.
- 26 In-state tuition, small student body, good professors and doctors
- 27 I think MCO is one the best Optometry schools in the US and I also enjoy Michigan.
- 28 It was in my home state of Michigan! I also heard that it was a good school and they accepted me, so i went to MCO.

Detail Summary: Program Review Survey

Question: Chose MCO

What was your main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2006

Responses

User ID	Response
1	In State Tuition
2	The main advantage was the small class size and the enthusiasm of the professors to want the students to succeed.
3	Location (and therefore cost), and having a few summers off to work and study/review.
4	I knew that the availability of staff support and personal attention was going to be very beneficial. Also, in-state tuition was a factor.
5	It is located close to family and friends
6	The small class size
7	It was in state and therefore cheaper.
8	The instructor to student ratio is the best. I would not have been happy anywhere else. Our professors and administrative faculty really care about us.
9	While the small class size, excellent teachers, and good reputation all played a role in my choice of MCO, the main factor was the town surrounding the college. I am a small town girl - always have been, always will be - I thrive in cozy atmospheres but am afraid and uncomfortable in cities. While Big Rapids is a little large for my taste, it is a better fit for me than any other city with an optometry school.
10	I liked the idea of having a small class size which allows more individual attention from professors. The one on one attention has really helped me in my success thus far.
11	Less amount of time to graduate and affordable.
12	The overriding factor was the in-state tuition.
13	I did my undergrad here. I also researched about it and found it to be one of the best schools in terms of class size, individual attention, overall it was the best option for me.

Section 7

Labor Market Analysis

The following information regarding the status of the practice of optometry in the United States is from a report on the State of the Profession from the American Optometric Association. This report on the State of the Profession consists of factual snapshots gleaned from the results of these surveys:

- 2003 AOA Economic Survey. The survey was conducted in April 2001.
- 2000 AOA Third-Party/Managed Care Survey
- 2001 AOA Economic Survey
- 2001 AOA Scope of Practice Survey
- 2001 AOA Optical Dispensing Survey
- 2001 AOA Optical Laboratory Survey
- 2001 AOA Public Image Survey

As of the time of the study:

- The size of the ophthalmic market in 2000 was about \$23.4 billion
- There were about 32,485 optometrists in the workforce during the year 2000 (Workforce Study of Optometrists, 2000)
- Most surveyed optometrists describe themselves as self-employed in private practice.
- Approximately one third of the ODs participating in the 2001 Economic Survey (31.6%) practiced in urban or suburban communities with populations of 100,000 or more.
- Nearly two of five (38.9%) optometrists (38.9%) practiced in communities of less than 25,000.
- Estimated that slightly more than one in four practicing ODs in 2000 were female.
- More than half of new optometry graduates are female.
- There are 17 schools of optometry in the United States.
- Adjusting for foreign students who do not establish practice in the U.S., approximately 1,125 new optometrists enter practice each year
- The number of projected retirees steadily increases from 525-to-550 to more than 800 by the year 2015. Thus, the net supply of optometrists is expected to steadily increase through the same period and beyond.
- The population of those who most frequently require optometric services also continues to grow. Analysis of the 2000 census data indicates that emerging presbyopes (ages 40 to 49 years) and the older population (ages 65 and older) will steadily increase, placing ever greater demands on the optometric workforce.
- In 2000, one in five of optometrists surveyed (19.6%) provided on-site services to residents of nursing facilities (nursing homes)—approximately the same percentage as in 1998. Of those ODs who provide such services, most visit nursing facilities at least every 90 days.
- Optometrists who serve nursing home residents indicate that, on average, they provide services in more than three separate facilities.
- Most ODs (74.2%) report that they see fewer than 100 nursing home residents annually.
- In 2000, optometrists conducted (on average) an initial discussion or screening with about 12 patients each month with regard to laser vision correction. About one fourth of these patients proceeded to have a preoperative evaluation in the OD's office.
- Roughly the same percentage of patients received postoperative care by the optometrist. ODs reported that nearly half of the co-managed patients were first seen in their offices on the first day after surgery; nearly the same percentage saw co-managed patients between 2 and 7 days after surgery.

- Results from the 2001 Economic Survey indicate that median total individual net income for all ODs in 2000 reached \$115,000 to \$120,000 for private practitioners and \$98,000 for practitioners primarily in corporate settings.
- One fourth of the optometrists surveyed had median incomes of \$82,000 or less, while another fourth (in the highest quartile) had median individual net incomes of \$162,000 or more.
- Optometrists who were self-employed in solo, group, or partnership arrangements, had median total individual incomes that were considerably higher than those enjoyed by their employed counterparts.
- Median individual net incomes reached their peak—\$125,000—for those in practice between 21 to 25 years.
- An examination of total individual net income by gender continues to show disparities between the earnings of male and female optometrists.
- In 2000, median total individual net income for male ODs was \$116,000 compared with \$87,000 for female optometrists.
- Women thus earned about 25% less than the men—about the same disparity reported for 1998. At least two factors help explain the imbalances in income by gender. First—and probably the more important factor—is the length of time male and female ODs (who responded to the survey) have been in practice.
- The median number of years in practice for the male respondents at the end of 2000 was 24 years; for female ODs, the median was 18.5 years.

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Section 8

Evaluation of Facilities and Equipment

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Pennock Hall, housing the Michigan College of Optometry, was originally built in 1968 to serve as a dormitory for FSU students. As such, the current facility was never intended to be a health care training facility and, therefore is not well-suited for the purposes of a college of optometry and optometry clinics. It has served as the "temporary" home of the academic, administrative, and clinical facilities for MCO since 1977.

The first floor is comprised mostly of lecture halls, the second and third floors have laboratory space and the Optometry Reading Room, the fourth floor holds administrative and faculty offices and the fifth and sixth floors house the clinic.

Renovations

In 1998 a partial renovation of the first floor was completed. The lobby was converted into a patient waiting area and conference room and a student lounge area was established on the first floor as well. The patient waiting area proved ineffectual, being four floors away from the clinic exam rooms, and the student lounge was too small. Therefore, the lobby/waiting area has become a de facto student lounge.

The College's library holdings (mostly historical and a small sampling of the most common references) are located in the second floor Optometry Reading Room, along with an eight-station computer lab for student use. This lab receives heavy use and with increased utilization of WebCT and other on-line and computer-based teaching technologies it is not capable of meeting the student demand.

This may have led to the students ranking the quality of the library as the lowest category of all topics in the Student Survey. However, it is unclear if the computer room, the Optometry Reading Room resources, or FLITE itself is the source of the student's disenchantment with the quality of the library. Further investigation of this issue is indicated.

In 2000, the 3 classrooms in Pennock were given a "face-lift" for the first time in 25 years (new paint, carpet, desks, and projection system). In spite of these efforts, the classrooms do not fully lend themselves to the utilization of modern computer teaching technologies. Classroom space is limited and does not allow for expanding class size or large presentations from guest professors, clinical demonstrations, or grand rounds discussions to more than one class at a time, or even having 4 or 5 dignitaries or visiting alumni sit in on a lecture.

While some rooms and common areas have received paint and carpeting "face-lifts", there are several rooms, mostly laboratory areas, which have paint and carpet original to the 1977 renovation. Laboratory areas are further limited by inadequate ventilation for wet labs where dissection fumes, and chemicals require good air exchange. Over time, the building has aged to the point where major renovation is needed just to keep the building functional. Several factors make the current building unusable over the long run for MCO:

The HVAC system for Pennock is nearly non-functional and beyond repair. The heating and air-conditioning for the building is currently supplied by window units for which parts are no longer available. FSU physical plant manufactures many of the parts needed to keep the system operating. The temperature control is so poor in the clinical areas of the building that during the summer months, the heat has overcome some patients. A study conducted several years ago estimated the cost to provide appropriate HVAC for Pennock at between 1 and 1 ½ million dollars.

Exposed pipes and heating ducts are evident everywhere. This is especially noticeable in the clinic areas where patient care is being delivered in rooms with exposed water pipes hanging from the ceiling. This condition is wholly inappropriate for a health care facility.

Patient Care

The eye and vision clinic facilities are located on the fifth and sixth floors of Pennock Hall. This is very inconvenient for patients, particularly the elderly and the disabled, who would be stranded in the event of a power failure. Additionally, having the clinic on two floors requires additional staff. A properly designed, ground-level eye clinic will provide improved access / visibility and improved staffing efficiency resulting in improved vision and medical eye care for residents in the region and patient experiences for students.

Research

Although FSU is not a major research institution, MCO faculty have opportunities to participate in clinical trials sponsored by ophthalmic manufacturers, pharmaceutical companies and the National Eye Institute. There is insufficient space in Pennock Hall to accomplish this kind of applied research.

Equipment

Great effort has been exerted in recent years to acquire new teaching and clinical equipment. Faculty and administrators have written grants, begged manufacturers for donations and squeezed faculty development and other budgets to come up with funds for new equipment. Although these one-time funds have acquired several new pieces of equipment a systematic budgeting plan to maintain and replace equipment does not exist.

Recruitment

The competition for well-qualified optometry students is keen among the schools of optometry. The MCO facility is among the poorest of all optometry schools in the United States. Hence, many prospective students from Michigan and out-of-state have chosen to attend optometry schools with more attractive, functional physical facilities. New faculty are also drawn away from MCO to efficient modern facilities to work in environments that allows them the opportunity for investigating and developing innovative techniques and technologies to expand the profession.

A new, modern facility for the College of Optometry is essential for recruitment of outstanding students and faculty. Most of these facilities concerns are not new. The majority were discussed in the 1991 Accreditation Council on Optometric Education (ACOE) Self-Study and were reiterated in the 1998 Academic Program Review and ACOE Self-Study.

New Building Proposal

The new building proposed is estimated to comprise approximately 80,000 gross square feet and would include academic, laboratory and clinical spaces in support of the teaching, research and patient care missions of the Michigan College of Optometry. It is anticipated that this new facility will be situated in proximity to the existing buildings housing the College of Pharmacy and College of Allied Health Sciences, establishing an educational synergy in the health sciences at Ferris State University.

In addition to providing clinical care and training, essential components of the mission of the Michigan College of Optometry are: didactic "core" education for optometry students, research in vision, serving as a center for "Life-long Learning" in optometry, and being recognized as a resource for public information/education about the eye and vision profession. To meet this mission, the new construction will include the following academic and support areas:

- Classroom, laboratory, faculty offices and administrative spaces;
- Computer laboratories, including network support facilities;
- Distance learning facilities;
- Teaching auditorium;
- Student and faculty/staff lounges;
- Research laboratories.

The proposed construction will create a modern health-care facility offering state-of-the-art eye and vision care. Specifically, the structure will be designed to accommodate the following:

- An Eye and Vision Care Clinic that will offer optometric/medical eye care and clinical training for optometry students, interns, and residents;
- An optical and contact lens dispensary where student interns may receive practical hands-on training in the fitting of optical devices;
- Facilities for telemedicine to allow for consultation from remote clinic sites;
- A surgery suite for minor surgery and laser refractive procedures to allow student interns to gain experience on campus in the handling of pre-and post-operative care of eye surgical patients;
- Clinical examination rooms dedicated to clinical research.

Section 9

Curriculum Evaluation

The completion of the Doctor of Optometry degree requires four academic years and one summer term comprising 167 semester hours of study after having completed at least 80 semester hours of pre-optometry undergraduate studies (see Appendix F-1 for pre-optometry curriculum). The degree Bachelor of Science in Vision Science is granted following completion of the first two years of the professional program, provided the student has completed all of the University distribution requirements and does not hold a prior bachelor's degree.

OPTOMETRY CURRICULUM AND PATIENT CARE

First year courses cover the basic health and vision sciences, which serve as the foundation for the clinical sciences. Included are a broad range of courses: human anatomy and physiology, ocular anatomy, ocular physiology, neuroanatomy, geometrical optics, physical optics, physiological optics, and visual optics, advanced microbiology and immunology, as well as, courses in health services organization and policy as an introduction to practice management. Students begin their clinical experience learning ocular health assessment and refraction techniques during the first year in a clinical simulation laboratory with fellow students serving as "patients."

Second year students begin their first direct patient care experience during the Fall semester. A close relationship, achieved through a one-to-one faculty to student ratio, provides for detailed observation, evaluation, and feedback on the student's early clinical performance. Clinical experiences include interviews, examinations, and an understanding of diagnostic techniques and treatment services, including the prescription of spectacle lenses. Lectures and laboratories build upon the previous knowledge from basic health and vision science courses and introduce new topics including: general and ocular pathology, pharmacology, ophthalmic and environmental optics, contact lenses, strabismus and vision therapy, and clinical case-study reviews to sharpen decision making in primary care diagnosis, management and treatment.

Third year courses focus on contact lenses, assessment and management of vision and developmental problems in children, care of the elderly and low vision patients, applied neuro-optometry and the use of therapeutic pharmacological agents in the management of ocular and systemic disease. Clinical practice continues in primary care, pediatrics and contact lenses with the student assigned to 16 hours of clinic per week to include direct patient care under the supervision of and in consultation with the student's clinical professor who monitors the progress and provides guidance where necessary. A low student to faculty ratio is a fundamental strength in the third year clinical training program. Patients identified as needing specialty diagnostic or treatment services are seen by third and fourth year students and the faculty. Vision screenings for athletic teams on campus and students living in university residence halls provide further supervised practice, and help to promote vision and eye health wellness within the University community. The coordination of didactics with clinic during the third year in such courses as community health, ethics and practice management, serve to enhance the student's communication skills, empathy, sensitivity to patient needs and concerns, and awareness of the role of the optometrist in the health care system. Patient record audits sensitize the student to

the requirements for proper and complete record keeping and the need to continually monitor the quality of patient care.

All didactic courses are offered within the first three years of the curriculum, freeing the entire fourth year for a concentrated clinical experience. Fourth year clinical externships serve to bridge the gap between student and professional life. More than 70% of Michigan College of Optometry interns are off campus their entire fourth year. The WebCT platform is used to respond to the unique challenges of a widely distributed external educational program. Using the WebCT course management software, a yearlong on-line course was established for all on and off campus faculty and interns as a way to connect and communicate in discussions, case presentations, provide feedback in a timely manner and provide a method of dispersing and receiving administrative information. The online course is designed to enhance the extern's real-time clinical activities. The fourth professional year extends over a full calendar year divided into three 15-week rotations. Some student interns elect to spend one rotation in residence at the University-based Campus optometry practice, while electing two others from among the affiliated external clinic sites which include military medical facilities, Department of Veterans Affairs Medical Centers, co-management consultation centers, State Department of Corrections facilities, health maintenance organizations (HMO), specialty services, and optometric and ophthalmologic private practices.

These off-campus clinical sites are chosen carefully after a review of the facilities and equipment, the availability of patients, and the quality of the supervising faculty available. Memoranda of understanding are signed between the University and the sponsor of the clinical site detailing the responsibilities of all parties. Once chosen, the sites are continually monitored for quality and to assure they are meeting the educational goals of the College. Patient logs are completed by the interns at each site. The Director of External Rotations and Residencies makes site visits to the clinics and Web CT is used to stay in constant contact with the entire fourth year class. The interns complete a site assessment survey at the completion of each rotation. These surveys are available for inspection by the faculty and by students in upcoming classes to assist them in choosing clinical rotations to meet their individual needs. Assignment of clinical rotations for the fourth year is handled by the students, themselves, as a class.

Fourth year externships provide experience working in multi-disciplinary health care settings, increase the number and diversity of patient care experiences, and broaden the awareness of factors affecting health care delivery in our society. Student interns also provide care in specialty clinics, including: pediatric primary care and developmental vision analysis, infant clinic, medical eye care (including urgent and emergency on-call service), geriatric primary care, low vision service, contact lens care, and advanced primary care practice. Low student to faculty ratios continue to be maintained in both on-campus and off-campus clinical training. Throughout the curriculum the relationships between basic science and clinical science, theory and practice, are continually emphasized.

The network of affiliated sites offers quantity and diversity of patient care experiences and settings that greatly broaden the students' clinical training in the fourth year. An off-campus experience also allows the student to gain a degree of independence from the parent institution and is viewed as advantageous for both individual professional and personal development.

Prior to graduation, students attending the Michigan College of Optometry will typically experience in excess of 1500 patient examinations--an extraordinary number of patient contacts and an exceptional educational opportunity.

CURRENT AFFILIATION SITES DESCRIBED BY CATEGORY

MILITARY MEDICAL FACILITIES

The Michigan College of Optometry is affiliated with military medical facilities at Grand Forks Air Force Base (AFB), North Dakota, Eglin AFB, Florida, Fort Wainwright Army Base, Fairbanks, Alaska and National Naval Medical Center, Bethesda, Maryland. The Optometry clinics within the military hospitals provide comprehensive primary eye care services to eligible recipients including active duty military and their dependents, retired military personnel and dependents of retirees. The clinical experience spans all age groups typical of a family practice population. Military optometrists are, by regulation, authorized to utilize therapeutic pharmaceutical agents in the treatment of anterior segment eye diseases and are the recognized primary eye care providers. All eye problems are referred to the optometrist for evaluation, treatment, or arrangement for ophthalmologic care when appropriate. Cases that are treated off-site are generally followed by the optometrist post-operatively. Military optometry has a service-wide program of quality care assurance with peer record review. These sites offer student interns the opportunity to practice optometry in a location other than their home state.

DEPARTMENT OF VETERANS AFFAIRS

The Michigan College of Optometry is affiliated with five VA Medical Centers/Out-Patient Clinics, located in Grand Rapids, Battle Creek, Detroit, and Saginaw, Michigan and Fort Wayne, Indiana. In the VA optometry clinics, student interns gain experience with not only primary ocular diseases, but also in ocular manifestation of systemic diseases. Many of the patients in the VA hospital have chronic medical conditions, often multiple, that affect the eye and surrounding structures. The availability of the complete medical record and the ability to coordinate care with other health care disciplines on site provides excellent educational potential.

CO-MANAGEMENT CONSULTATION CENTERS

Staffed by a Center Director optometrist and a Medical Director ophthalmologist, these centers accept patients on a referral basis for secondary level eye care. The referring optometrist remains the primary manager for the patient's eye care, and participates in the patient's secondary care in cooperation and consultation with the center's staff. Student interns examine patients with acute and chronic eye disease conditions during a typical rotation. Current affiliation

centers include Balian Eye Center of Rochester, Michigan, and Andersen Eye Associates, Saginaw, Michigan.

DEPARTMENT OF CORRECTIONS FACILITY

Unique to prison health care delivery systems, the Duane L. Waters Hospital was opened at the State Prison of Southern Michigan in May, 1986. With over 100 beds, the general medical/surgical hospital is the first maximum-security health care facility located within the main prison. Built with the "in-the-wall" security concept, the hospital is located outside of, but directly connected to the main prison complex. Health care and corrections staff enter the hospital directly from the "outside" through a secure entrance, while patients enter from the main prison complex through controlled entry points and holding areas. Michigan College of Optometry clinical professors and fourth year student interns provide in-patient and out-patient care for approximately 7,500 residents housed at the State Prison of Southern Michigan's maximum, medium and minimum security complexes and the outlying satellite facilities, which depend upon the Duane L. Waters Hospital for health care services. An ocular prosthetics program, initiated with cooperation and consultation from the College's Contact Lens Service, is now a regular and viable part of the clinic services available at the Duane L. Waters Hospital. Tele-medicine consultations and grand rounds occur regularly between the faculty of The Michigan College of Optometry and Duane Waters Hospital student interns and doctors.

HEALTH MAINTENANCE ORGANIZATIONS

Primary vision care services are provided to large subscriber groups in the metropolitan Detroit area by staff model HMO's. The College is affiliated with the Henry Ford Medical Center, the largest southeast Michigan HMO. Student interns provide eye care services at the Henry Ford Medical Center locations in Westland, West Bloomfield, and Livonia, Michigan. These clinical sites provide ample numbers of primary examination experiences with patients of all ages, and improve access to a greater number of contact lens experiences within the off-campus affiliations. An inner city HMO, The Wellness Plan of Detroit, Michigan, is a combination staff and Independent Practice Associations (IPA) model, with approximately 80,000 subscribers.

SPECIALTY SERVICES

This category relates to those sites where there is a very specific emphasis on one subset population or one subset of optometric care. Sites in this category include Saginaw Valley Special Needs Vision Clinic, Saginaw, Michigan, Kresge Eye Institute, Detroit, Michigan, Henry Ford Visual Rehabilitation and Research Center, The Sinai Hospital of Detroit's Vision Rehabilitation Institute, and several optometric practices where low vision rehabilitative services are provided. The Saginaw Valley Special Needs Vision Clinic is a non-profit, community-based agency housed at the Saginaw Intermediate School District's Millet Center. Emphasis is on the functional and developmental vision evaluation of the district's multiple handicapped and developmentally disabled students. The clinic's service area includes nine counties in the Saginaw region, and reaches

patients from pre-school to young adult ages. In addition, the clinic provides low-vision care to area residents upon referral by the Michigan Commission for the Blind, area practitioners, or self-referrals. Student interns are under the direct supervision of Michigan College of Optometry adjunct clinical associates, who have the skills and special interest to help serve this needy population and who maintain private practices in the area as well. At Grosse Pointe Park Visual Rehabilitation and Research Center, the student intern examines and treats patients in the low-vision clinic one day per week as an adjunct to the Henry Ford Medical Center rotation experience. At the Kresge Eye Institute and Sinai Hospital sites, emphasis is on special testing and on diagnosis and management of patients needing special designs in contact lenses and low vision aids.

OPTOMETRIC AND/OR MEDICAL PRACTICES

Private practice affiliations include the Garrett Eye Center of Iron Mountain, Grand Rapids Ophthalmology of Grand Rapids, Shelby Eyecare Associates of Shelby Township and Eaton Rapids Optometrists of Eaton Rapids, Walton and Becker Optometry, Oxford, Michigan. Besides patient care experiences, these private practice sites help to broaden the student intern's understanding of the business side of eye-care practices.

UNIVERSITY BASED OPTOMETRIC/MEDICAL PRACTICES

University based optometric and medical practice sites include The Clinical Center, Neuro-ophthalmology clinic, located on the campus of Michigan State University, East Lansing, Michigan, and The Michigan College of Optometry Campus Clinic at Ferris State University, Big Rapids, Michigan. Neuro-ophthalmology and special retinal services are provided by referral only at The Clinical Center. In addition to the comprehensive primary care service are specialty services at The Michigan College of Optometry Campus Clinic including contact lenses, medical/surgical services, pediatrics, low vision and electrodiagnostics. These services, along with co-management services for refractive surgery provide many clinical educational teaching opportunities for student interns.

Care is exercised in the selection of clinical faculty to educate MCO's interns, whether at the on-campus clinical site or off-campus. The Director of External Rotations and Residencies carefully evaluates the qualifications of applicants under consideration, with input from the faculty. All interns at all sites complete faculty evaluation forms at the completion of each semester, which gives feedback to both the Director of External Rotations and Residencies and the faculty members. If a clinical site becomes undesirable, either because of the available faculty or its ability to provide all appropriate educational assets for the student interns, the affiliation is discontinued.

CURRICULUM

The current Doctor of Optometry curriculum at MCO is as follows, semester by semester, for each of the professional years (course descriptions for each of these courses are in Appendix H).

FIRST PROFESSIONAL YEAR

Fall Semester		Credits
OPTM 401	The Practice of Optometry	2
OPTM 410	Geometric, Physical & Visual Optics I	5
OPTM 431	Ocular Anatomy & Physiology	4
OPTM 430	Neuroanatomy	3
BIOL 480	Microbiology for Optometry	2
OPTM 420	Ocular Health Assessment	3
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		19
Winter Semester		
OPTM 440	Optical & Motor Aspects of Human Vision	6
OPTM 411	Geometric, Physical & Visual Optics II	5
OPTM 421	Assessment of the Eye's Refractive Status and Oculomotor System - Testing	5
BIOL 431	Human Anatomy & Physiology	5
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		21

SECOND PROFESSIONAL YEAR

Fall Semester		Credits
OPTM 532	General Pathology	4
OPTM 541	Advanced Concepts in Visual Science	6
OPTM 550	Ocular Disease I	4
OPTM 512	Ophthalmic Optics	3
OPTM 522	Assessment of the Oculomotor System - Analysis	4
OPTM 580	Optometry Clinic II-1	1
		<hr/>
		22
Winter Semester		
OPTM 533	General & Ocular Pharmacology	5
OPTM 560	Contact Lenses I	3
OPTM 551	Ocular Disease II	3
OPTM 581	Optometry Clinic II-2	1
OPTM 513	Ophthalmic Optics & Environmental Vision	4
OPTM 523	Strabismus & Vision Therapy	4
		<hr/>
		20

THIRD PROFESSIONAL YEAR

Fall Semester		Credits
OPTM 602	Public Health Aspects of the Practice of Optometry	3
OPTM 661	Contact Lenses II	4
OPTM 652	Clinical Neuroptometry	2
OPTM 682	Optometry Clinic III-1	6
OPTM 624	Pediatric Vision	2
OPTM 642	Visual Fields	3
		<hr/>
		20
Winter Semester		
OPTM 603	Ethics & Management of the Practice of Optometry	4
OPTM 643	Geriatric Vision & Low Vision	4
OPTM 634	Pharmacological Management of Ocular Conditions	2
OPTM 683	Optometry Clinic III-2	6
OPTM 625	Developmental Aspects of Vision	3
OPTM 653	Ocular Disease III	2
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		21

FOURTH PROFESSIONAL YEAR

Summer Semester		Credits
OPTM 811	Web Seminar 1	1
OPTM 854	Clinical Practice in Optometry 1	13
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		14
Fall Semester		
OPTM 812	Web Seminar 2	1
OPTM 855	Clinical Practice in Optometry 2	13
		<hr/>
		14
Winter Semester		
OPTM 813	Web Seminar 3	1
OPTM 856	Clinical Practice in Optometry 3	13
OPTM 817	Research Project	2
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		16

This curriculum is implemented by a diverse and highly qualified faculty (see Appendix F-2).

CURRICULUM REVIEW AND PROPOSED CURRICULUM

While the current curriculum has and continues to produce outstanding optometrists, the faculty felt that it was time to take a look at the curriculum as a whole rather than

in pieces as has been the practice since the College was started. The goal was to make the curriculum as efficient and effective as possible. It was clear from the early work the faculty did on student outcomes (see Appendix F-3) that the new curriculum would have to retain its strength in the area of "traditional optometry" while recognizing the significant advances in the scope of optometry since the last complete curriculum review in the mid to late 1970s. It is believed that the proposed curriculum (see Appendix F-4) accomplishes these goals. Some of the major features of the curriculum include reinstating the basic biological sciences that had been removed from the curriculum in the 1980s, adding more ethics, patient communication and critical thinking components, and adding courses in such areas as glaucoma, lasers, and general medical examination and diagnostic procedures. The proposed curriculum will also enhance MCO's ability to stay connected to the fourth year students via the Internet. In order to accomplish all of this while not sacrificing those things that have been strengths of the program requires the addition of a summer semester between the second and third years of the curriculum. This puts MCO in line with most other optometry schools, which now require two summers within their curricula. The current plan is to implement the new curriculum beginning in the Fall 2005 semester assuming approval from the UCC, Faculty Senate and the VPAA.

In addition to the student outcomes study, a number of groups were surveyed to determine their perspective of the curriculum. These groups included MCO students (see Appendix F-5), MCO faculty, both full time and part time at the Big Rapids campus and at the external sites (see Appendix F-6), and the MCO Advisory Committee (see Appendix E-1). The general summary from each group is as follows. The students seemed to be focused more on the need to change the curriculum in some areas primarily from an efficiency standpoint but were comfortable with the current basic format of the curriculum. The faculty was more comfortable with the efficiency of the current curriculum but felt changes in format were necessary to increase effectiveness. The MCO Advisory Committee members were mostly focused on practice management and the area of patient communication. While the alumni were not specifically surveyed, it was determined that sufficient representation of the alumni was surveyed because of the large number of MCO graduates at the external sites and on the Advisory Committee, two of the surveyed groups.

CURRICULUM ASSESSMENT

Another outcome that is an indication of the strength of both the admissions process and the curriculum is the performance of the College's students on examinations administered by the National Board of Examiners in Optometry. This assessment is a sequence of three examinations: Part I Basic Science, typically taken in August between the second and third years; Part II Clinical Science, typically taken in December of the fourth year; and Part III, a clinical patient care exam, taken at the end of the fourth year. Michigan College of Optometry students consistently perform well on these exams; both in pass rates and in test scores (see Appendix F-7). The one area of concern beginning in 1997 has been the student's performance in the Human Biology section of Part I (see Appendix F-8). The most likely reason for this reduced performance in the Human Biology area is the moving of much of this

content from the professional program curriculum to the pre-optometry curriculum. Since the pre-optometry work is done at a number of institutions around the State and country, the educational experience is inconsistent. Also the time lapse is increased from the study of this material in undergraduate school to the time of testing on the National Boards, which occurs after the second professional year. It is also significant to note that the National Boards increased the emphasis on the basic biological sciences in the early 1990s, shortly after we shifted this material to the pre-optometry curriculum. This fact was a significant factor in the faculty's decision to shift much of the basic biological science material back into the professional program in the proposed curriculum.

Additional significant outcomes after graduation from MCO are more difficult to quantify, as they are not reported to the institution like National Board exam scores are. These would include passage rates of state board exams, competition for and completion of residencies and graduate programs, and, where it occurs, competition for jobs. Placement rates are consistently high, indicating that MCO graduates do pass state licensing exams in states they consider desirable for practice. Significant numbers of alumni have completed additional education, either in a residency or graduate school. Anecdotal comments from their supervisors in these programs are universally positive regarding their level of preparation. As stated previously, MCO alums are currently on the staffs of a number of colleges of optometry, including one Dean and one Associate Dean.

Section 10

Enrollment Trends: Past Five Years

Enrollment discussions focus on the students – how do we get them here, what are the requirements for admittance, how do we keep them here, and what are the demographic patterns that emerge over time in the enrolled students.

In the past MCO's student body had been reported to be a strength of the program and was a reliable draw for applicants, creating a large applicant pool. Such student related items as small class size that results in low faculty/student ratios in labs and clinic, our selectivity, the admissions process that includes interviews, and the activity and involvement of students in professional and volunteer organizations were cited as strong points of MCO. Repeating what the students said in their survey, one of the main reasons many of them chose MCO was the small classes and low faculty/student ratio.

Since the 1998 MCO Program Review Report enrollment trends in optometry, and all health professions, have declined significantly and now pose a challenge to the program. In response to this drop, optometry colleges in neighboring states significantly stepped up their incentives, such as tuition waivers and scholarships, in attracting out-of-state students that enhance the quality of their program. As a result, the number of top quality out-of-state students coming to MCO is now smaller than it has historically been. MCO has argued for stepping up its incentives (out-of- state tuition waivers for example), but has been unsuccessful in getting approval from the Ferris State University central administration. Certainly a new optometry building would help tremendously here. Also steps such as Ferris's recent holding the line on out-of-state professional doctoral level tuition should help. However tuition waivers are needed to level the playing field. While this question did not explicitly address the recruitment of in-state students, it does relate to that. In recent years, MCO has lost some of the top quality Michigan residents to out-of-state schools due to the incentives offered to them by out-of-state optometry colleges that have newer buildings and nicer facilities than MCO has.

Recruitment

Recognizing the trend of increased competition for the applicant pool the MCO Student Recruitment Committee has greatly expanded their efforts to recruit and capture outstanding student applicants. Even though big solutions such as new facilities and tuition waivers are beyond MCO's grasp at this point many issues involving the recruitment and application process have been addressed.

The College provides comprehensive packets of information about Optometry and the College to anyone who requests it. In addition, all of this information is now compiled on the MCO Web Page. This allows for continued updating and easy access for students. The amount of supportive material has been greatly enhanced. Now, most students get this information independently and only contact the school directly to set up advisory meetings, tours, or for specific questions. Several students have commented on the helpfulness of this information compared to other schools of optometry.

To address both the dwindling applicant pool and especially to expand the diversity of the pool MCO has partnered with the Michigan Optometric Association in developing a career promotion guide to be used by alumni and other practicing optometrists to assist in recruiting applicants for the program. Based on the Association of Schools and Colleges of Optometry "Each One Reach One recruitment program, this program further enhances the recruiting process that has traditionally had the most impact on attracting outstanding students by raising awareness of this problem within the profession and providing support to concerned optometrists.

One very useful tool for recruitment, particularly at FSU, is the pre-optometry club. This organization gives prospective optometry students insights into the profession, the application and interview process, and many other areas. It also gives students a chance to commiserate with other students with like interests. Although the benefit of assigning faculty to develop these programs at other schools has proved marginal, links to a step-by-step process for developing these programs are on the MCO Admissions Web Page.

All of these activities, along with increased support and communication with undergraduate and even high school counselors have allowed MCO to mitigate the increased competition from other schools and maintain a relatively stable entering class profile. Complete descriptions of entering class profiles are included in Appendix G.

Once students show an interest in the program greater efforts are being made to establish and maintain a personal contact with them. More follow-up correspondence and phone calls are made that provide suggestions or resources to the applicant (i.e., arranging a mentor optometrist in their community, resources for Optometry Admissions Test study guides, etc.) To increase availability of advisory meetings all optometry faculty are assigned as pre-optometry advisors and have attended a seminar on how to promote the program. This also allows the student to request a faculty advisor with a common interest (i.e., pediatrics, contact lenses, research, etc.). Current optometry students provide building tours to any interested applicants and have been a great source of enthusiasm and information.

MCO is taking steps to increase its image and presence on-campus as well. Representatives from the College are seen at health fairs and college nights providing brochures to interested students and parents and answering questions. Establishment of the Honors Program has been a positive influence on attracting and retaining quality students who may be eligible for MCO enrollment. MCO faculty frequently provide seminars on optometry, or other health care issues, and assist Honors Program students in community service and research projects.

Application Instructions

A summary of the application instructions can be found in Appendix F-1. Comprehensive information can be found on the MCO Web Page, www.ferris.edu/mco.

Retention

The Michigan College of Optometry has been very fortunate to retain the vast majority of its admitted students. Because it is a professional program, applicants have given considerable thought to their choice prior to application. They have been working as an undergraduate for three years to complete prerequisite courses. They are forced to think even further about optometry as a career for them by the admissions process, particularly their essay and the interview. As a result, very few students come into the program and then "change their mind" and leave for something else.

The students MCO accepts each year have demonstrated great academic success in difficult courses. Consequently, few of them fail academically once studying to be optometrists. The low faculty/student ratio and resultant individual attention from faculty helps students who may be struggling in particular courses to achieve success and mastery. On occasion, a student in academic difficulty has an individualized plan created for them by the Academic Review Committee of the College to allow them to graduate at a later time. Usually this constitutes a five-year program for that student. However, despite these efforts, students are on occasion dismissed from the program for academic reasons. Sometimes, owing to health or childbearing concerns, an extension of one semester to complete clinical intern assignments is arranged.

As a result of all these factors, as stated previously, ninety-six percent of the students enrolled in the classes to graduate between 1979-2004 completed the program and received their Doctor of Optometry degree.

Trends

In 2000 the class size increased from 32 to 34 and has remained stable since. Since the 1998 Program Review Report the total number of applicants has dropped from a high in 1998 of 297 to 128 in 2004. The average number of applicants for 1999-2004 was 188, down from an average of 246 for 1994-1998. Thirty-eight percent of these applicants have been from Michigan, yet 93% of the accepted students are Michigan residents.

Largely because of the recruiting efforts listed above the class academic profile has remained consistently high despite the dwindling applicant pool. The Overall Mean Score on the Optometry Admissions Test (317) and the Overall GPA (3.40) has varied little over the period.

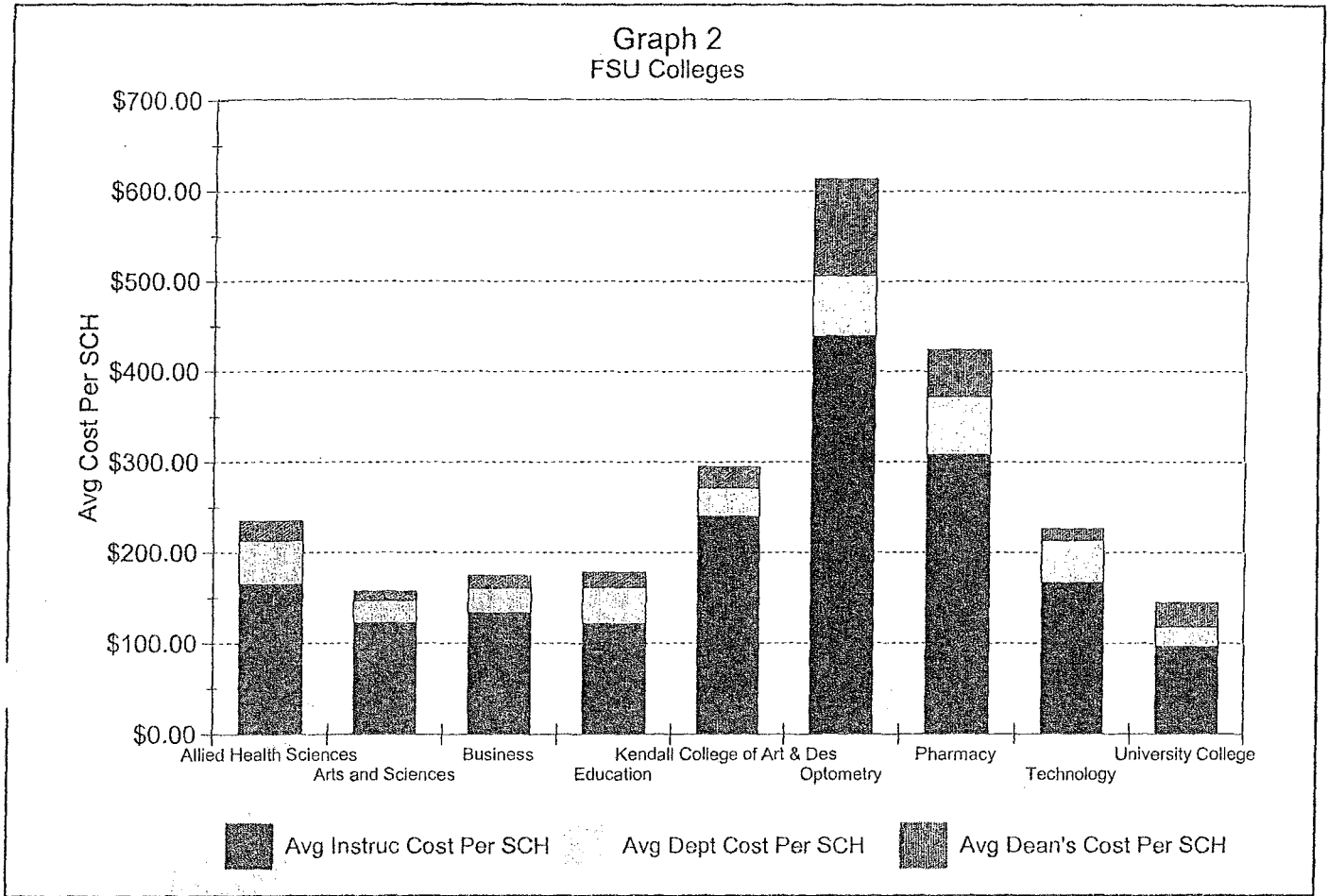
The median age of the students is also stable, reflecting the traditional nature of most students. Each class, however, has a few older, non-traditional students as well. Some of these students are making a career change, and enroll in MCO with advanced degrees. Females, on average, constitute 66% of the enrolled students. There has been a rebound in the percentage of students who completed their undergraduate work at FSU up from approximately 33% for 1994-1998 to 45% for 1999-2004.

Detailed class profiles can be found in Appendix G.

Cost per SCH for Optometry

The substantial cost per SCH for the OD degree program reflects the generally high cost of professional education. Because much of the program is based on clinical patient care, the proctoring required for clinical training results in very low student/faculty ratios. Additionally, the cost of medical technology, equipment, and instrumentation drives the cost per SCH well above that of traditional academic disciplines.

Ferris State University
Average Instructor, Department and Dean's Cost Per SCH for Degree Programs
FSU Colleges
2001 - 2002 Data



<u>Colleges</u>	<u>Avg Instructor Cost/SCH</u>	<u>Avg Dept Cost/SCH</u>	<u>Avg Dean's Cost/SCH</u>	<u>Total Avg Cost/SCH</u>
Allied Health Sciences	\$165.66	\$47.56	\$22.53	\$235.75
Arts and Sciences	\$123.12	\$24.05	\$10.91	\$158.08
Business	\$133.85	\$27.02	\$14.64	\$175.51
Education	\$122.00	\$39.50	\$17.21	\$178.72
Kendall College of Art & Design	\$241.04	\$30.22	\$24.28	\$295.54
Optometry	\$438.96	\$66.72	\$107.17	\$612.85
Pharmacy	\$308.58	\$63.27	\$52.29	\$424.13
Technology	\$167.26	\$46.11	\$13.59	\$226.96
University College	\$96.88	\$20.98	\$27.35	\$145.21

FERRIS STATE UNIVERSITY

Student Credit Hours (SCH), Full Time Equated Faculty (FTEF) and SCH/FTEF Aggregated by University by Department within College

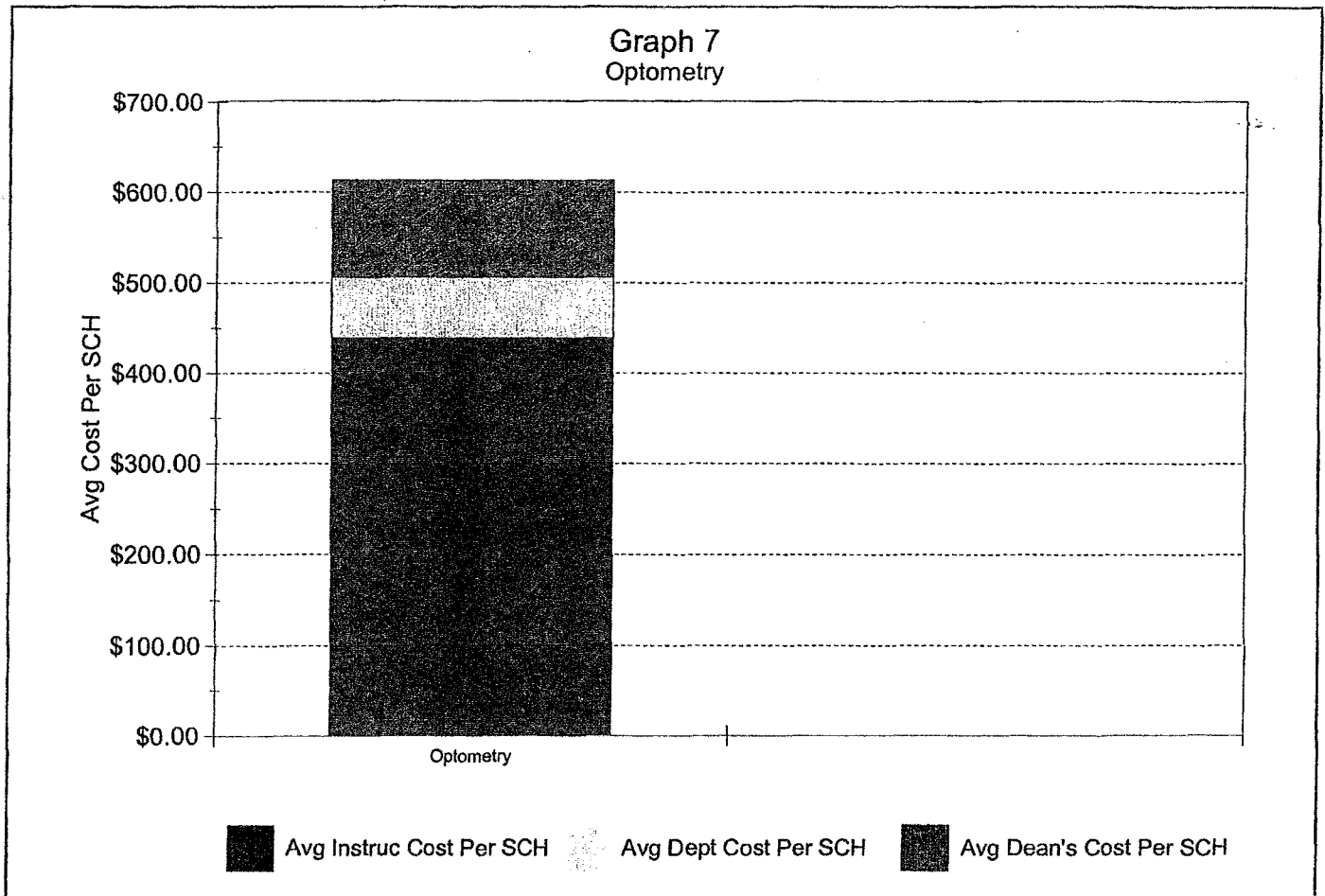
Department	Year	<u>Student Credit Hours</u>				<u>Full Time Equated Faculty</u>				<u>SCH/FTEF</u>			
		Summer	Fall	Winter	F + W (a)	Summer	Fall	Winter	Avg F + W (b)	Summer	Fall	Winter	F + W (a / b)
<u>College of Education & Human Serv</u>													
Television Production	2000-01	0.00	0.00	496.00	496.00	0.00	0.00	3.84	1.92			129.17	258.33
Television Production	2001-02	42.00	573.00	458.00	1,031.00	0.15	4.16	3.42	3.79	280.00	137.74	133.92	272.03
Television Production	2002-03	222.00	801.00	490.00	1,291.00	2.11	4.42	3.67	4.04	105.03	181.22	133.51	319.16
<u>College of Optometry</u>													
Opticianry	1998-99	36.00	282.00	208.00	490.00	1.00	3.35	2.00	2.68	36.00	84.07	104.00	183.03
Optometry	1998-99	416.00	2,097.00	2,360.00	4,457.00	13.41	19.53	22.06	20.79	31.02	107.38	107.00	214.35
Optometry	1999-00	364.00	2,105.00	2,417.00	4,522.00	0.08	20.94	22.33	21.64	4,550.00	100.54	108.22	209.00
Optometry	2000-01	406.00	2,362.00	2,382.00	4,744.00	2.00	20.66	21.72	21.19	203.00	114.35	109.67	223.90
Optometry	2001-02	443.00	2,357.00	2,396.00	4,753.00	13.25	20.66	20.25	20.45	33.43	114.11	118.32	232.39
Optometry	2002-03	405.00	2,295.00	2,362.00	4,657.00	11.00	19.17	20.30	19.73	36.82	119.74	116.37	236.01
<u>College of Pharmacy</u>													
Pharmacy	1998-99	1,632.00	5,890.50	4,483.00	10,373.50	13.73	24.25	20.95	22.60	118.86	242.94	213.94	458.99
Pharmacy	1999-00	1,410.00	6,191.50	4,452.00	10,643.50	14.17	24.42	24.22	24.32	99.51	253.58	183.80	437.65
Pharmacy	2000-01	1,633.00	5,505.00	4,660.00	10,165.00	13.17	26.82	26.75	26.78	123.99	205.28	174.21	379.53
Pharmacy	2001-02	692.00	5,459.00	4,508.00	9,967.00	14.01	28.84	29.07	28.96	49.38	189.26	155.08	344.21
Pharmacy	2002-03	970.00	5,447.00	5,472.00	10,919.00	15.20	31.82	30.68	31.25	63.82	171.18	178.37	349.42
<u>College of Technology</u>													
Architectural Tech & Facilities Mgmt	2000-01	0.00	0.00	1,209.00	1,209.00	0.00	0.00	7.17	3.58			168.62	337.24

FERRIS STATE UNIVERSITY

Student Credit Hours (SCH), Full Time Equated Faculty (FTEF) and SCH/FTEF Aggregated by College

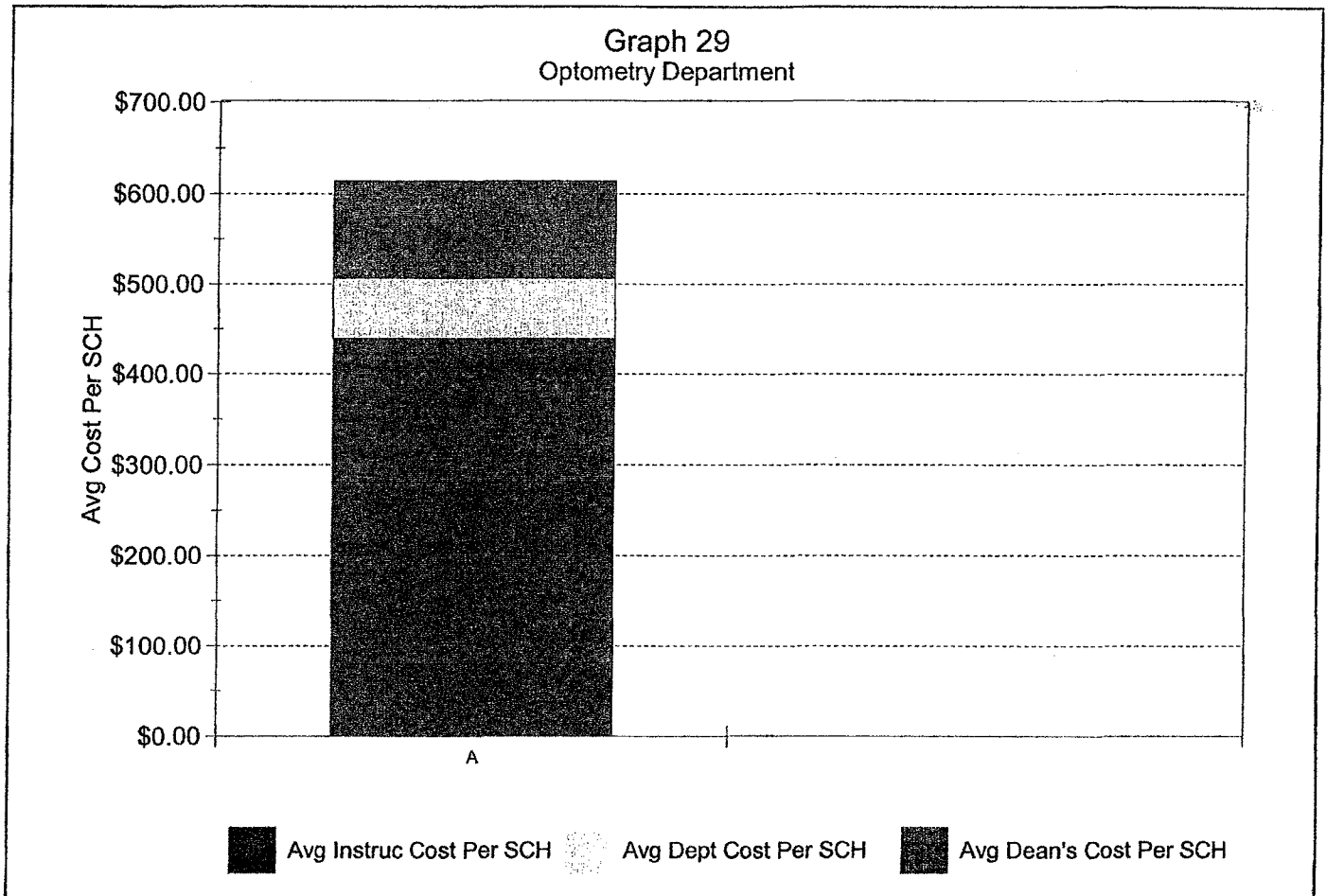
College	Year	<u>Student Credit Hours</u>				<u>Full Time Equated Faculty</u>				<u>SCH/FTEF</u>			
		Summer	Fall	Winter	F + W (a)	Summer	Fall	Winter	Avg F + W (b)	Summer	Fall	Winter	F + W (a / b)
College of Education & Human Serv	2001-02	3,612.00	9,218.00	8,962.00	18,180.00	19.99	41.25	44.35	42.80	180.70	223.48	202.06	424.76
College of Education & Human Serv	2002-03	3,704.00	9,906.00	10,259.00	20,165.00	25.91	48.84	49.58	49.21	142.98	202.84	206.93	409.81
College of Optometry	1998-99	452.00	2,379.00	2,568.00	4,947.00	14.41	22.88	24.06	23.47	31.37	103.96	106.75	210.78
College of Optometry	1999-00	364.00	2,105.00	2,417.00	4,522.00	0.08	20.94	22.33	21.64	4,550.00	100.54	108.22	209.00
College of Optometry	2000-01	406.00	2,362.00	2,382.00	4,744.00	2.00	20.66	21.72	21.19	203.00	114.35	109.67	223.90
College of Optometry	2001-02	443.00	2,357.00	2,396.00	4,753.00	13.25	20.66	20.25	20.45	33.43	114.11	118.32	232.39
College of Optometry	2002-03	405.00	2,295.00	2,362.00	4,657.00	11.00	19.17	20.30	19.73	36.82	119.74	116.37	236.01
College of Pharmacy	1998-99	1,632.00	5,890.50	4,483.00	10,373.50	13.73	24.25	20.95	22.60	118.86	242.94	213.94	458.99
College of Pharmacy	1999-00	1,410.00	6,191.50	4,452.00	10,643.50	14.17	24.42	24.22	24.32	99.51	253.58	183.80	437.65
College of Pharmacy	2000-01	1,633.00	5,505.00	4,660.00	10,165.00	13.17	26.82	26.75	26.78	123.99	205.28	174.21	379.53
College of Pharmacy	2001-02	692.00	5,459.00	4,508.00	9,967.00	14.01	28.84	29.07	28.96	49.38	189.26	155.08	344.21
College of Pharmacy	2002-03	970.00	5,447.00	5,472.00	10,919.00	15.20	31.82	30.68	31.25	63.82	171.18	178.37	349.42
College of Technology	1998-99	1,796.00	18,932.00	16,905.00	35,837.00	15.47	107.39	109.43	108.41	116.08	176.29	154.49	330.58
College of Technology	1999-00	2,025.00	19,310.00	17,079.00	36,389.00	18.85	106.94	112.52	109.73	107.43	180.57	151.79	331.62
College of Technology	2000-01	2,189.00	19,723.00	18,078.00	37,801.00	15.87	106.02	113.87	109.94	137.89	186.03	158.77	343.83
College of Technology	2001-02	2,093.00	19,476.00	17,832.00	37,308.00	15.87	111.57	114.12	112.84	131.88	174.56	156.26	330.62
College of Technology	2002-03	2,517.00	19,266.00	18,199.00	37,465.00	20.54	104.10	114.44	109.27	122.54	185.07	159.03	342.87
Kendall College of Art & Design	2000-01	0.00	0.00	7,528.00	7,528.00	0.00	0.00	51.81	25.91			145.30	290.60
Kendall College of Art & Design	2001-02	1,006.00	8,799.00	8,299.00	17,098.00	20.16	61.30	51.79	56.54	49.90	143.54	160.26	302.39

Ferris State University
Average Instructor, Department and Dean's Cost Per SCH for Degree Programs
Departments in the College of Optometry
2001 - 2002 Data



<u>Departments</u>	<u>Avg Instructor Cost/SCH</u>	<u>Avg Dept Cost/SCH</u>	<u>Avg Dean's Cost/SCH</u>	<u>Total Avg Cost/SCH</u>
Optometry	\$438.96	\$66.72	\$107.17	\$612.85

Ferris State University
Average Instructor, Department and Dean's Cost Per SCH for Degree Programs
Optometry Department
2001 - 2002 Data



<u>Programs</u>	<u>Avg Instructor Cost/SCH</u>	<u>Avg Dept Cost/SCH</u>	<u>Avg Dean's Cost/SCH</u>	<u>Total Avg Cost/SCH</u>
A Optometry OD (Professional Yrs 1,2,3 & 4)	\$438.96	\$66.72	\$107.17	\$612.85

Ferris State University
Degree Program Costing 2001- 2002 (Summer, Fall, and Winter)

College : Optometry
 Department : Optometry

Program Name: Optometry OD (Professional Yrs 1,2,3 & 4)

Program Credits Required (Total credits to graduate) 163

*Instructor Cost per Student Credit Hour(SCH) (Average for program) \$438.96
 **Department Cost per Student Credit Hour \$66.72
 ***Dean's Cost per Student Credit Hour \$107.17

Total Cost per Student Credit Hour (Average for program) \$612.85

Total Program Instructor Cost (Assumes a student will complete program in one year) \$71,549.96
 Total Program Department Cost \$10,876.05
 Total Program Dean's Cost \$17,468.64

Total Program Cost (Assumes a student will complete program in one year) \$99,894.64

Course ID	Level	Instructor Cost	Dept Cost	Dean's Cost	SCH's Produced	Instructor Cost/SCH	Dept Cost/SCH	Dean's Cost/SCH	Credits Required	Program Instructor Cost	Program Dept Cost	Program Dean's Cost
BIOL431	U	\$15,904	\$5,076	\$1,328	165	\$96	\$31	\$8	5	\$482	\$154	\$40
BIOL480	U	\$13,476	\$2,030	\$531	66	\$204	\$31	\$8	2	\$408	\$62	\$16
OPTM401	U	\$13,522	\$4,647	\$7,590	68	\$199	\$68	\$112	2	\$398	\$137	\$223
OPTM410	U	\$38,448	\$11,617	\$18,975	170	\$226	\$68	\$112	5	\$1,131	\$342	\$558
OPTM411	U	\$45,174	\$11,276	\$18,417	165	\$274	\$68	\$112	5	\$1,369	\$342	\$558
OPTM420	U	\$62,447	\$6,765	\$11,050	99	\$631	\$68	\$112	3	\$1,892	\$205	\$335
OPTM421	U	\$107,985	\$11,276	\$18,417	165	\$654	\$68	\$112	5	\$3,272	\$342	\$558
OPTM430	U	\$14,167	\$6,765	\$11,050	99	\$143	\$68	\$112	3	\$429	\$205	\$335
OPTM431	U	\$17,335	\$9,021	\$14,733	132	\$131	\$68	\$112	4	\$525	\$273	\$446
OPTM440	U	\$64,459	\$13,531	\$22,100	198	\$326	\$68	\$112	6	\$1,953	\$410	\$670
OPTM512	G	\$41,881	\$6,970	\$11,385	102	\$411	\$68	\$112	3	\$1,232	\$205	\$335
OPTM513	G	\$50,192	\$9,021	\$14,733	132	\$380	\$68	\$112	4	\$1,521	\$273	\$446
OPTM522	G	\$39,698	\$9,567	\$15,626	140	\$284	\$68	\$112	4	\$1,134	\$273	\$446
OPTM523	G	\$53,388	\$9,021	\$14,733	132	\$404	\$68	\$112	4	\$1,618	\$273	\$446
OPTM532	G	\$29,172	\$9,294	\$15,180	136	\$214	\$68	\$112	4	\$858	\$273	\$446
OPTM533	G	\$45,094	\$11,276	\$18,417	165	\$273	\$68	\$112	5	\$1,366	\$342	\$558
OPTM541	G	\$42,964	\$13,531	\$22,100	198	\$217	\$68	\$112	6	\$1,302	\$410	\$670
OPTM550	G	\$39,581	\$9,294	\$15,180	136	\$291	\$68	\$112	4	\$1,164	\$273	\$446
OPTM551	G	\$12,573	\$6,765	\$11,050	99	\$127	\$68	\$112	3	\$381	\$205	\$335
OPTM560	G	\$59,891	\$6,765	\$11,050	99	\$605	\$68	\$112	3	\$1,815	\$205	\$335
OPTM580	G	\$37,717	\$2,323	\$3,795	34	\$1,109	\$68	\$112	1	\$1,109	\$68	\$112
OPTM581	G	\$32,002	\$2,255	\$3,683	33	\$970	\$68	\$112	1	\$970	\$68	\$112
OPTM602	G	\$20,082	\$6,150	\$10,046	90	\$223	\$68	\$112	3	\$669	\$205	\$335
OPTM603	G	\$37,170	\$8,201	\$13,394	120	\$310	\$68	\$112	4	\$1,239	\$273	\$446
OPTM624	G	\$20,822	\$4,100	\$6,697	60	\$347	\$68	\$112	2	\$694	\$137	\$223
OPTM625	G	\$40,175	\$6,150	\$10,046	90	\$446	\$68	\$112	3	\$1,339	\$205	\$335
OPTM634	G	\$29,976	\$4,100	\$6,697	60	\$500	\$68	\$112	2	\$999	\$137	\$223
OPTM642	G	\$20,256	\$6,150	\$10,046	90	\$225	\$68	\$112	3	\$675	\$205	\$335
OPTM643	G	\$28,582	\$8,201	\$13,394	120	\$238	\$68	\$112	4	\$953	\$273	\$446
OPTM652	G	\$9,445	\$4,100	\$6,697	60	\$157	\$68	\$112	2	\$315	\$137	\$223
OPTM653	G	\$10,349	\$4,100	\$6,697	60	\$172	\$68	\$112	2	\$345	\$137	\$223
OPTM661	G	\$55,828	\$8,201	\$13,394	120	\$465	\$68	\$112	4	\$1,861	\$273	\$446
OPTM682	G	\$159,569	\$12,301	\$20,091	180	\$886	\$68	\$112	6	\$5,319	\$410	\$670
OPTM683	G	\$104,816	\$12,301	\$20,091	180	\$582	\$68	\$112	6	\$3,494	\$410	\$670
OPTM784	G	\$557,232	\$30,205	\$49,335	442	\$1,261	\$68	\$112	13	\$16,389	\$888	\$1,451
OPTM785	G	\$252,453	\$30,205	\$49,335	442	\$571	\$68	\$112	13	\$7,425	\$888	\$1,451
OPTM786	G	\$114,283	\$30,205	\$49,335	442	\$259	\$68	\$112	13	\$3,361	\$888	\$1,451
OPTM797	G	\$19,391	\$9,362	\$15,292	137	\$142	\$68	\$112	1	\$142	\$68	\$112

* Instructor Cost - Salary & Fringe - the actual cost to teach a course
 ** Department Cost - Departmental Level Non Instructor Compensation, Supplies and Equipment - departmental average applied to all course prefixes within a department
 *** Dean's Cost - Dean's Level Non Instructor Compensation, Supplies and Equipment - college average applied to all course prefixes within a college

Section 12

Conclusions

- The Michigan College of Optometry at Ferris State University continues to meet its mission, by promoting and providing for the visual welfare of the community and region. Graduates of MCO are well prepared to enter the health care system and are having a positive impact on the profession of optometry both in Michigan and nationally.
- The Michigan College of Optometry at Ferris State University is the only optometry program in the state and is well respected within the state health care system. Continued improvement is needed in promoting awareness of patient care services available to the local community. Although active at the national level within the profession, effort to improve the image and awareness of the program outside of the state will be beneficial.
- The faculty and administration of MCO demonstrate a high level of activity within the profession at the state and national level. During the period of this report the 16.5 FTE tenure track faculty have presented 173 hours of eye and vision health information to community organizations and have served 137 committee-years on state or national academic / professional committees and held 36 offices in professional organizations. Thirty-one local community vision care projects and 13 international vision care missions were conducted.
- The demand of students for the optometry program remains favorable, however, the size of the applicant pool surplus has decreased significantly and competition for outstanding applicants has dramatically increased. The application and admissions process of MCO continues to result in highly qualified students. Students choose MCO because the classes are small, the faculty/student ratio is low and the reputation of the College is good. However, MCO would be more competitive with the most qualified applicants if more scholarships for entering students were available and the non-resident tuition rate was lower.
- The quality of instruction remains high, as indicated by the student and graduate evaluations and the 96% program retention rate. However, faculty, graduates, and students agree that the number and diversity of patient encounters needs to be enhanced.
- Nationally, the employment picture for optometrists continues to look strong and alumni are extremely satisfied with their career position and salary.
- Pennock Hall has outlived its usefulness as the "temporary" home of the Michigan College of Optometry. Innovative solutions have been found to improve the appearance of the facility and to acquire equipment upgrades, however, a new facility has become a fundamental need for the program.
- Several developments have been accomplished in the past five years in the area of library services. However, by student report it appears the demand has out-paced these developments.
- Finances were an issue for MCO, as with all programs due to the downturn in the State's economy, however, the faculty and administration have been adept at securing equipment through a variety of means to try to keep pace with the challenges of developing technologies in eye and vision care. Recruiting and hiring qualified faculty and administrators will continue to be difficult considering the competition amongst other optometry schools and the lure of higher salaries in the private sector. The cost of the Doctor of Optometry program, while high compared to undergraduate program, is among the lowest compared to other health profession's programs in the state.
- The 16.5 FTE tenure track faculty have published seven books or book chapters along with 64 journal articles or posters. They have taught 258 continuing education lecture-hours throughout the state, nation and internationally and completed one sabbatical. They have reviewed 35 articles submitted for peer-reviewed publications and five PhD theses. Dr. Saladin earned the first ever U.S. Patent for FSU and collectively the faculty and administrators have generated \$178,500 in grants, donations, and other financial support for clinical investigations and health care services.

Section 13

Recommendations

The Michigan College of Optometry at Ferris State University is an excellent program which continues to bring distinction to the University. It has some needs, and as such, this program should be enhanced if it is to maintain its quality and improve in delivering health care education for the future.

Obtain a new clinical facility

The on-campus educational facilities for MCO, particularly the clinic, are inappropriate for continuing to do an exceptional job of meeting the mission of the College. Significant groundwork has already been completed towards this project including development of a building fund campaign with University Advancement and Marketing and the submission of a Capital Outlay Project Request to the Michigan Legislature. Continued support and development of this plan is essential.

Need for more patient encounters

In an effort to increase the number and diversity of patient encounters for students MCO has developed two remote clinics in Grand Rapids – Cherry Street Health Services and St. Mary's Mercy Medical Center. These clinics have been operated on a small scale while the feasibility of administering and developing these clinics has been investigated. There is good potential for expanding our patient base with such clinics, however, resources of time and money will be needed to develop them further. The Director of Clinics has been working with the Clinic Council to promote MCO's clinical services and attract new patients.

Attract outstanding applicants

Plans are already underway to address the applicant pool concern. Application and admissions processing is being further refined and the new curriculum should make MCO more similar to and competitive with other schools and colleges of optometry, as well as other health care professions. MCO and FSU need to continue searching for scholarship and tuition plans that address the financial disincentive for non-resident applicants.

Attract outstanding faculty and administrators

Further efforts will need to be made to allow the College to hire the qualified faculty and administrators it will need to maintain its current level and to progress. Support of faculty and programs that enhance MCO's prestige nationally will aid in the attraction of new faculty but finding ways to provide competitive salaries will be an important component. A program to improve the mentoring of new faculty to MCO is in development to reduce the chance of outstanding faculty being hired away from the program.

Library

Students reported being dissatisfied with the quality of the library services. This was unexpected and the survey data and individual comments did not indicate the specific attributes that the students felt were inadequate. Further study is indicated and a follow-up investigation will be conducted in collaboration with Maureen Watson to determine the specific issues and a plan of action.

Externship program

Survey results demonstrated a discrepancy between the students' perception and faculty's perception of the quality of the externship program. Further investigation is needed to determine the significance of this discrepancy. In 2001 MCO hosted a continuing education program for all externship faculty to update them on new teaching technologies and develop communication between on-campus and off-campus faculty. Collaborating with the Director of Clinics and the Director of Externship Rotations and Residencies to repeat this program is likely to provide further insight into this issue.

GEOGRAPHIC DISTRIBUTION OF MCO GRADUATES - 1979 – 2004

775 Total

545 Michigan
230 Outside Michigan

26	Florida
21	Wisconsin
14	Minnesota
14	International (Canada or Military)
11	Colorado
11	Illinois
11	Indiana
10	Georgia
9	North Carolina
9	Texas
8	Arizona
8	California
7	Virginia
6	New York
5	Missouri
5	South Carolina
5	Tennessee
4	Kentucky
3	Iowa
3	Maryland
3	Washington
2	Alabama
2	Alaska
2	Hawaii
2	Idaho
2	Maine
2	Nebraska
2	New Mexico
2	Oregon
1	Arkansas
1	Delaware
1	Kansas
1	North Dakota
1	Nevada
1	Oklahoma
1	Pennsylvania
1	Rhode Island
1	Wyoming

ADMINISTRATIVE PROGRAM REVIEW 2003

Program/Department: **MICHIGAN COLLEGE OF OPTOMETRY**

Purposes of Administrative Program Review:

1. to make deans and department heads/chairs aware of important quantitative and qualitative information about the programs in their colleges
2. to make the Vice President for Academic Affairs' Office aware of important quantitative and qualitative programmatic information from across the University
3. to document annual information that will be useful in the University's accreditation efforts
4. to provide information for the Academic Program Review Council to use in its deliberations

Please provide the following information:

Enrollment

	Fall 1999	Fall 2000	Fall 2001	Fall 2002	Fall 2003
Tenure Track FTE	18.4	18.0	18.4	17.0	16.5
Overload/Supplemental FTEF	8.28	3.5	5.2	6.75	7.05
Adjunct/Clinical FTEF (unpaid)	27	24	26	24	21
Enrollment on-campus total*	124	131	133	127	131
Freshman					
Sophomore					
Junior					
Senior					
Masters					
Doctoral	124	131	133	127	131
Pre-Professional Students					
Enrollment off-campus*	0	0	0	0	0
Traverse City					
Grand Rapids					
Southwest					
Southeast					

*Use official count (7-day)

If there has been a change in enrollment, explain why:

Capacity:

Estimate program capacity considering current number of faculty, laboratory capacity, current equipment, and current levels of S&E.

 34 students per class X 4 = 136

What factors limit program capacity?

Physical limitations of classrooms and labs, availability of qualified faculty, budget and funding constraints.

Financial

Expenditures*	FY 99	FY 00	FY 01	FY 02	FY 03
Supply & Expense	181,117	275,308	231,475	156,762	154,046
Faculty Prof. Development					
General Fund			19,955	28,729	10,823
Non-General Fund			629	0	
UCEL Incentives			-0-		
FSU-GR Incentives			-0-		
Equipment					
Voc. Ed. Funds			N/A	N/A	N/A
General Fund	36,012	114,742	125,508	58,830	88,233
Non-General Fund	77,313	17,219	22,318	15,402	17,132
UCEL Incentives		N/A	N/A		
FSU-GR Incentives		N/A	N/A		

*Use end of fiscal year expenditures.

If you spent UCEL and FSU-GR incentive money for initiatives/items other than faculty professional development and equipment, what were they? Explain briefly. Please also include amounts spent on each initiative/item.

Revenues	FY 99	FY 00	FY 01	FY 02	FY 03
Net Clinic Revenue	647,882	34,900*	34,487*	28,439*	(30,000) *
Scholarship Donations		43,150	36,000	53,731	73,575
Gifts, Grants, & Cash Donations		27,680	26,414	32,055	15,816
Endowment Earnings		60,869	19,583	19,983	13,601
Institute Programs/Services		(1,200)	-0-	0	34,226
In-Kind		10,020	5,563	43,161	23,773

* FY 98 and 99 are GROSS Clinic Revenue figures; FY 00 and after are NET Clinic Revenue figures

Other	AY 98-99	AY 99-00	AY 00-01	AY 01-02	AY 02-03
Number of Graduates* - Total	32	27	31	33	30
- On campus	32	27	31	33	30
- Off campus	0	0	0	0	0
Placement of Graduates	100%	100%	100%	100%	100%
Average Starting Salary	N/A	N/A	N/A	N/A	N/A
Productivity - Academic Year Average	214	209	224	232.4	236.01
- Summer	N/A	N/A	N/A	N/A	N/A
Summer Enrollment	32	31	35	30	32

* Use total for full year (S, F, W)

1. a) Areas of Strength:

- One of only 17 optometry schools in the U.S.
- New leadership that will keep MCO moving forward; new Dean in 2000 and permanent Clinic Director hired in 2001 after four years of interim leadership
- Applicant pool remains strong despite national decrease
- Faculty and staff excellence and commitment
- Clinical experience for students enhanced by 2 new residency programs and 3 new rotation sites; more currently being negotiated
- Capital Outlay Request approved by FSU and submitted to State of Michigan for new building

b) Areas of Concern and Proposed Actions to Address Them:

- Need to increase and expand patient base – clinical presence in Grand Rapids area being sought
- Need to continue to develop new residencies and new rotation sites
- Student recruitment – more aggressive program to ensure highest quality students
- Inadequacy of building and facilities until new building and/or renovations completed

2. Future goals (please give time frame):

- Continue to pursue Capital Outlay process for new building
- Increase development efforts in 2005-06
- Recruit basic science faculty 2004-05
- Increase clinical presence in Grand Rapids 2004-06

3. Other Recommendations:

4. Does the program have an advisory committee? Yes

- a) If yes, when did it last meet? January 2001
- b) If no, why not? By what other means do faculty receive advice from employers and outside professionals?
- c) When were new members last appointed? January 2001
- d) What is the composition of the committee (how many alumni, workplace representatives, academic representatives)? All six members are practicing optometrists; four are MCO alumni. One of the alumni is the current President of the Michigan Optometric Association.
- e) Please attach the advisory committee charge, if there is one.

5. Does the program have an internship or other cooperative or experiential learning course? Yes

- a) If yes, is the internship required or recommended? Yes--required
- b) If no, what is the reason for not requiring such an experience?
- c) How many internships take place per year? What percentage of majors has internships?

All 4th year students must complete a year-long external rotation.

6. Does the program offer courses through the web? WebCT only

- a) Please list the web-based (fully delivered through the internet) courses the program offered last year? None
- b) Please list the web-assisted courses the program offered last year.

OPTM 410	OPTM 523	OPTM 785
OPTM 411	OPTM 624	OPTM 786
OPTM 420	OPTM 625	Virtual Grand Rounds at Jackson Prison
OPTM 421	OPTM 642	
OPTM 430	OPTM 652	
OPTM 513	OPTM 784	

7. What is unique about this program?

- a) For what distinctive characteristics is it known in the state or nation?

Small class size, low student/faculty ratio, teaching and clinical excellence, location, production of very strong graduates

- b) What are some strategies that could lead to (greater) recognition?

Updated facilities, increased research activities

8. Is the program accredited? Yes By whom: Accreditation Council on Optometric Education (ACOE) Next review is in October of 2005.

9. What have been some major achievements by students and/or graduates of the program? By faculty in the program?

- Dr. James Saladin received the first patent ever obtained by Ferris State University.
- Faculty member Dr. Mark Swan was elected to be a Trustee of the Michigan Optometric Association this year.
- Dr. Michael Keating published the second edition of a book previously authored by him, concluding three years of work.
- Dr. Kevin Alexander is on the Board of Trustees of the American Optometric Association.

10. Questions about Program Outcomes Assessment/Assessment of Student Learning at the Program Level

(Attach additional sheets, if necessary.)

a) What are the program's learning outcomes? See attached.

b) What assessment measures are used, both direct and indirect?

Student, faculty, and graduate surveys, national board scores and pass rates, course grades and pass rates, graduation rates, and placement in residencies.

c) What are the standards for assessment results?

We utilize past performance and national data to evaluate assessment measures.

d) What were the assessment results for 2002-03?

For those measures utilized, performance of MCO students is declining.

e) How will / how have the results been used for pedagogical or curricular change?

A concerted effort has been made on several fronts to identify potential contributors to declining performance and develop realistic solutions. A significant curriculum review has been completed and awaits approval by the University.

11. Questions about Course Outcomes Assessment:

a) Do all multi-sectioned courses have common outcomes? Yes

b) If not, how do you plan to address discrepancies?

c) Do you keep all course syllabi on file in a central location? Yes -- in the Dean's Office

*If you have questions about the outcomes assessment portions of this survey, please contact Laurie Chesley (x2713).

Form Completed by: Marsha J. McDaniels, Administrative Secretary to the Dean

Reviewed by Kevin L. Alexander, Dean:

Signature

Date

Replacement of COMMENTS sections for the College of Optometry Program Review Report.

Thank you very much for allowing us to update these sections before they are made public. Several personal names were inadvertently included in the comments.

The following sections need to be replaced for the binders that will be sent to the Senate, VPAA, and for the Archives. If you have any questions or concerns please call my cel phone 616.540.3940.

Thank you again.

**Mark Swan
Chair, Program Review Committee (College of Optometry)**

Appendix B-2 – Graduate Comments

In the binder these pages begin on page 5 of Appendix B. Please replace pages 5-18.

Appendix C – 2 Student Comments

In the binder only the first 5 pages of Appendix C has page numbers. Please replace all of the un-numbered pages after page 5.

Please destroy all of the original pages

GRADUATE COMMENTS

Question 12: Please indicate any areas that Ferris should incorporate into the educational program.

Summary:

- Need much more in the area of practice management.
 - Need more in area of medical billing, making a profit.
 - Other areas were very mixed, i.e. pediatrics. Many thought MCO had too much emphasis on pediatrics and vision therapy and others felt there wasn't enough.
 - Many thought more hands-on contact lens cases were needed because they did not actually get to see patients with problems.
 - Other than the above, there were positive and negative comments about almost every topic.
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- obviously I feel that ocular anatomy needs to be improved! Better practice management and business prep including more realistic representation of practice opportunities. Realistically - most grads work for someone and fit eyeglasses and contacts. Most do not own their practice or treat much ocular disease because of time restraints and liability!
- more information regarding signing up for insurance panels (ie, make all students fill out an application for Medicare UPIN # so that upon graduation they will be able to sign up for different insurances)
- med billing
- practice management and billing/coding
- A course on personal finance and retirement planning
- Grand Rounds Session
- third party billing
- foreign body removal
- binocular vision on a practical instead of theoretical level
- Patient assessment and management course set up like the NBEO PAM section
- Course on systemic pharmacology with cases
- Binocular vision problem-solving course
- Spread out the disease courses over another semester to get less memorization and better comprehension
- more neuro-ophthalmology
- Better practice management
- A clinic that exposes students to greater disease and infection management with patients.
- Business aspects of optometry - opening an office, getting loans, taxes of practice (ie state, fed, SDI, FICA, etc)
- More clinical experience in contact lens fitting (which was I felt was necessary graduating in 1994 but I have worked with a few new graduates from MCO and they could use more experience in contact fitting.
- Communication
- General Medicine principles, labs, and pathophysiology
- Pharmacy dose side effects of systemic meds
- NEURO PATHWAYS AND CLINICAL ASSESSMENT
 - MORE IN DEPTH ANATOMY OF EYE INTERNAL AND EXTERNAL STRUCTURES
 - MORE PRIMARY CARE/SYSTEMIC WORK UP FOR OCULAR FINDING
 - MORE REVIEW OF CT, LABS, MRI, FA
 - MORE EXPERIENCE WITH WHEELCHAIR EXAMINATIONS
- The more practice management, the better. The existing program is solid but there's always room for improvement.
- It's been so long, I'm not familiar with the current program
- Better Peds (VT), infant vision, more applicable gas perm, bifocal fittings, post lasik fits
- Updated refractive surgery care

- More practice management
 - Practice Modality Days with alumni panelists from every practice option for questions and answers.
 - After graduation, the eyes are the easy part. Practice management is my greatest challenge.
 - How to code and bill insurances for various specialty cases or bill cash paying patients. There are things I learned, but aren't practical to apply in business because I don't know how to bill it. ODs I've joined don't practice that way. I've had to be self-taught in those areas
 - Mentor programs with specialists in various fields to see how to follow through in these fields; like binocular vision and developmental and low vision.
 - A sound practice management module
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- More clinical experience in binocular vision, pediatrics, and low vision
 - be better prepared for practice management
 - Cataract co-management/Lasik co-management, how to consolidate and do more of a problem focused exam, keep a list of pts w/diseases, have them come in for students to see it all in one day
 - I believe that if all contact lens wearers had 2-3 hours per day and 1 full day per week of no contact lens wear, CL related problems would decrease substantially. Also, I would encourage contact lens instructors to teach students about "setting up" patients to let them know what to expect in regards to contacts - how they will feel, VA expected, etc. Also, teach that its good to ask the patient where they want to read (ie 13", 16", or 21") instead of putting them in a bifocal that the doctor thinks they should have.
 - A&P of the Eye
 - more practice management
 - more practice management (dollars and cents of running a practice)
I understand many optometrists are employed and do not need to know about this, but I do, and I feel lost at times
 - I think the patient simulation activity designed by Dr. _____ was an excellent educational tool. If made interactive, would be even better and a great way to learn "hands on," without actually seeing patients.
 - Encourage more independent practices by stressing more business knowledge.
 - -more pharmacology
 - -more practice management
 - -more in-depth study of basic sciences (anatomy, etc.)
 - -more case study
 - Students need to be prepared to practice in a world heavily influenced by managed care. Also, strong foundation in practice management while in school and mentoring/support after graduation in this area is critical. The real world of practice/finances can be much more challenging than what school prepares one for!
 - Triage & business management
 - practice management update
glaucoma tx
 - Need more hands on clinical experience offered in ophthalmology field - glaucoma, cataracts, refractive sx
Optometric management - show us how to make \$ with our profession, create a working schedule, bill VSP
 - Teach students to be realistic about the real world. ODs often work for pathetic reimbursement rates and have no other choice because of the area they work in.
 - Require students to learn and use new technology like OCT, Digital imaging
 - Appropriate billing practices as defined by CPT manual for medical billing
 - More practice management. I was all set to work for someone else, but I bought a practice and had a lot to learn (the hard way)!
 - More advice on individual practice and ethical advertising
 - More info on ortho-K
 - The actual contact lens market is ahead of what my exposure to CL's during school. More brands, different niche lenses could be added. I learned a lot form colleagues, not school. A lot of contacts was theoretical not practical
 - New diagnostic technology-scanning laser ophthalmoscope, etc.
Better systemic pharmacology teaching as well as better systemic disease teaching and better/more extensive anatomy course.

- More clinical practice in Binocular Vision (VT), RGP contacts, and frame adjusting
- It would have been nice to have recent graduates discuss what types of opportunities are available, what should be expected as far as pay, what type of individual hurdles they encountered starting out, and what their individual mode of practice is like.
It would have been nice if there were an intense review course for boards.
- business, management
- business 101
managing employees 101
how to present a treatment plan
accounting 101
- Practice management - personalize
More hands on binocular vision/pediatrics to go along with the book work
- Ferris needs to continue to place an emphasis on not just ocular disease management, but also pediatrics and developmental vision. This area is important by virtue of the incidence of non-strabismic binocular dysfunction, accommodative disorders and ocular motor problems. They have a far greater incidence than ocular disease and the impact of these and other developmental vision problems can have a profound affect on a patients quality of life. While Ferris is one of the best in the schools in the country and thanks to the leadership of Dr. _____ and Dr. _____ we are getting exposure to this area, we need to continue to make this a priority at Ferris.
- Practice Management
- Practice Management
Communication
- new research
new CL/LASIK/retina info
- 1. More patients for 2nd and 3rd year students to see in clinic
2. Review committee for National Boards
3. Summer class to eliminate the "intensity" of 2nd year - too much information is given at one time making it very tough to master every subject presented.
- study courses for boards
- I believe my only true area lacking was in practice management - I'm not even sure how you would incorporate this, especially with the increased load needed as far as pathology/treatment, etc.
- More Gas Permeable CL experience
More Business Experience
- Practice management
- Require shadowing all of the ophthalmology specialties at least a couple of days/semester. I thought I knew about the retina until I followed a ret. specialist once/month who say 70-80 pts/day. Makes a big difference to know when they decide to laser, or do other treatments, and makes you confident enough to avoid unnecessary referrals. Following a ped's oph also was a great learning experience.
- Increase patient contacts...primary care
- Better understanding of comanagement, developing professional and material fees. More patient interaction
- My education goes back to the early 1980s and at that time practice management was the "weakest link" in my education. A few business classes and computer classes would greatly help any future optometry student.
- -Greater practice management
-Third party/managed care education
-Modes of Practice
-Appropriate medical testing as it pertains to ocular manifestations of systemic and neurologic disease
- A better binocular vision program/education more extensive
- Practice Management - setting fees, max reimbursement, coding with modifiers, etc.
Common surgical post-op procedures/protocol pre-clinical rotations.
- Optional practice management courses for those interested in private practice
- Business oriented practice development
- More practical application needs to be reinforced related to binocular vision situations, pediatrics, and understanding vision insurances (so much theory was discussed but less practical-everyday clinical info reviewed)
- Strong focus on the organization, financing, and running of a PRIVATE office

- A better understanding and/or simplified medicare/medicaid Billing Coding for exams and procedures
- practical binocular vision
Orthokeratology
Lasik pre- and post-op cases
Lectures specifically geared toward disease treatment
- more education on laser pre-op/post-op care and other surgical procedures (cataracts, lids, glaucoma)
- Business management
- How to handle employees, The doctor is typically highest ranking employee and must handle many conflicts between employees and how to handle themselves.
- more practice management information should be included.
- hands on office management - hiring, firing, claims, budgets, regulations, prof. insurance, liability. maybe more patient psychology too. Need to keep some emphasis on binocular vision / motor system analysis - its getting pushed aside for pathology. If we don't do it, the physical therapist will be glad to do it under ophthalmology's guidance.
- There should be more experience for students to experience commercial and private practice. I was unprepared for life outside of academia in terms of clinical setting and what was expected of me in terms of decision making and problem solving. Most students who start out commercially are not practicing with another doctor and run into problems adapting to working patients, opticians, and managers.
- Better practice management, business, accounting, legal and areas dealing with the day to day running of an optical office including dealing with frame and lab reps
- In the practice management classes- teaching negotiations for jobs in any area, private practice, retail, ophthalmology, etc. Also, how to find these jobs/opportunities. Michigan is limited on resources for this type of information once a student graduates. Don't just hand them their doctorate. They could use some guidance since Michigan doctors don't utilize the AOA website job search or any other sources for career opportunities.
- If not already changed - change the A&P and pharmacology professors. Those subjects are key and the professors who taught between 96 and 00 were not graduate level quality instructors.
- Increase Ocular disease
- More business classes
- During Pt simulation there should be more on psychology aspects - ie how to deal with angry patients, pts who don't like their new glasses/CLs, manipulative patients who demand CL Rx extensions or "tinted windshield" permission, etc.
- Things may have changed in the last 18 years but I think schools have reduced the pediatric/binocular vision/vision therapy aspect of optometry. This is a very underserved part of our profession.
I also think it would be helpful to have doctors from private practice come in and share their experience with the students.
- Use websites a la Pacific U, Indiana etc as quizzes, tests (like students need more work...)
- Satellite offices with more patients
Stronger emphasis of pharmacology in practice (I'm sure this has already occurred)
- More independent critical thinking
- Increase practice management and VT for basic primary care.
- better management - detection is pretty good, but what and when decision making could be improved for the primary care provider in the realistic world of optometry
- More info on insurance plans - how to get on panels, billing info, coding
Practice Mgmt - more realistic expectations on \$ and job availability
Employee management and general business class - ie info on taxes, accounting, money, management, etc
More info on computer vision syndrome and herbal meds/vitamins
- 3rd party payment: how to evaluate plans and manage one and participating in
- How to deal with Militant MDs
How to deal with Moronic Insurance Policy
How to avoid Corporate Practice
- More exposure to research
More practice management

- more private practice OD's working with the students to give them instruction/ideas from the private practice angle.
- More case simulation hours with small group discussions
- National Board review course
- enhanced practice management programs, enhanced network for learning about and matching career path opportunities
- hands-on neuro labs
gain access to a more diverse and diseased patient base - whether it is a veteran population or urban, low socio-economic population
- More practice management
- business management - payroll, taxes, etc.
- My perspective of the optometric education offered by MCO is somewhat dated (class of '83). At the time of graduation, ocular pathology and pharmacology were just beginning to be covered in the curriculum. I trust that this has progressed beyond an introductory stage?
- Perhaps a little more emphasis could be placed on intervals and urgency of follow-up care.
- I believe that the program has improved since I've graduated and my comments would be outdated.
- Optional class on how to start and run a solo practice
Loans, stocking, handling reps, sales, cash flow, taxes, employment of others, etc.
- More info on insurance companies and billing
- Review class for boards
- Practical glaucoma management.
- Teach coding and billing practices so new graduates can properly earn an income
- Practice management
- Communication skills – management
- More low vision prep in clinics
- As indicated in question 8, I would have personally appreciated more emphasis on pediatrics (specifically better ways of testing patients who cannot subjectively respond well) and practice management – especially on details regarding insurances and procedure codes

Question 13: Please indicate any areas that Ferris should delete from the educational program.

Summary

- Delete portions of VT, environment class and combine many concepts in vision science and optics.
- Many indicate the areas taught to them which did not have a direct impact on how to practice were unnecessary and should be dropped from the curriculum.
- Others had had concerns about the first year/perquisite courses in that much of the material should be taught during the students undergraduate education prior to optometry school.

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- What ever class Dr _____ taught about the lighting...it could be consolidated and added to Dr. _____ class or optics.
 - Luminance - did we need it
Less or condensed Dr. _____ class
 - I did not find many of the classes offered during first year beneficial. For example, microbiology and neurology. While these are topics covered on part I of National Boards, I absolutely did not retain any of the information from first year and basically re-taught my self in preparation for the exam.
 - Dr _____ / Dr _____ class not really used after MCO
 - Dr _____ stuff was "groovy" but pretty much useless in optometric practice.
 - Move 4th Yr research project to 3rd year where preceptor would be located near student
 - -MICROBIOLOGY FIRST YEAR
-DIFFERENT FOCUS ON OPTICS, MORE CLINICALLY RELEVANT
 - I cant think of what I'd delete. I'm not sure 10 week rotations submitted me to enough variety. I wish I could have spent a few weeks in more variety of settings. Why not shadow MDs to get a better idea of pathology and comanagement.
 - combine pediatric and geriatric classes
 - 3rd Year developmental class

- -less optics
- -less vision science
- Increase the number of patients seen at the clinic at the school
- VT
- Do we now have a professor that can teach pharm? I learned more from reading Schwartz 3x's than sitting in that ophthalmic class taught by _____, _____, etc.
- A lot of info I learned was taught to pass the National Boards. It had virtually no relevance to clinical application. Being out of school 20+ years I have no idea what the current curriculum is like
- Hope "graphical analysis" is gone by now.
- Theoretical optics
 - Statistics
- outdate binocular vision (graphery ex) who ever really does that in real settings?
- Require all applicants to take pre-req's before entering OD program .Courses like biochem, microbiology, anatomy and physiology (exclude head and neck), etc. Should not be part of OD curriculum but rather required at the undergraduate level
- too much theoretical binocular vision. things like horopters and ARC!! Facts likely to appear on boards should be discussed, but these topics were overanalyzed for little benefit.
- All courses that should be undergrad prerequisites
- Anatomy in 1st year - that should be done in undergrad work!
- Too much work/time spent on binocular vision and vision therapy. I think the specifics of vision therapy should be left to residency programs that specialize in it. Such a select few choose to make BV/VT their primary mode of practice, that I think the class time spent on it could be used on something else.
- Basic Science Classes should be done at the undergraduate level. A bachelors degree should be required for admittance
- 4th year FSU Rotation
- Human Anatomy & Microbiology since both are already pre-requisites for admission.
- It's been a long time, but I can't remember anything that wasn't worthwhile
- Historical perspectives of binocular vision
- Environmental Optics?? (3rd year class)
- binocular vision is more in depth than needed for boards or a primary care or even VT based practice
- Some classes are irrelevant practical optometry profession and I would recommend removing from the program but due to the subject matter covered on boards, they are necessary
- None. Patients ask hard questions and you need to have a wide base knowledge.
- The basic micro and anatomy of first year are redundant to undergraduate studies
- Less optics, Less binocular vision
- Environmental Vision should not be a separate class but incorporated into others
- microbiology is a redundant class, esp if taken at FSU during undergrad
- Developmental Vision - should be either an elective or part of a Peds residency
- Tuition (corporate sponsorship of students)
- Too much optics - nice for boards, but not as practical for day to day use as some others
- Geriatrics Course, Environmental Vision Course
- Micro. The class was a repeat of the class we had in undergrad (@ FSU).
- None - although the environmental vision course should be redesigned to be more practice relevant (real-life situations)
- overall, it is an excellent educational program and nothing specific comes to mind other than an overall theme of a little less depth on the theory side and a little more depth on the practical application side of things
- cut back on some of the time spent learning "traditional optometry" such as optics, binocular vision, and visual perception, focus more on teaching evidence based medicine, which would remove large portions of the vision therapy course
- Esoteric and obscure contact lens information (i.e. ways to make CLs)
The ongoing fight between Graphical Analysis and OEP
Behavioral Optometry (irrelevant and useless (at least for me!))
- I remember having to spend a week observing in a private practice. The first day was interesting. The next four had no educational value.

- Possibly the environmental optics course. Other than providing board rat-facts, it didn't really apply to real life.
- Binocular vision is important, but it may have been given too many class hours
- Microbiology
- I felt all they offered was beneficial
- Not so much binocular vision

Question 14: Please elaborate on any topic(s) you feel we should be aware of regarding the educational process at MCO.

Summary:

- Most comments centered around incorporating what is taught into everyday practical experiences to help better prepare the students for practice.
- Many other comments were of a personal nature about specific faculty, good and bad. Many feel there are very good things that happen at MCO and others think much needs to be changed because of the faculty. (specific comments naming faculty have been omitted)
- One comment which did stand out was the praise the alumni had for the faculty as a whole always having an open-door policy, easily approachable, etc.

- The profs and staff made us feel trusted as individuals and respected. When I tell grads from other schools that we had keys to the building...they are shocked!
I had the opportunity to complete a primary care residency at ICO after I graduated from MCO. I made many comparisons during that year. Ultimately, if I had to do it over again, I would still choose MCO because of the faculty, the small class size and the cost. MCO's best quality is the respect the faculty and staff show toward the students - you told us we were the best, you treated us as though we were the best, therefore we tried to do our best and act our best. The honor code was a real thing for us.
The biggest downfall of MCO is its location because it limits the patient base (nothing you haven't heard before)
I do feel that more emphasis should be placed on self directed learning, research, and residency training! It would be helpful if a small bookstore could be started in the optometry building that stocked reference books, texts (that may or may not be required for classes) and equipment. I lost my prism set and my scleral depressor during my fourth year and couldn't buy a replacement!
Finally, don't be afraid to challenge the students or make changes. I feel that in some classes we were not pushed to learn and therefore did not learn as much as we should have. I can tell you that students at ICO are much more challenged academically and clinically.
- I think MCO has an excellent educational process/system.
I would recommend de-emphasizing the binocular vision curriculum and devote some more "real world" class time to practice management - specifically important aspects of practicing optometry, like signing up for insurances, how to get a business loan, how specifically to run a practice and all expenses associated with it. Bring in "real world" private OD's to talk on these aspects of practicing.
- Better resources - library with reference books (up to date), good periodicals selection. Up to date - slides, videos, etc.
Better technology - more teaching microscopes, BIO
More Grand Rounds time setting, see pts with actual diseases, problems
Very little awareness of residency programs
BETTER EXTERNSHIPS - see volume of pts with interaction from preceptor, offer sites where student can see a variety of diseases, dystrophies, etc.
More exposure with CLs - GPs, K-cone, bifocal fitting
More exposure to research
More pediatric patients, more VT (did not see VT patients) Have a VT clinic M-F night
Vision screenings were a good start, should do pediatric screenings too!
Lectures with case base presentations, more slides, pictures, videos. Again see the disease, etc.
- Obviously, seeing more patients while at MCO would be beneficial. I feel that my weakest clinical area upon leaving school was contact lenses - mostly because of lack of patient experience.

- In the area of RGP's, I have far more knowledge in fitting bitoric and k-conus lenses than other O.D's whom have graduated at the same time from different schools. I often find myself teaching them what I have learned so they are not calling a consultant for every fit!
- I feel that the school is run in a very political way. If you propose a change to the way things have always been done, you are shunned and blacklisted by those in charge. Although I feel that the school is stagnant and set in its old ways, I am also very worried that it is not moving in the best direction with Dr _____ new curriculum which emphasizes basic science, disease, pharmacology, etc. Although this is important, we must remember what sets optometry apart as a profession from ophthalmology (binocular vision, developmental vision, visual-perception, contact lenses, etc.) If these courses are cut our profession is in trouble both in identity and finance. Also, I disagree strongly with the external rotation site selection and that every site must be filled every semester. This discourages students from seeking out great learning/practice opportunities and makes the students appear as guaranteed workers for a site. I think many sites take advantage of the interns, especially the Jackson prison. The learning in ocular disease there is great but I don't think students should be placed at risk, even if the risk of physical harm is low. I was verbally threatened a couple of times there (once that he was going to shoot me) The guards are down at the other end of the hall and not usually near the exam rooms. This risk is crazy and I don't feel comfortable with this as an alumni.
Most of the professors are excellent, but some need to adapt to the times. I am proud of the school overall and feel my knowledge is superior to new grads from other schools.
- 1. Use as much logic as possible to teach path & pharm. After 3-4 years of undergrad, some of these kids may be burned out on memorizing.
2. What is "professional" anymore? I think it just means doing your best job. I have the impression that younger ODs are more interested in using their BIO than in taking the time to listen to their patients' concerns.
- I feel that the students at MCO are extremely babied. I remember an occasion where my class actually had a meeting with the dean to complain about 2nd year being hard. I think the dean should have refused to even have such a meeting. Do students in med school have these types of meetings and what would a med school dean say if students were complaining that it was too hard? That was completely absurd! Also, MANY of the professors allow exam dates to be changed in cases of conflict with other exams. Students entering this program should be aware that becoming a doctor should not be easy...otherwise everyone would do it! I think professors need to be more firm and not allow these types of things to happen. It may actually weed out some students that may not belong in the program. In practice, would you tell a patient that you can't help them because it's too hard? I think not.
- Student clinicians should be urged to solve the patient's problems and not worry about the amount of boxes filled out on an exam form
- I feel the school has improved significantly since Dean _____ left MCO. Dean _____ had done a lot more the school since his arrival
Optics was top notch education from _____.
- 1. MOA provides terrible CE, if MCO could provide more CE classes that would help.
2. Better practice management
3. Optics was top-notch, don't ever lose _____
4. Does _____ still have the super-huge ego? Sometimes his ego would block the screen.
- I feel a curriculum overhaul at MCO would be vastly valuable. From by understanding this process has already begun and positive steps have been taken. First off, summers except for after first year should be mandatory. I know MCO is proud to get their students into clinic early (beginning of 2nd year) yet these students aren't ready. They have not had any disease or BV training at that point. They know how to run tests but don't know what to do with the data or they don't know how to diagnose pathology because they haven't learned ocular disease yet. Clinic should begin the summer after 2nd year. By making this change more time would be free during this 2nd year for more academic learning. Also I believe certain classes themselves need to be modified - not changed. Also a 1-2 hour class during the 3rd year on new technologies, surgical comanagement, new procedures, etc. would be beneficial. I have a number of other suggestions that I'd be willing to share should someone be interested in contacting me on this matter. Sincerely, _____
- Overall I felt ready to practice and confident when I graduated. Over time with all the changes in optometry and eye care I really see the need to continue my education with continuing education programs.

I would have liked to have instructors/teachers who had been in private practice for a number of years teach more practical things they learned in the "real world." May be a retired OD teaching part time

- reduce memorization of lists and incorporate logical problem solving analysis and internet based grad rounds
- I felt I got a great education at Ferris; I do think MCO should try to do more research, clinical studies to become better known in the optometric community. Other larger schools in different states don't seem to respect MCO--I practiced in NC and found that so.

During final year--need to do more exams - possibly no rotation at MCO - hardly saw any patients - really did not know how to fit a gas perm upon leaving school - my rotations were mainly path related (same goes for VT).

Also, low vision - students may need more direction, ie: practical application vs. optics of every telescope, magnifier... (I know that optics are important, but so is taking care of patient properly. CE in Detroit area instead of going to FSU - would probably have a good turnout?)

Good Luck MCO

- I feel I learned a lot - just wish I'd have paid attention to the practical end - collecting. I feel as a mom, I've chosen lower level opportunities in order to be at home more. I'm bothered to realize I don't make avg. income for ODs. But have accepted less than avg because of relationships developed with mediocre practices. I am currently changing those ways of thinking as my own business, started from nothing, is growing.
 - I had a great education and experience
 - neuro was weak
excellent disease (_____)
excellent pharmacology (_____)
great optics (_____)
- You have to learn to condense exam times. Teach more of a problem-focused real world exam. _____ binocular vision was over everyone's head. Again, make it more real world, less on theories, more on practical application.
- I am so far removed from the education standpoint it would be difficult to comment. I believe optometrists should try to stay with the core philosophy of a doctor and stay out of department stores. It really is unbecoming of the profession.
I personally or professionally would not want my office next to a Blue Light special or a Tire or Clothes sale.
 - I remember having some repeating of material 2-3 times, but by different instructors. If some of the repetition was eliminated it would free up room for other topics.
(Example: I remember learning the Parks 3 step method a few times in different classes)
Also concerning National Boards - some of my classmates failed and complained that MCO did not prepare them for the test. I feel that MCO did a great job preparing us for boards. The people that failed were unprepared because they didn't work hard, or maybe because they are poor standardized test takers. A couple of my friends that failed just didn't take boards seriously.
 - Please stress need for private practice. Discourage corporate optometry. Thanks.
 - Run a mock practice for a year including income from patient fees, rejections from insurance companies
Pay bills - overhead, rent, phone, advertising.
All that is needed in running a practice including hiring staff
 - Unfortunately, I don't feel the patient base is large enough in Big Rapids to get adequate clinical exposure. Although our rotations in fourth year help, I feel we should try to increase the clinical aspect of the program. Has anyone considered a satellite program in Grand Rapids?
 - I thought the curriculum was already very recently revised. I am not as familiar with the curriculum now as I was as a clinical associate. I filled out the hard copy but realized today it wasn't mailed so I completed this to expedite.
 - The largest drawback to MCO is the limited patient base seen at the school clinic and the continuity of care. As a student doctor I rarely had the opportunity to see patients on a follow-up appointment.
 - I basically believe that I received a good optometric education but would have liked to have a stronger background in:
 1. practice management
 2. binocular vision
 3. role modeling/encouragement in developing a strong ethical, social, and professional commitment

- 17 MCO definitely has earned the name for itself. The tight-knit small size allows interaction among faculty and staff to an easier extent, or even to a personal level, if wanted. I am glad I'm in a class size of 33 students with a limited faculty. More interaction leads to better relationships and more comfort in learning as I work my way through optometry school.
- 18 I think MCO is a great Optometry school. I love the small class sizes and all the interaction with the professors. Even though I'm away from my "real" family, I still feel like I have a second family in the Pennock building. One thing we really need though is a new building with more updated equipment. We are a medical school and don't deserve to still be in an old dormitory.
- 19 no
- 20 Just get the new building built as soon as you can! I would love it if it was done before 2007!
- 21 As a first year student, upon applying to and entering MCO, it would have been nice to have more information about the school (curriculum, organizations, social activities, volunteer opportunities, etc). I think that this could have been done by possibly putting more info on MCO's web page (especially for perspective students not from Ferris, b/c I know when I was applying many times I felt like I really didn't know as much as I would have liked to about the school).
- 22 I think that we should have had a lab for neuroanatomy. I also believe that the first part of our vision science course in the second semester of first year should be taught by Dr. Keating, or someone with a physics and math background.
- 24 I feel it is somewhat silly to require a class as a prerequisite when we are going to take it again when we get here ... ie) Anatomy: I had to take that in undergrad and again now. the class I taken in undergrad was nearly identical to the class I am taking now
- 25 I do have one comment. For the future first year students, it would be beneficial to have the second semester optics class in the morning. Dr. Keating is a very intelligent man with complex material to present, and it is difficult to absorb the information that he presents for two hours at 3:00pm after a previous two hour lecture. It would be beneficial for the students and their learning if these types of schedule changes were taken into consideration.
- 27 The one drawback to MCO is the first impression of the building it is located in. An old dormitory converted into a clinic and school appears like it was an afterthought at Ferris. The facility itself can be somewhat uninspiring to students visiting for the first time who have visited other Optometry schools. I feel that an updated facility would complement and do justice to the heart of the program; the students, faculty, and staff of MCO.

FACULTY SURVEY AND COVER LETTER

Dear Michigan College of Optometry Faculty:

The Michigan College of Optometry is currently conducting a self-study for two purposes: an FSU program review and a renewal of our accreditation by the Accreditation Council on Optometric Education. Clearly these are both critical reviews for the future of our program.

As a member of the faculty your perspective on the status of our program is very important for these reports. Please take a few minutes to complete the following survey. The response rate to the survey itself will be a measure of faculty support of the Optometry program or lack thereof.

Of course, we want you to be completely honest and thoughtful in your responses. The surveys will only be used for grouping of data. Feel free to provide comments regarding the survey questions or any other issue that you feel is important. All comments will be included, anonymously, in the final report.

The MS Word attachment has been provided in "forms" format for your convenience. Use your mouse to check the appropriate box. The "comments" section at the bottom will auto-expand to include as much text as you need. If you complete the survey by hand, feel free to add pages or submit comments by E-mail. Once completed you can save the file to your computer (best to "Save As" to a convenient location like your desktop) then attach this completed survey to an E-mail back to Mark Swan. Or, print it out and return it by fax or mail.

Thank you for helping us in this important self-study process. We would appreciate a response to the survey by August 01, 2004. If you are also an MCO Alum you will receive a similar survey notice in the mail. Please complete both surveys, they are different.

If you have any technical difficulty or have any questions please contact Mark Swan at the address below.

Sincerely,

The Academic Program Review Committee
Michael T. Cron
Terrence J. Doyle
Michael P. Keating
Teresa M. Seim
Mark Swan (chair)
Philip E. Walling

MICHIGAN COLLEGE OF OPTOMETRY
AT
FERRIS STATE UNIVERSITY

Academic Program Review -- Faculty Survey

INSTRUCTIONS

Please answer the questions by checking the appropriate box. If the question does not pertain to you, or you don't have enough information to answer it, please select N/A (Not Applicable). There is space for comments/feedback under #25.

You can complete this form by printing this page out and completing it by hand or use MS Word to check the boxes with your mouse and type in your comments at the end.

Once you have completed the form, you can submit it in three ways.

1. Attach it to an **E-mail** to Dr. Swan or any of the committee members.
2. **Mail** it to Dr. Swan's attention at the College address.
3. **Fax** it to Dr. Swan's attention at the College fax number.

Michigan College of Optometry
1310 Cramer Circle
Big Rapids, MI 49307
231.591.2394 fax
mswan@ferris.edu

FACULTY STATUS please check one

I serve MCO as a:

- Full time MCO faculty or board appointed half-time MCO faculty
- Adjunct Clinical Faculty
- Ferris State University faculty from other colleges (e.g., pharmacy, Arts & Science) that teach in one or more MCO courses

MCO MISSION

1. MCO is successful in assuring that its graduates have the knowledge and skills necessary for current entry-level optometric practice.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

2. MCO is successful at developing a strong ethical, social, and professional commitment in its graduates.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

3. MCO is successful in developing an ability and affinity for self-directed life long learning in its graduates.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

4. MCO is successful in providing up-to-date clinical optometric care for its patients.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

5. Relative to other optometry colleges without graduate programs, MCO is successful in conducting programs of research in vision care, patient care, and professional education.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

6. Relative to optometry colleges with graduate programs, MCO is successful in conducting programs of research in vision care, patient care, and professional education.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

CURRICULUM/STUDENTS

7. The current MCO OD didactic courses do a good job of preparing students for clinic.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

8. The current MCO OD clinical education does a good job of reinforcing the didactic material.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

9. The current second and third year MCO OD clinical education is excellent.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

10. The current fourth year MCO OD clinical education is excellent.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

11. The proposed OD curriculum will do a better job than the current curriculum in educating MCO students didactically.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

12. The proposed OD curriculum will do a better job than the current curriculum in educating MCO students clinically.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

13. During the last 7 years, the performance of MCO students on part I of the NBEO is good.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

14. During the last 7 years, the performance of MCO students on parts II and III of the NBEO is good.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

15. Relative to optometry colleges in neighboring states, MCO/Ferris State University needs to be more competitive in attracting excellent out-of-state students to enhance the educational and clinical environment.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

RESOURCES

16. The Ferris State University central administration has provided the support necessary to make MCO a national leader in optometric education.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

17. The MCO administration has shown the needed competence and leadership to make MCO a national leader in optometric education.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

18. The MCO faculty has been successful in seeking/utilizing the resources necessary to make MCO a national leader in optometric education

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

WORKING CONDITIONS

19. In terms of interactions with faculty, staff, and/or administrators, the MCO faculty work environment is good.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

20. The MCO faculty workload provides sufficient time for faculty development and for faculty professional activity.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

21. The accomplishments of MCO faculty are adequately recognized and appreciated.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

22. Taking into account salary and benefits, MCO faculty are adequately compensated financially

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

23. MCO faculty have adequate input into work assignments

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

24. MCO faculty have adequate input into college decisions.

5 Strongly Agree 4 Mildly Agree 3 Neutral 2 Mildly Disagree 1 Strongly Disagree Not Applicable

25. List the areas in which MCO needs improvement and/or state any other comments/feedback

Please type your comments in the box above. It will auto-size to include all of your comments.

FACULTY COMMENTS

- Updated curriculum, new building, attracting out of state students, state of art equipment
- We will not be a national leader until our facilities are updated, i.e. a new building. Our recruitment of quality faculty and students is essential at this stage of the program, and a new building is the key element toward making this possible. In addition, out-of-state tuition is a significant hindrance toward recruiting qualified students.
- Talking to students on rotations, they seem concerned with results of boards on parts I and II. WebCT I think has definitely helped students and off-site faculty stay in contact with campus.
- MCO needs to be a part of national optometry and less a part of FSU!!
- More certain types of clinic patients, more realistic setting including use of ancillary personnel, more scholarships for incoming students
- Areas for improvement: NBEO scores, more faculty members, improved applicant pool of qualified students.
- Areas of strength: Excellent faculty and administration dedicated to program; innovative teaching and education, (ie, Asynchronous Learning Network for 4th years with integrated use of off campus residents, Simulated Clinics, high use of technology in clinic and in teaching experiences); faculty and administration serve as role models to students of life long learning values, faculty serve in leadership roles on national and state wide committees.
- MCO and FSU need to make it attractive for good out-of-state students to come to MCO. This includes making it competitive and attractive financially. For years we got good out-of-state students. Has the FSU's out-of-state tuition policies, relative to the optometry colleges in neighboring states, competitively priced us out of the market? Given the history of MCO, I believe MCO should remain on the Big Rapids campus, but have a strong clinical program in Grand Rapids. Perhaps that means first two years here at Big Rapids, third year at Grand Rapids, and 4th year continue with the clinical rotations. If FSU really believes that our mission is to be a "national leader" in optometric education, then we need to be more competitive in getting out-of-state students. We also need a few more faculty. Being a "national leader" takes talent and effort and a critical core of people (faculty). When over the years, the number of faculty dwindle, due to hiring freezes and lost positions, that has a damaging effect on MCO's efforts to be a "national leader."
- We need to be more competitive in recruiting outstanding students. We need to be more competitive in recruiting outstanding new faculty. We need better facilities to attract students, faculty, and patients. We need more administrative people and resources to do administrative tasks that ever increasingly get assumed by faculty. Instead of getting so far behind before making large improvements, we need more foresight and resources for consistent growth and excellence.
- As stated in question 15 we need to have greater academic strength in our admitted class by achieving greater success in attracting highly qualified out of state students. The numbers and strength of the Michigan resident applicant pool has not been sufficient to seat a class of 34 students who are all highly likely to be successful in the program. Improvements in facilities and tuition policies could help.
- I feel that the MCO students need better clinical experience. We have interns from MCO and ICO. The ICO interns are typically better clinicians. I think this is most likely due to the location of their clinic and the patient base they draw from (inner-city vs college students). I believe the MCO students have a lot of knowledge, but don't know how to apply it to the patient in the chair. I think an emphasis should be placed on patient case oriented learning. Start with a patient with real complaints, histories, findings, etc and work from there. When specific findings or diseases are found, expand into them. I think

they will truly learn the material better and remember it, rather than memorizing a list of diseases, taking a test and forgetting it.

- There is inadequate time for communication and debate of issues in a formal setting, where everyone can hear everyone else's opinions. We are doing more with less and getting spread too thin. That being said the faculty, staff, and administration get along very well, discussing issues in small groups in the hallways, with everyone working to what they believe is best for the College. Faculty and staff are constantly picking up extra responsibilities to help each other out. The faculty needs to meet at regular intervals with agenda items, moderated debate (not necessarily Robert's Rules), and minutes. The clinical exposure is minimal. We need an aggressive marketing campaign for our clinics, whether in BR or GR.
- Increased faculty/college recognition -nationally- through vision research, writing, and lecturing; new physical plant; improved system of clinical scheduling, better organization of specialized clinic areas and exam lanes, communication tree routinely breaks down within clinic; triage training for staff to handle phone calls; grant-seeking and writing support by FSU would be appreciated; increased community outreach within Big Rapids (volunteer efforts, local events, speaking engagements) and extending to surrounding impoverished, rural communities; decreased out-of-state tuition to compete for geographically diverse and better qualified student body; increase number of 4th year interns in specialty clinics at MCO; consider requiring self assessment before, mid, and post-term for all students in clinic;
- 1) MCO should recruit academically stronger students. 2) MCO needs to explore the possibility of increasing the "time on task" of basic science courses. 3) MCO needs to explore the intergration of basic science course concepts into the clinical experience... possibly patient case presentations in a "Grand Rounds" format that could include "outside" clinical specialists and experienced general practice "specialists" who can reinforce the application of basic science concepts to the clinical decision making process.
- One, we need better facilities. The current building is antiquated and is inadequate as a teaching facility. With exposed plumbing pipes throughout the building, the school appears second-rate. Two, we need to purchase more state-of-the-art equipment. Due to lack of funding, MCO does not own many critical pieces of equipment which other optometry schools own, i.e., VER, ERG, RTA, OPTOS, computer visual acuity tester, etc. Our students graduate without basic hands-on knowledge of many pieces of equipment. Three, we need to market our success stories. The hard working faculty and staff participate in many successful endeavors. We need to publish these stories in the local and national media.
- We could use new facilities. I think they should be built in Big Rapids with a more substantial clinic in Grand Rapids. The MCO faculty and administration have done all they can to increase the student quality but MCO has to compete for students with other optometry college that have superior facilities.
- One area, which needs improvement, is some of the part-time instructors. The students have evaluated many of the instructors we currently employ with bad evaluations and yet, the same part-time instructors are still hired back each semester. We should look into either compensating a full-time instructor to fill in those times or raise the hourly rate and get some quality people here at MCO. We should be leading the way clinically, not hanging on to what once was the norm in practice 20 years ago.

ADVISORY COUNCIL SURVEY AND SUMMARY

MCO Advisory Council
Curriculum Survey One
2001

O.D. from Ferris _____ or O.D. not from Ferris _____

1. In general, how would you change the curriculum?

2. What is currently not being adequately covered in the curriculum or not covered at all? In other words, what do we need more of?

3. Is #2 of equal or higher priority than other items in the curriculum?

4. If higher priority, higher than what? What in the curriculum would you rate as a lower priority? (Entire areas, courses, labs, portions of areas/courses/labs, specific topics)

5. Should we have electives in the curriculum? What? Items in #4?

6. If electives, when and how?

7. What redundancies do you feel exist in the curriculum?

8. Any suggested changes in course sequencing?

9.Changes in the purpose, structure, timing of the second year clinic?

10. Changes in the purpose, structure, timing of the third year clinic? How would a Grand Rapids clinic fit in?

11. Changes in the purpose, structure, timing of the fourth year clinic? What is the main purpose of the fourth year clinic?

12. Any major curriculum wide changes in format? (Problem based, active vs. passive, self-discovery, topic concentrations vs. courses, web based, etc.)

13. Based on your responses, do you see the need for minor, moderate or major changes in the curriculum?

14. Anything about the curriculum this survey didn't cover that you would like to add?

MCO Advisory Committee Summary
Curriculum Survey 1

Need to increase in curriculum:

- Practice management – accounting, computer software
- Professional conduct – appearance, relationships, involvement with other professions
- Problem solving skills
- Social behavior and people skills in pre opt

Lower priority (reduce) in curriculum:

- OPTM 401 The Practice of Optometry
- OPTM 602 Public Health Aspects of the Practice of Optometry
- OPTM 603 Ethics and Management of the Practice of Optometry

Curriculum Format:

- Clinically problem-focused orientation
- Real-world clinical approach
- Students into clinic ASAP
- Some self-directed / self-paced format
- Entry level clinical exposure first year
- More specialty level clinical exposure
- Third year students in Grand Rapids clinic 50-75% of time



Final Report of the Blue Ribbon Committee for the Michigan College of Optometry at Ferris State University

June 12, 2000

Prepared by
***The Blue Ribbon Task Force
for the
Michigan College of Optometry
Ferris State University***

Prepared for
***Barbara Chapman
Vice President for Academic Affairs
Ferris State University***

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THE BLUE RIBBON COMMITTEE

Creation of the Blue Ribbon Committee

In July 1999, Ferris State University's vice president for Academic Affairs, Barbara Chapman, appointed a special Blue Ribbon Committee to identify and explore current and future issues the university is facing with respect to optometry education and practice. The university's Michigan College of Optometry is embarking on a planning process that will establish strategic directions for the college in the new millennium. This effort is part of a campus-wide initiative to enhance the quality of the university's academic programs and plan for facilities needed to carry out the university's goals.

Blue Ribbon Committee Members

The following national and state leaders in optometry education and practice were appointed to the Blue Ribbon Committee:

James A. Boucher, O.D., M.S., Laramie, Wyoming (Moderator)
Robert L. Carter, O.D., Big Rapids, Michigan
Anthony F. DiStefano, O.D., M.P.H., Elkins Park, Pennsylvania
David G. Durkee, O.D., Lowell, Michigan
Gregory B. Ferman, O.D., Plymouth, Michigan
James M. Flynn, O.D., Westland, Michigan
C. Allyn Uniacke, O.D., Ph.D., Acting Dean, Big Rapids, Michigan (Ex officio)
Theodore B. Walton, O.D., Oxford, Michigan
Terri A. Wolf, O.D., Okemos, Michigan

Charge to the Blue Ribbon Committee

Vice President Chapman asked the Blue Ribbon Committee to provide advice and recommendations addressing the following specific questions:

- How should the college and its clinics be configured to ensure the availability of a stable and diverse client base adequate for the training needs of its students?
- To what degree should the college expand its programs into Grand Rapids and/or other metropolitan areas?
- As expansion occurs, which programs or program elements of the college should remain on Ferris State University's Big Rapids campus and which should be located in Grand Rapids and/or other metropolitan sites?
- How can the college participate in international programs and initiatives that will enhance the university, the college, and the profession?
- How, where, and with whom should the college partner?

University administrators urged the Blue Ribbon Committee members to think broadly about the future of health care and optometry, managed care, distance learning, strategic partnerships with educational and clinical entities, urban bases for clinical education, and international opportunities. Closing the college was not considered an option, nor was divorcing the college from the university. If certain functions were moved to a community other than Big Rapids, the college still would report administratively to the vice president for Academic Affairs.

BACKGROUND

The field of optometry has undergone notable change over the last 30 years. In addition, the twenty-first century will bring a totally new context for health care delivery and health profession education. As a result, the following factors are challenging the profession of optometry to redefine itself:

- The unprecedented, exponential growth in new knowledge
- The dramatic transformation of diagnostic and therapeutic options brought about by converging technologies
- The power of information technology
- The changing role of the relationship between patients, physicians, and payers of health care
- The increasingly influential force of marketplace economics

SCOPE OF PRACTICE

The profession of optometry must move forward aggressively on two different fronts: It must retain and strengthen its historical role as provider of specialized care; but at the same time, it must boldly continue to expand its scope of practice to encompass more services for more people, solidifying its role in providing primary care. Optometrists must be prepared to use new tools and approaches both in clinical practice and the education system. Finally, the profession must work toward producing a new kind of optometry graduate whose entry-level abilities promote personal and professional success in a constantly changing health care system.

If the optometry scope of practice is to continue to expand, the Michigan College of Optometry will need to increase its traditional political and educational support of legislative initiatives. As therapeutic pharmaceutical agent (TPA) legislation proceeds through amplification phases, long-term strategies need to be developed to address issues such as the following:

- Continued amplification
- Optometric use of lasers
- The use of orals and injectables
- The redefinition of optometrists as *optometric physicians*
- Optometrists' role in the diagnosis and management of systemic disease
- The role of refracting opticians

Assessing the implications of these and other issues for optometric education will require critical thinking and progressive leadership.

RECOMMENDATIONS

The Blue Ribbon Committee studied short-term (three to five years) and longer-term (five to ten years) issues and made recommendations for each horizon of time.

Short-Term Considerations:

Overall, the optometry program currently is doing a good job of educating entry-level practitioners. However, some changes in the clinical program should be undertaken in order to enhance the effectiveness of the program and prepare for the challenges of the future.

At the first curriculum meeting of the College of Optometry in July of 1975, the founding faculty members and administrators recognized that the limited patient population in the Big Rapids area would be detrimental to the clinical program. As a consequence, a decision was made to "download" the didactic portion of the program into the first three years in order to free up fourth-year students from classroom activity. This curriculum model—which later became known as the "Ferris Model"—allowed fourth year students to pursue clinical activity at various external clinic sites without missing any lectures or laboratories. The rationale was that the limited local patient population could then be divided up between fewer student clinicians.

This model originally served the college very well, but for the past several years, the on-campus clinical education program has suffered from a lack of patient volume and diversity. In addition, the fourth-year clinic rotation sites have become more numerous, more difficult to manage, and more isolated from the college, due to the fact that they are increasingly located farther and farther away from the Big Rapids campus.

Short-Term Recommendations:

The following short-term recommendations seek to address the above-mentioned problems.

No attempt should be made in the next three to five years to move the didactic portion of the program from the Big Rapids campus. The Big Rapids campus is suitable for the didactic portion of the program and provides student amenities that would be difficult to duplicate elsewhere.

The university should make funding for a new building to house the College of Optometry a top priority. The committee recommends that the university construct a freestanding physical plant specifically developed for the Michigan College of Optometry. Pennock Hall has never been an ideal building for housing the optometry program. Since it was remodeled in 1977 to house the college, it has aged considerably and is now an obstacle to (1) providing patients easy access to the on-campus clinic, (2) educating students (due to poorly designed classrooms), and (3) attracting and recruiting potential students.

Every effort should be made to make the on-campus clinic more patient-friendly. Both administrative and physical barriers should be removed in order to attract and keep a loyal patient base. Consideration should be given to (1) moving the clinic to a more easily accessible ground-level location in a building specifically designed as an optometry clinic and (2) instituting administrative measures designed to provide for patient-oriented care and continuity of care.

The university should investigate the possibility of establishing one or several large, urban, inter- or multi-disciplinary clinics in densely populated and diverse communities reasonably close to Big Rapids. Suggestions for potential sites include Grand Rapids, Lansing, and the Detroit metropolitan area. The primary advantage of a Grand Rapids site would be that third-year students could commute from the Big Rapids campus; this would ease the problem of the limited patient base in the on-campus clinic.

Efforts should be made to enhance the fourth-year rotations by providing better communication between the College of Optometry and all external sites. The "far-flung empire" of the fourth-year rotations has become increasingly hard for the college to maintain and administrate. Internet connections should be established between the college and all external sites to enhance education, assessment, and administration.

The fourth year rotation should offer a broader array of experiences. The college should attempt to diversify students' experiences during the fourth year by including sites that provide experience in practice management and administration and interaction with ophthalmology specialties.

Long-Term Considerations:

The planning scenario for the next five to ten years is meant to provide a perspective for change and emphasize opportunities for leadership. The college has a lot to offer the optometric community. We recommend that the college's leadership play a pivotal role in the profession's future growth in both Michigan and our region of the nation. We hope that the college and university will seize this opportunity and chart an aggressive course for its future.

Long-Term Recommendations:

The Michigan College of Optometry should consider taking a leadership role along with the Michigan Optometric Association to develop a statewide strategic plan for the future of optometry and optometric education. What the public expects from practicing optometrists will change dramatically in the new century. Today's practitioners and the mentors and teachers of tomorrow's optometrists must envision the changes in practice, technology, reimbursement, office management, and patients' needs and create a strategy and set of tactics that address new expectations.

The college should make curricular changes to prepare students for the business challenges they will face in the marketplace, particularly managed care. It should promote aggressively managed care models that strengthen and expand the role of the optometry profession. Managed care is the predominant organizational and financing scheme in the current health care system. The conventional perception is that most health care providers, including optometrists, view managed care negatively. Reimbursement has been lower, optometrists must see more patients, and the amount of time spent with each patient has decreased. There is even evidence that some optometrists are becoming more selective with respect to which managed care plans they participate in.

Thought managed care currently has a negative image, optometrists should develop strategies for capitalizing on this apparently irreversible trend. For example, more patient volume provides the optometrists with the opportunity to develop relationships with patients they otherwise might never have seen. These relationships can be expanded to managed care patients' family members, and through sound practice management, they can lay the foundation for long-term care of these patients. Optometrists should take advantage of their numerous encounters with managed care patients to educate them as to the strengths and weakness of their health plan and the value of comprehensive eye and vision care services. More importantly, participating in managed care helps optometrists to position themselves as purveyors of "medical eye care" rather than providers of eyeglasses and contact lenses.

Furthermore, optometrists do not necessarily need to accept the limitations of vision plans in providing care. Optometrists can educate patients in situations where a patient may need expanded, preventative, and non-covered services. Hence the optometrist can use managed care benefits as a platform for providing a more comprehensive array of necessary services than are covered by the patient's health plan.

Because of resistance from many unions, most notably the United Automobile Workers, managed care has not affected Michigan's health care marketplace as much as it has elsewhere. However, because examination fees have not been upgraded, optometrists have been forced to be very entrepreneurial. New vertically integrated delivery models will need to be explored for optometrists to remain competitive. Future graduates will need to be prepared for this new practice world.

The curriculum of the Michigan College of Optometry should not only reaffirm the value of traditional optometric skills and services but also continue emphasizing and strengthening comprehensive medical eye care education. A full-service orientation should be advocated through both legislative initiatives and curriculum philosophy. Optometrists have evolved into primary health care practitioners, essentially becoming America's family eye care practitioners. This has involved an expansion of services provided to patients rather than a shift in scope of practice. Managed care systems support optometrists taking on primary care responsibilities, because optometrists provide cost-effective care for plan subscribers. However, the profession will be challenged in the future to reconcile this primary care role with the periodic drive to specialize. Broad-based competencies that enable optometrists to provide comprehensive services should be the strategic goal for the profession and shape the framework for optometric education. True primary care practitioners must have a challenging education to prepare them for the demands of these future modes of practice. Optometrists must be able to provide comprehensive eye and vision care services—from ophthalmic materials to medical eye care, and from basic pediatric eye care to visual ergonomics for the increasing number of computer users.

The college must be sensitive to trends and challenges and position itself for an increasingly competitive marketplace for the benefit of patients *and* students. The college should develop a strategic institutional plan that does the following:

- **Defines the relevant internal and external forces most directly affecting the success of its students and graduates and the quality of its programs**
- **Targets key curricular initiatives that will ensure quality programs and a prestigious reputation for the college**
- **Expands off-campus clinical programs into urban and under-served areas that will give students significant opportunities to strengthen their clinical skills, especially in diagnosing and treating ophthalmic disease**
- **Develops a campus plan that balances the students' need to be a part of a campus community with the pragmatic need to expand decentralized clinical experiences**
- **Aggressively adopts new instructional technologies to enhance student learning both on- and off-campus (e.g., distance education and telemedicine)**
- **Develops strategic alliances with other health care institutions, with the primary goal of providing interdisciplinary clinical experiences**
- **Develops long-term student recruitment and placement plans sensitive to changing market forces and affordability for students**
- **Develops a strong career planning and practice management program, without compromising basic education programs**

Beyond managed care, there are a number of market trends that will require continued attention. Will net income for optometrists continue to outstrip inflation, as the last American Optometric Association's economic survey (through 1998) reported it had for several years? Will reimbursement levels stabilize, and will Michigan reimbursement levels in particular remain flat?

The changing patterns of practice continue to move toward and favor group practices. In addition, a growing number of optometrists are choosing to work for employers over self-employment. The overall situation is still very positive, due largely to the expanded scope of practice and optometrists' willingness to work more hours and be more entrepreneurial. Corporate practices will continue to attract new graduates, even though statistics clearly show that self-employed optometrists have higher net incomes on average and develop equity.

The challenge will be to continue to make not only optometric *services* cost effective but also optometric *education*. Recruiting students will be made more difficult by the increasing levels of student indebtedness, the well-established excess of eye care providers in the workforce, and the decrease in opportunities for optometric applicants.

CURRENT CLINICAL EDUCATION PROGRAMS

Following a year of didactic education, the college's students receive three years of clinical education. In the second semester of their second year, students start conducting primary care examinations (one two-hour exam per week, with a 1:1:1 faculty/student/patient ratio). Second-year students also undertake simulated care. In the third year, students spend four hours per week in primary care, conducting exams and follow-up care, and four hours in contact lens training. Third year students also are scheduled in pediatric clinic, vision therapy, case reports, and record review/patient simulation clinic.

In the fourth year, students spend 40 hours per week in clinical experience. The campus clinic offers contact lens, pediatric/developmental, medical/surgical, primary care, low vision, and electro-diagnostic clinics. Required, too, is a research project with a faculty member. Off-campus experiences offer a myriad of training services; only about one third of fourth-year students stay on Ferris State University's campus.

Off-campus sites include Air Force bases in North Dakota and Florida, an Army base in Alaska, five Veterans Affairs centers, Jackson State Prison (offering a great variety of ocular pathologies), health maintenance organizations in metropolitan Detroit (in affiliation with the Henry Ford Health Care Corporation), specialty services (at various locations in Saginaw, Sinai Hospital in Detroit, and Johns Hopkins in Baltimore), and optometric and/or medical practices in Iron Mountain, Saginaw, East Lansing (at Michigan State University), and Eaton Rapids. It is critical that the students get this kind of hands-on training, and 90 percent of such training is conducted off-campus.

One goal of the program is to get students into patient encounters early in their education. Second-year students see 13 patients individually, while actually working with 26 patients because the students are scheduled in pairs. In 1998, the average number of initial primary care exams conducted by third-year students was 144 patients for the year. In the fourth year—when the bulk of clinical training is done—students in 1998 averaged 459 initial primary care exams over the three semesters. The averages of total patient encounters for

students at all levels over the last seven years is 456 initial entry-level exams and 1,513 total patient encounters.

While patient logs help to monitor the students' experience off-campus, accuracy cannot be guaranteed or monitored, and strict oversight of external clinics is difficult to maintain. With external clinics, there are different instructors, practice modalities, situations, patients, and philosophies. There is also a lack of information about the diversity and types of patients seen in each external clinic. Off-campus clinical experiences are invaluable and enriching opportunities that should be pursued even in situations where there are sufficient patients available on campus. But without oversight, too much reliance is placed on second-hand assessment of students.

THE BIG RAPIDS CLINIC

On average, the on-campus clinic in Big Rapids conducts the following exams annually:

- 2,179 primary care patient exams
- 680 E/M level exams
- 110 0–14 days post-op exams
- 47 15–90 days post-op exams
- 214 pediatric exams
- 32 pediatric office visits
- 39 pediatric developmental exams
- 31 low-vision exams and 4 office visits
- 450 contact lens exams and 500 office visits

These figures represent the scope of care and number of patients served by the college in the immediate Big Rapids area. Forty percent of patients come from Big Rapids, with the balance coming from numerous nearby small towns. However, the number of private practices in the area has risen dramatically, drawing patients away from the clinic. This competition is exacerbated by third-party payments that make private practice more affordable. The campus clinic is designed to educate students as well as provide care, and it therefore must absorb the cost of the students' education, making it less affordable.

In addition, the clinic is difficult to find, and walking up five floors to the clinic is inconvenient for clients. Hours of operation are 8:00 A.M. to 5:00 or 6:00 P.M., Monday through Friday, with evening hours to 9:00 P.M. on Thursdays only. On weekends the clinic is closed.

Thirty-nine percent of patient revenue is private pay, and 61 percent is remitted by insurance. This implies that about 80 percent of patients probably are insured fully or partially.

CLINICAL EDUCATION CHALLENGES IN BIG RAPIDS

The college faces three overriding challenges in clinical education:

1. Helping students understand the practice of optometry as a business (e.g., billing, practice management, and business practices), particularly the intricacies of dealing with managed care
2. Managing fourth-year experiences off-campus to prevent students from losing their connection to Ferris State University

3. Trying to find enough patients in Big Rapids to provide experience for third-year students

In planning to meet these three challenges, the university should proceed with caution. Alumni interviews indicate that the first challenge, teaching students business practices, addresses a major shortcoming of the college. But diverting students' attention to business practices means that they will have less time to learn the essentials necessary to pass state and national proficiency tests and board exams. Teaching business practices also may necessitate that students trade-off some of their essential basic experiential time. The college will need to be careful with respect to how it will implement this additional curriculum without sacrificing the quality of the overall education.

The second major challenge, promoting a connection with Ferris State among off-campus, fourth-year students, may be more easily addressed. Technology and simulated cases in electronic format can do much toward reconnecting students to Big Rapids.

The third challenge is also difficult. If the college had an urban clinic, it could extend more opportunities to third-year students and draw upon a larger and more diverse patient base. But there is no guarantee that the same problem that arose in Big Rapids (i.e., competition with local optometrists) will not become an issue elsewhere, though perhaps on a smaller scale. The university will need to take this hazard into account as it plans for the future. Virtually every college of optometry wants more patients and richer clinical experiences, and the challenges faced by Ferris State University are not unique.

MICHIGAN OPTOMETRIC ASSOCIATION SURVEY AND COMMENTS

Michigan Optometric Association – Board of Directors
MCO Program Review Survey
August 2003

Based on your experience with MCO students and/or recent graduates...

1) Rate MCO on selecting and preparing men and women for excellence in serving the primary eye and vision care needs of the public.

Very Adequate Adequate Somewhat Adequate Not Adequate

Comments (reformat or add extra pages as desired)

2) Rate MCO on providing experiences and environment to stimulate students' appreciation for and participation in professional and ethical behaviors leading to involvement and leadership in their profession and community.

Very Adequate Adequate Somewhat Adequate Not Adequate

Comments (reformat or add extra pages as desired)

3) Rate the quality of continuing education provided to optometric practitioners by MCO programs and faculty.

Very Adequate Adequate Somewhat Adequate Not Adequate

Comments (reformat or add extra pages as desired)

4) Rate the perception of MCO's overall reputation by optometrists.

Very Adequate Adequate Somewhat Adequate Not Adequate

Comments (reformat or add extra pages as desired)

5) List suggestions for improvement of the MCO Optometry program.

Comments (reformat or add extra pages as desired)

6) What trends do you see in optometric practice, that MCO needs to be prepared for in the next five years?

Comments (reformat or add extra pages as desired)

Michigan Optometric Association – Board of Directors
MCO Program Review Survey Comments

1) Preparation of optometrists for practice...

- MCO does an excellent job in preparing these young interns for primary care delivery.
- Working with the students at MCO and seeing them later at grand rounds, I see great improvements in confidence and knowledge base. The rotations MCO has affiliated with it are good ones in preparing students for practicing optometry.
- The preparation is adequate, however, I think students do a poor job of anticipating the market and industry trends, and, therefore their expectations are misaligned.
- Good general practitioners, would recommend residency training to all students to give more exposure to diagnosis and management of disease
- I felt as if I was well prepared for the real world of optometry. During 4th year rotations I felt as if my clinical skills were superior to those of other optometry schools (the only comparison was a handful of ICO students that I worked with.) Student to teacher ratio and early clinic experience are two of the most important factors that I believe contributed to the quick/superior development of MCO grads

2) Stimulating professional and leadership behaviors...

- I don't see many grads knocking down doors to become involved in the MOA. Perhaps it is improving, since now the faculty are all MOA members, but it seems that some faculty still don't encourage students to look beyond their studies into the future of their profession. I think more emphasis needs to be placed on the importance of leadership and community activities, to improve the ability to practice optometry.
- The faculty demonstrates and teaches professional ethics very well! Genuinely caring and trusting people. Involvement and leadership characteristics are lacking. I rarely see faculty at conferences! Where are they getting CE and networking with colleagues? I feel the faculty has a tendency to become isolated in Big Rapids because they do not participate in MOA, AOA or AAO functions. Because of this isolation, they are out of touch with modern practice environments.

3) Quality of MCO faculty continuing education...

- Every MCO CE program that I have attended has been excellent in providing the knowledge and tools to further my knowledge as an optometrist.
- I haven't attended one in a while, so I don't remember, but I think they were good. Grand Rounds are always good in GR.
- I would like to see more quality lecturers from a variety of faculty. Lecturing at national or regional conferences would increase recognition of MCO
- For those of us who are recent grads some CE programs are just a repeat of what we learned recently. One of the best MCO CE programs I have attended was Roger Kamen's billing seminar CE.

4) MCO's Reputation...

- The high respect by optometrist for MCO is directly related to the high regard most have for the faculty.
- I graduated over twelve years ago...at that time the concerns were a) Did not have a variety of contact lens brands to fit. b) Practice Management courses minimum. I believe these concerns have been addressed.
- I practiced in IL and was shocked at how little was known about MCO outside of the stat. In state, MCO is highly regarded
- This is quite difficult to answer with out some sort of prejudice (most of my colleagues have graduated from MCO so the pool of ODs I am mostly surrounded by is skewed. In general I believe that MCO degree says a lot.

5) Suggestions for the optometry program...

- Getting cutting edge technology into the school quicker. GDX, OCT.....etc. These tools need to be in the hands of our young interns in a timely manner. Too often optometrists are using these instruments in their offices for sometime and the schools have not even obtained one yet.
- A.-Dramatically improve the MCO facility. B.-Increase class size and add international students. C.-Shift to a/the culture of "Optometric Physician" and use the term daily D.-Add "Physical Diagnosis" to curriculum
- As stated above, more emphasis on the importance of leadership roles, the new building, of course
- As an adjunct faculty I have found that students are excellent with their clinical skills in all but one area, consistently. Very few interns can use a 90/78 lens to view the fundus UNDILATED. I have noticed areas where each intern needs improvement individually, but this is consistent. I feel the interns are extremely well prepared to enter their rotations. I have been very impressed with their quality of education.
- a) Application/usage of Laser procedures (e.g. YAG capsulotomy) b) In-office diabetic screenings c) Consumer education...outside the clinic (e.g. service clubs and support groups) d) Ability to market one's self...in order to compete with retail opticals; realizing that private practitioners don't have the luxury of large advertising / marketing accounts
- I feel the school needs to relocate (Grand Rapids) and rebuild if it hopes to diversify its student body. Why would a student pay out of state tuition to attend MCO when they can go to any neighboring state (IU, Ohio, ICO) to attend school in a high tech, modernized clinic? Teaching facilities should be the first to get new technology, not the last.
- New Building, better alumni relations, optometry: focus on your future (better talent pool to choose from)

6) Trends in Optometric practice to be prepared for...

- Preparation for laser and surgical procedures.
- A-Decreasing private practice opportunities. B-Increasing corporate employment/involvement. C-Increasing part time employment. D-Decreasing revenue from optical material sales. E-Time sharing by part-time ODs in private practices. F-A functional shortage of ODs due to the increasing number of part time doctors
- Managed care killing us! I think perhaps a course in third party reimbursement should be considered (if it hasn't been already). I don't recall having one way back in the day... It's an eye opener to find out what those insurance companies actually reimburse ODs (or don't!!) for.
- Legislative involvement, community involvement, and public education are key areas to optometric practice. I think we need to educate the students about their involvement in the community and the legislative process, not just the clinical care of patients. I think MCO does a good job of this now but could do even more.
- Clinical trends: I am not sure. I suppose lasers would be an appropriate answer here, but I don't think we should focus on that at this time.
- I feel the advancement will be laser treatment. The schools of optometry (nationally) will have to decide whether they will implement that training. I feel our relationship with ophthalmology will become more strained because of the push for addition of scope. This topic will also be divisive within our profession. I also believe more niche practices will develop, optometrists specializing in glaucoma, pediatrics, ortho-K, etc.
- A - MCO needs to be teaching students how to do YAG procedures. B - Perhaps with better alumni relations private practice OD's would be more apt to obtain an associate, find suitable recent grads to purchase their practices, and help mentor new grads. MI OD's might stay in better contact with MCO and that could lead to interesting guest lectures, donations to the school, and the use of the schools resources (library, specialized knowledgeable OD's, place for local OD's to refer to. C - Find a way to make sure that optometric students are actively involved in G.O., and MOA so that they are sure to be productive in MOA/GO when they graduate. Far too many optometrists take a passive approach to our legislated profession. There are far too many articles and discussions about the saturation of optometrists/ ophthalmologists when in reality if optometry could bill and be reimbursed for what we are worth then there would be more than enough to go around, and this can only be accomplished with large numbers of ODs working together with the MOA/GO.

PRE-OPTOMETRY CURRICULUM AND APPLICATION REQUIREMENTS

Applicants to the optometric program must complete the three year minimum of 80 semester hours of pre-professional courses prior to admission to the Ferris State College of Optometry. An application may be submitted while the minimum requirements are being completed.

Pre-professional courses must include the following:

College English/Composition, one (1) year 6 semester hours

General Biology or Zoology one (1) year with laboratory

General Inorganic Chemistry, one (1) year with laboratory

College Physics, one (1) year with laboratory. (Non-calculus based)

Physiology, Pre-professional, ie: pre-medicine, pre-dental, 200 level or higher - 4 semester hours minimum with laboratory

Microbiology, course with biochemistry pre-requisite preferred, otherwise, 300 level course - 4 semester hours minimum with laboratory

An introductory business management or accounting course is highly recommended, but not required

Organic Chemistry, one (1) year with laboratory

Biochemistry, organic chemistry pre-requisite, or concurrent enrollment; four semester hours minimum. No lab required.

College Mathematics through Calculus I

Statistics, 2 semester hours

Humanities, 9 semester hours selected from two different areas to include one speech course.

Behavioral Science, 9 semester hours with a minimum of 3 semester hours in general psychology. Select courses from two different areas with one 300-level course from one of the following: Anthropology, Economics, Political Science, Psychology or Sociology.

APPLICATION INSTRUCTIONS

All applicants are required to take the Optometry Admission Test (OAT), which is designed to measure general academic ability and scientific knowledge. In order to have the test results reported by the application deadline of February 1, it is essential that the applicant sit for the OAT during the fall testing session preceding the fall for which entry is being sought. OAT test results are valid for a maximum of five years from the date of the examination. Additionally, application for the OAT must be made at least one month prior to the test date desired. Information regarding the OAT can be obtained by writing directly to: Optometry Admission Testing Program, 221 East Chicago Avenue, Chicago, IL, 60611-2678. In addition to the application form which can be obtained by writing the Admissions Office, Ferris State University, the applicant must furnish the following materials to the Admissions Office:

High school transcript with rank in class and ACT scores. (ACT scores required if available.)

Complete official college transcripts for each institution attended.

Three letters of recommendation from professional individuals. One letter should come from a college professor, a second from an optometrist, and a third from another professional of the applicant's choosing who is neither a professor or an optometrist. Special forms to be used with these letters are provided by the Admissions Office once an application with at least one college transcript has been received by the Ferris Admissions Office. Use of the forms is a mandatory requirement.

Results of the October Admissions Test (OAT).

A typed letter composed by the applicant stating the applicant's reasons for desiring to become an optometrist. Suggested maximum length: two pages, typed, double space.

All the above materials must be in the Admissions Office by February 1, before the file is considered complete. The Optometry Admission Committee will only consider complete files.

Candidates are encouraged to begin the process early in order to receive early consideration for acceptance. Candidates may be invited to the campus for a personal interview by the three faculty member Admissions Committee. Student selection for the entering class is based equally upon academic potential as demonstrated by the Honor Point Average (H.P.A.) and OAT scores, and clinical potential as evidenced by recommendations, interviews, the applicant's personal letter, evidence of motivation, high ethical standards, and the potential for success in the profession.

FACULTY BIOGRAPHIES

Walter Betts, OD

Doctor Betts graduated from The Ohio State University College of Optometry in 1977. The following year he completed an ocular disease residency at the Veterans Administration hospital in Lexington, Kentucky. He came to the Michigan College of Optometry (M.C.O.) in 1980 and was responsible for the ocular disease courses taught at that college until 1996. Dr. Betts has lectured extensively in the areas of ocular disease and low vision. Currently he is the Chief of the Low Vision clinic and a clinical instructor in the Primary Care clinics at MCO.

Robert Carter, OD

Is a professor at the Michigan College of Optometry. He earned his doctorate in Optometry from Indiana University College of Optometry. Dr. Carter was an Assistant Professor at Indiana University College of Optometry before coming to FSU. He has practiced as an optometrist in the US Air Force, the Indian Health Service, Henry Ford Hospital and has been a partner in a private practice. Dr. Carter has written many articles in pharmacology and ocular disease. Reviewed articles submitted in the area of sports vision. Headed the legislative effort for 12 years to get the TPA bill passed. Has taught many continuing education courses in the pharmacological treatment of ocular disease.

Michael T. Cron, OD

Is a Professor at the Michigan College of Optometry. After earning his doctorate in Optometry from the Illinois College of Optometry, Dr. Cron established a private practice in Spring Lake, Michigan before coming to MCO as a full time educator. His teaching, clinical, and research interests are in the areas of pediatric vision, vision development, learning related vision problems, and vision therapy. An author and continuing education lecturer, Dr. Cron is a member of numerous professional organizations, including the American and Michigan Optometric Associations, and is a Fellow of the American Academy of Optometry.

Roger Kamen, OD, MS, FAAO

Is an associate professor at the Michigan College of Optometry. He earned his B.S. in Mechanical Engineering from Tulane University and his Masters of Science and doctorate in Optometry from The Ohio State University. His teaching and research interests are Practice Management and Public Health, Managed Care, Financial Management, Medical Records Documentation. He serves as Chair of MOA Medicare Committee and is a member of the ASCO Clinical Affairs Committee and Carrier Advisory Committee Representative for Michigan Optometry, Medicare Part B.

Michael P. Keating, PhD

Dr. Keating is a Professor at the Michigan College of Optometry (MCO), Ferris State University (FSU). He earned his PhD in physics at Indiana University. He has taught optics courses for optometry students at the Pennsylvania College of Optometry (3 years), University of Houston College of Optometry (1 year - while on sabbatical leave from MCO), and for over 25 years at MCO. He is the author of "Geometric, Physical, and Visual Optics" published by Butterworth-Heinemann (Boston). His research interests are in theoretical optics - particularly in the matrix analysis of astigmatism and refractive errors. He served as MCO associate dean for academic affairs for 6 years, and has twice served as MCO acting dean. He has received a number of awards - including the 1996 FSU Distinguished Teacher Award.

James R. Miller, OD

Dr. Miller is an Associate Professor at the Michigan College of Optometry and is Chief of the Sports Vision Service. He earned his B.S. in Chemistry from Central Michigan University and his doctorate in Optometry from Ferris State College of Optometry. Special Interests include: Ethics, New technologies, Optometry Education, Practice Management, Public Health, and Sports Vision.

Bruce W. Morgan, OD, FAAO

Dr. Morgan is an associate professor at the Michigan College of Optometry at Ferris State University. He has also assumed the position as Chief of Cornea and Contact Lens Services. Dr. Morgan graduated from Northeastern State University College of Optometry in 1987 and completed the residency in Cornea and Contact Lenses at the University of Missouri-St. Louis in 1989. He has taught in the areas of Ophthalmic Optics, Contact Lenses and Ocular Disease. Dr. Morgan's clinical and research interests include gas-permeable contact lenses, keratoconus, and corneal reshaping. He specializes in the design and fitting of orthokeratology lenses for the purpose of non-surgical reduction of myopia.

Frederick M. Nista, OD

Is a professor at the Michigan College of Optometry. He earned a B.S. in Biology from John Carroll University, B.S. in Visual Science from Illinois College of Optometry, and his doctorate in Optometry from the Illinois College of Optometry. He was the former director of the Optometric Technician Program at Ferris State University, instructs clinical testing and procedures, disease lab and primary care. His specialty interest is Para-optometrics.

Nancy Peterson-Klein, OD, FAAO

Dr. Peterson-Klein is a professor at the Michigan College of Optometry at Ferris State University. She has additional duties as Chief of Primary Care Service and Chief of External Rotations and Residencies. Dr. Peterson-Klein graduated from The Ohio State University College of Optometry in 1969. She taught at OSU in the areas of binocular vision and rehabilitative vision until 1977. Her clinical teaching responsibilities are in the areas of binocular vision, contact lenses, primary care and the long distance learning courses for 4th year externs. She serves as a Clinical Examiner for the National Board of Examiners in Optometry, consultant to the Council on Optometric Education, and chair of Region 3 Admittance Committee of the American Academy of Optometry.

John J. Pole, OD, MS

Is a professor at the Michigan College of Optometry. He earned his doctorate in Optometry from The Ohio State University College of Optometry. He later completed the combined M.S. and clinical residency in Contact Lens and Cornea at the same institution. Dr. Pole's clinical and research interests include keratoconus, corneal physiology, and anterior segment disease. He specializes in the design and modification of rigid gas permeable lenses.

James J. Saladin, OD, PhD

Is a professor at the Michigan College of Optometry. He earned his doctorate in Optometry from Indiana University and his Ph.D. in Physiological Optics from University of California-Berkeley. His research and publications are in the areas of binocular vision, stereopsis, fixation disparity, and accommodation. His clinical interests include: analysis of oculomotor and binocular vision problems, and development of non-strabismic analytical techniques.

James Scott, DVM

Received his BS in Fisheries and Wildlife (1978) and Doctor of Veterinary Medicine from Michigan State University (1981). His undergraduate studies included a minor in Botany and Ornamental Horticulture. He has practiced Veterinary Medicine in Big Rapids since 1981. Dr. Scott started his employment at FSU in 1986 teaching courses in the Biology Department including Anatomy and Physiology, General Biology, Comparative Anatomy, General Botany and Plant Propagation. He teaches Anatomy and Physiology at the Michigan College of Optometry.

Michael Shanksy, PhD

Graduated with a B.A. in psychology from Marquette U. in 1966, and a Ph.D. in Biological Psychology from Syracuse U. in 1974. He was awarded 2 NIH grants in the 1970's to study the neurophysiological and developmental effects of strabismus, and published articles in several journals, including "Science" while he taught and carried out research at Illinois College of Optometry, where he was the chair of the Visual Science Department. He currently teaches Visual Science courses and Ocular anatomy at MCO, as well as sensation and perception and biopsychology in the Arts and Sciences undergraduate program. Since coming to MCO, he has performed and presented research in the area of micropsia and human factors.

Mark Swan, OD, MEd, FAAO

Dr. Swan earned his doctorate in Optometry at the Michigan College of Optometry and earned a Masters degree in Reading Disabilities at the University of California at Berkeley, School of Education. He taught at the University of Houston College of Optometry previous to his appointment at MCO. His clinical practice and teaching focus on childhood vision, reading disabilities, and computer workstation visual performance. He has lectured nationally and internationally and has participated in several international vision care missions. He currently serves as Chief of Pediatrics & Binocular Vision Service at MCO, Chief of Optometry Services at St. Mary's Mercy MedicalCenter, and is Secretary/Treasurer of the Michigan Optometric Association Board of Directors. He holds committee positions in several local and national professional organizations.

J. Randall Vance, OD, MS, FAAO

Is a professor at the Michigan College of Optometry. He received his Masters degree and his doctorate in Optometry from The Ohio State University. He served as an optometry officer in the United States Army Medical Department at Fort Campbell, Kentucky before being appointed to the faculty of the College of Optometry, Ferris State University. He has served as Assistant Director of Clinics, and Director of Clinics. He currently teaches full-time in the clinical optometric procedures courses, visual fields course, Primary Care and Contact Lens services. He has presented lectures and workshops in the areas of indirect ophthalmoscopy, visual fields instrumentation and interpretation, and new technologies for glaucoma detection and management. He is currently involved in the authoring and production of computer-based training modules for undergraduate and post-graduate continuing education. He is past recipient of Ferris State University Distinguished Teacher Award.

Philip E. Walling, OD

Dr. Walling received his doctorate in Optometry from the University of Houston College of Optometry in 1989 and is TPA certified in Michigan and Texas. Following graduation, he was an Associate Clinical Professor at the University of Houston's University Eye Institute and practiced in a multidisciplinary setting until moving to Michigan in 1993. After relocating to Michigan, Dr. Walling practiced at the University of Michigan Health Service, Associated Eye Institute and Surgical Center and in private practice. He joined the faculty of the Michigan College of Optometry in 1994 and currently holds the rank of Professor, teaching exclusively in the area of ocular disease. Clinically, Dr. Walling is Chief of the Medical and Surgical Service and also Chief of the Cornea and Contact Lens Service. He has lectured extensively both statewide and nationally on ocular disease, contact lenses and primary care procedures. Currently Dr. Walling serves as faculty liaison on the Academic Relations Committee, Professional Affairs Division of the Michigan Optometric Association.

Daniel Wrubel, OD

Daniel Wrubel is an Associate Professor at the Michigan College of Optometry and in private practice in Eaton Rapids, Michigan. Dr. Wrubel's chief areas of clinical practice and teaching are: pediatric vision care, visual related learning problems and vision therapy to remedy these anomalies. Dr. Wrubel is a graduate of the Michigan College of Optometry (1980). He is also an Associate Member of the COVD (College of Optometrists in Vision Development). Dr. Wrubel is currently a Team Leader and Student Liaison for VOSH (Volunteer Optometric Services to Humanity) and has lead several Eye Care international missions.

STUDENT OUTCOMES

STUDENT OUTCOMES	Rank	Mean	sd	Range
MCO graduates will be able to correct (compensate for) refractive errors with spectacles and/or contact lenses	1	10	0	0
MCO graduates will meet the minimum requirements for optometry set forth in the ASCONCO guidelines for technical competency	1	10	0	0
MCO Graduates will be able to manage the most prevalent eye and vision conditions within age, gender, ethnic, and occupational categories.	3	9.867	0.516	2
MCO graduates will be able to maintain or enhance the quality of life of patients with vision problems	4	9.357	1.447	5
MCO graduates will be able to clearly and concisely communicate with patients and other health care providers	5	9.2	1.32	4
Students will be able to access information and knowledge resources	6	9.133	1.06	3
MCO graduates will be able to provide an efficient, appropriate, and cost-effective vision examination	7	9.067	1.534	4
Students will develop communication skills	7	9.067	1.223	3
MCO graduates will be able to communicate with other optometrists	7	9.067	1.28	3
Students will be able to evaluate the validity of information and knowledge-resources	10	9	1.253	3
MCO graduates will be able to treat anterior segment conditions with oral and topical pharmaceutical agents	11	8.933	2.576	10
MCO graduates will be able to treat glaucoma with oral and topical pharmaceutical agents	11	8.933	1.667	5
Students will develop and improve their critical thinking skills	11	8.933	1.486	5
MCO graduates will be able to identify and manage conditions that hinder proper development of the eye or vision system	14	8.928	1.639	5
Students will develop lifelong learning skills	15	8.867	1.767	5
MCO graduates will be able to recognize and accept their fiduciary responsibility to their patients	16	8.857	1.8337	5
Students will be able to pass all parts of the NBEO	17	8.8	1.935	5
Students will develop skills that will make them aware of ethical issues in patient care	17	8.8	1.74	5
Students will develop the ability to practice independently	19	8.733	1.58	5
MCO graduates will possess lifelong learning skills	20	8.667	1.718	5
MCO graduates will be able to identify and manage environmental conditions that are hazardous to the eye or vision system	21	8.643	1.737	5
MCO graduates will be competent in lifelong learning skills	22	8.533	2.263	7
MCO graduates will refer patients to other optometric practitioners who have expert knowledge, skills, and abilities	22	8.533	2.1	7
MCO graduates will recognize the importance of intra professional communication	22	8.533	1.807	5
MCO graduates will be able to obtain a license to practice optometry in the jurisdiction of their choice	25	8.467	2.56	5
Students will develop skills and abilities that promote efficient examinations	25	8.467	2.1	5
MCO graduates will be able to treat inflammatory and infectious conditions of the ocular adnexa with oral and topical pharmaceutical agents	27	8.4	2.72	10
MCO graduates will provide compassionate care	27	8.4	2.47	7
MCO graduates will refer to other optometrists with specialized expertise	29	8.286	1.939	5
Students will develop skills that will enable them to resolve dilemmas	30	8.267	2.016	5

STUDENT OUTCOMES	Rank	Mean	sd	Range
MCO graduates will be able to evaluate their knowledge, skills and abilities	31	8.214	2.155	7
Students will graduate from MCO	32	8.2	3.233	9
Students will develop confidence in their clinical abilities	33	8.067	2.09	6
Students will develop a positive attitude about optometry and optometry school	33	8.067	2.49	8
MCO graduates will be able identify and manage vision problems that impair learning	35	8	1.52	5
Students will develop a realistic concept of optometry and optometry school	36	7.933	2.463	8
Students will be able to use information technology for distance learning and communication	36	7.933	2.153	7
Students will be able to utilize ancillary personnel	38	7.867	2.8	10
MCO graduates will be able to manage (by referral) those systemic conditions effecting quality of life (e.g., depression)	39	7.857	2.032	7
MCO graduates will be able to optimize vision for patients in all environments and with varying degrees of partial vision	39	7.857	1.561	4
MCO graduates will be able to treat abnormal eye and vision conditions with vision therapy	41	7.428	1.603	6
Students will be psychologically prepared to cope with unsuccessful patient outcomes	42	7.4	3.135	10
MCO graduates will be able to manage systemic conditions that effect the visual system	43	7.286	2.431	7
MCO graduates will support the profession	44	7.267	2.84	9
Some MCO graduates will be leaders in the optometric profession	44	7.267	2.404	5
Students will be able to electronically communicate with others	46	7.067	2.685	8
MCO graduates will be involved in various professional organizations	46	7.067	2.631	6
Students will be able to manage data electronically	48	6.933	2.313	5
Some MCO graduates will advance scientific knowledge to benefit the profession	49	6.733	2.086	6
MCO graduates will be able to formulate a business plan that accommodates their needs and their patients needs	50	6.642	1.946	6
MCO graduates will be able to determine practice locations that provide equitable accessibility for patient care	51	6.428	2.209	6
Students will be able to distinguish between different philosophies of practice	52	6.267	2.815	10
Students will be able to generalize the social and political aspects of health care beyond optometric care	53	6.2	2.858	10
Students will maintain and develop physical, mental and spiritual well-being	53	6.2	3.41	9
Students will be able to manage their personal finances	55	6.133	3.2481	9
Students will be able to evaluate practice administration	56	6	2.39	10
Students will be able to manage practice finances	57	5.933	2.548	10
Students will be able to apply different philosophies of practice	58	5.667	2.82	10
Students will be able to differentiate between practice settings	59	5.6	3.158	10
Students will be able to formulate administrative plans for different practice settings	60	5.2	2.98	10

SUMMARY OF STUDENT CURRICULUM SURVEY

Need to increase in curriculum:

- Advanced physiology
- Advanced ocular anatomy and physiology
- Ocular micro / immunology
- Biochemistry
- Embryology

Lower priority (reduce) in curriculum:

- General micro / immunology
- General anatomy
- Peds / Developmental aspects
- Geriatrics
- Binocular vision / VT
- Optics
- Environmental Vision
- Vision Science

Redundancies in curriculum:

- Micro / immunology (same as pre opt)
- Physiology / anatomy (same as pre opt)
- VT and Binocular Vision
- Vision Science Labs

Curriculum Format:

- More patients in MCO clinic
- More case format
- Less memorization (ocular disease)
- Need peds and neuro before Part I NBEO
- Second year too crowded
- Ocular disease overshadows other courses in second year
- More ocular disease lab time
- Pathology more optometrically related
- Pharmacology more optometrically related

SUMMARY OF FACULTY CURRICULUM SURVEY

Need to increase in curriculum:

- Underlying mechanisms of disease
- Ocular anatomy
- Patho-physiology of systemic diseases that affect the eye
- Reinstate material dropped – psycho-social aspects, life skills, refraction
- General path and disease
- Bifocal and other specialty contact lenses
- OrthoK
- Refractive surgery
- Co-management
- Writing
- Vestibular problems
- Information skills

Lower priority (reduce) in curriculum:

- General pathology not eye related
- Specialty care – Developmental vision, low vision, specialty contact lenses
- Eliminate all secondary care courses
- Vision Science
- Optics
- Binocular vision

Redundancies in curriculum:

- Vision Science

Curriculum Format:

- Independent critical thinking
- Problem solving
- Medical model
- Agreed upon outcomes for every course
- Web CT / Asynchronous learning
- Active versus passive learning
- More patients in clinic
- More clinic – less classroom
- Self-study
- Problem-based learning
- Evidence-based learning
- Case presentation format / Patient simulation
- Determine product first, then design curriculum
- Chairs for each tract – health science, vision science, clinical science
- Reduce team teaching
- Increase number of courses each with fewer hours

- More disease lab time
- Clinic first – all else supports (schedule classes around clinic)
- Reduce pairing of students in clinic
- Electives for secondary care
- Identify needed clinical experience situations (ten diabetics)
- Add summer term between second and third year
- Move contact lenses and pharmacology earlier by one semester
- Replace senior projects with electives
- Eliminate first semester second year clinic
- Students in clinic day one to observe, be techs, etc.
- Classroom needs to support clinic
- Less emphasis on facts
- Less spoon-feeding

NBEO REPORTS

Grad Yr	# of Grads	Part	Passed 1st Time	Subsequently Passed	*Total Passed
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*Students not required to have report sent after first attempt for each part.

1998	33	I	29	1	30
		II	30	0	30
		III	21	0	21/21
1999	32	I	28	4	32
		II	31	0	31
		III		not reported	
2000	28	I	20	8	28
		II	25	0	25
		III	16	1	17/18
2001	30	I	22	7	29
		II	29	0	29
		III	23	0	23/23
2002	34	I	26	7	33
		II	32	1	33
		III	24	0	24/25
2003	30	I	17	11	28
		II	28	2	30
		III	24	5	29/30
2004	32	I	21	7	28
		II	26	4	30
		III	31	0	31
2005	31	I	21	1	22
		II			
		III			

NBEO BASIC SCIENCE COMPARISON

August (only) Scheduled				Z-scores				
Date	n	MCO Pass	National Pass	Full Part	Human Biology	Ocular/Vis Biology	Theo,Ophth,Phys Optics	Psychology
1994	35	83%	65.0%	+ .35	+ .23	+ .13	+ .50	+ .51
1995	37	81%	80.4%	+ .51	+ .28	+ .64	+ .61	+ .21
1996	34	94%	64.3%	+ .44	+ .29	+ .23	+ .75	+ .10
1997	35	86%	72.6%	+ .06	+ .04	- .34	+ .41	- .11
1998	29	52%	65.9%	- .19	- .20	- .41	+ .02	- .01
1999	29	76%	73.7%	- .07	- .34	- .07	+ .41	- .07
2000	37	73%	77.0%	- .24	- .52	- .35	+ .32	- .06
2001	33	55%	77.0%	- .32	- .76	- .13	+ .23	+ .18
2002	32	66%	72.0%	- .26	- .50	- .33	+ .22	- .28
2003	31	68%	67.7%	- .08	- .42	- .20	+ .48	+ .12

August (only) Scheduled				Percentages				
Date	n	MCO Pass	National Pass	Full Part	Human Biology	Ocular/Vis Biology	Theo,Ophth,Phys Optics	Psychology
1994	35	83%	65.0%	66.2	63.9	63.2	69.6	76.1
1995	37	81%	80.4%	65.8	62.8	70.0	66.8	67.2
1996	34	94%	64.3%	64.4	67.3	64.2	59.5	65.9
1997	35	86%	72.6%	64.1	66.8	59.1	61.9	70.5
1998	29	52%	65.9%	61.7	62.2	59.1	60.9	70.6
1999	29	76%	73.7%	64.9	62.8	63.0	70.1	63.6
2000	37	73%	77.0%	63.4	62.4	58.8	67.5	67.4
2001	33	55%	77.0%	62.0	57.6	66.3	64.3	67.9
2002	32	66%	72.0%	63.8	60.8	63.9	66.7	72.7
2003	31	68%	67.7%	64.1	58.3	66.1	69.3	74.2

ENTERING CLASS PROFILES 1999-2004

2004

Class Size = 34

Demographic Profile

Age

- a. Range 20-37
- b. Mean 23
- c. Median 22
- d. Mode 21

Sex

- a. Male 8(24%)
- b. Female 26(76%)

Race

- a. Non-Minority 28
- b. Minority 5
- c. Non-Designated 1

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 370
- b. Low Mean 280
- c. Overall Mean 312
- d. Mean OAT scores by examination category:

AVG 312, QR 296, RC 329, PHY 297,

BIO 306, GCHM 316, OCHM 321, SCI 309

Grade Point Averages

a. Pre-Optometry GPA

- 1. High 3.96
- 2. Low 2.77
- 3. Mean 3.31

b. Overall GPA

- 1. High 3.97
- 2. Low 2.74
- 3. Mean 3.29

General Information Profile

Applicants

a. Total Number	128
b. Michigan Applicants	57
c. Non-Michigan Applicants	54
d. Foreign Applicants	17
e. Female Applicants	97
f. Male Applicants	30
g. Non-designated	1
h. Minority Applicants	29
i. Caucasian Applicants	73
j. Non-Designated	26
k. Number of Interviews	46
l. Resident Accepts	32
m. Minority Accepts	5
n. Non-Minority Accepts	28
o. Non-Designated Accepts	1

Pre-Optometry Level/Degrees

a. 60 to 90 semester hours completed	1
b. 91 to 120 semester hours completed	20
c. Accepts with Bachelor's Degree	13
d. Master's Degree	0
e. Doctorate Degree	0

Summary of Principle Undergraduate College Attended

a. Alma College	1
b. Creighton University	1
c. Ferris State University	13
d. Grand Valley State University	4
e. Michigan State University	8
f. Michigan Technological University	1
g. Oakland University	1
h. Spring Arbor University	1
i. University of Michigan	2
j. University of Minnesota	1
k. University of Wisconsin	1

2003

Class Size = 34

Demographic Profile

Age

- a. Range 19-34
- b. Mean 23
- c. Median 22
- d. Mode 20

Sex

- a. Male11(32%)
- b. Female23 (68%)

Race

- a. Non-Minority 30
- b. Minority 4

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 370
- b. Low Mean 270
- c. Overall Mean 321
- d. Mean OAT scores by examination category:

AVG 321, QR 323, RC 344, PHY 302,

BIO 307, GCHM 318, OCHM 324, SCI 314

Grade Point Averages

a. Pre-Optometry GPA

- 1. High 3.92
- 2. Low 2.98
- 3. Mean3.44

b. Overall GPA

- 1. High3.91
- 2. Low2.66
- 3. Mean3.42

General Information Profile

Applicants

a. Total Number	129
b. Michigan Applicants	51
c. Non-Michigan Applicants ...	66
d. Foreign Applicants	12
e. Female Applicants	82
f Male Applicants	47
g. Minority Applicants	29
h. Caucasian Applicants	81
i. Non-designated	19
j. Number of Interviews	47
k. Resident Accepts	30
l. Minority Accepts	4
m. Non-Minority Accepts	30

Pre-Optometry Level/Degree-s

a. 60 to 90 semester hours completed	0
b. 91 to 120 semester hours completed	21
c. Accepts with Bachelor's Degree	13
d. Master's Degree	0
e. Doctorate Degree	0

Summary of Principle Undergraduate College Attended

a. Alma College	2
b. Baylor University	1
c. Creighton University	1
d. Eastern Michigan University	1
e. Ferris State University	14
f Grand Valley State University	2
g. Hillsdale College	1
h. Hope College.-	1
i. Miami University	1
j. Michigan State University	2
k. Oakland University	1
l. St. Mary's College	1
m. University of Michigan	3
n. University of Waterloo	1
o. Western Michigan University	2

2002

Class Size = 34

Demographic Profile

Age

- a. Range 20-31
- b. Mean 23
- c. Median 21
- d. Mode 21

Sex

- a. Male 14(41%)
- b. Female 20(59%)

Race

- a. Non-Minority 28
- b. Minority 6

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 370
- b. Low Mean 280
- c. Overall Mean 320
- d. Mean OAT scores by examination category:

AVG 320, QR 313, RC 329, PHY 312,

BIO 305, GCHM 318, OCHM 339, SCI 324

Grade Point Averages

a. Pre-Optometry GPA

- 1. High3.95
- 2. Low2.76
- 3. Mean3.43

b. Overall GPA

- 1. High 3.96
- 2. Low 2.73
- 3. Mean 3.42

General Information Profile

Applicants

a. Total Number	134
b. Michigan Applicants	66
c. Non-Michigan Applicants ..	59
d. Foreign Applicants	9
e. Female Applicants	84
f Male Applicants	50
g. Minority Applicants	43
h. Caucasian Applicants	81
i. Non-designated	10
j. Number of Interviews	45
k. Resident Accepts	33
l. Minority Accepts	6
m. Non-Minority Accepts	28

Pre-Optometry Level/Degrees

a. 60 to 90 semester hours completed	0
b. 91 to 120 semester hours completed	22
c. Accepts with Bachelor's Degree	11
d. Master's Degree	1
e. Doctorate Degree	0

Summary of Principle Undergraduate College Attended

a. Alma College	1
b. Central Michigan University	3
c. Ferris State University	19
d. Grand Valley State University	1
e. Michigan State University	4
f University of Michigan	4
g. University of Windsor	1
h. Western Michigan University	1

2001

Class Size = 34

Demographic Profile

Age

- a. Range 20-48
- b. Mean 23
- c. Median 21
- d. Mode 21

Sex

- a. Male 8(24%)
- b. Female 26(76%)

Race

- a. Non-Minority 25
- b. Minority 5

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 360
- b. Low Mean 270
- c. Overall Mean 306
- d. Mean OAT scores by examination category:

AVG 306, QR 296, RC 323, PHY 295,

BIO 301, GCHM 310, OCHM 323, SCI 311

Grade Point Averages

a. Pre-Optometry GPA

- 1. High 3.98
- 2. Low 2.81
- 3. Mean3.35

b. Overall. GPA

- 1. High 3.98
- 2. Low 2.80
- 3. Mean 3.45

General Information Profile

Applicants

a. Total Number	205
b. Michigan Applicants	76
c. Non-Michigan Applicants	112
d. Foreign Applicants	17
e. Female Applicants	131
f. Male Applicants	74
g. Minority Applicants	66
h. Caucasian Applicants	124
i. Non-designated	15
j. Number of Interviews	46
k. Resident Accepts	31
l. Minority Accepts	5
m. Non-Minority Accepts	29

Pre-Optometry Level/Degrees

a. 60 to 90 semester hours completed	0
b. 91 to 120 semester hours completed	17
c. Accepts with Bachelor's Degree	16
d. Master's Degree	0
e. Doctorate Degree	1

Summary of Principle Undergraduate College Attended

a. Alma College	1
b. Central Michigan University	1
c. Ferris State University	18
d. Lake Superior State University	1
e. Miami University of Ohio	1
f. Michigan State University	3
g. Northern Michigan University	1
h. Northwestern College	1
i. Ranchi University	1
j. University of Michigan	2
k. University of Nebraska-Lincoln	1
l. University of Pittsburgh	1
m. Wayne State University	1
n. Western Michigan University	1

2000

Class Size = 34

Demographic Profile

Age

- a. Range 20-33
- b. Mean 22
- c. Median 24
- d. Mode 21

Sex

- a. Male 13(38%)
- b. Female 21(62%)

Race

- a. Non-Minority 30
- b. Minority 4

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 370
- b. Low Mean 270
- c. Overall Mean 319
- d. Mean OAT scores by examination category:

AVG 319, QR 316, RC 335, PHY 306,

BIO 309, GCHM 322, OCHM 323, SCI 319

Grade Point Averages

a. Pre-optometry GPA

- 1. High 4.00
- 2. Low 2.83
- 3. Mean 3.38

b. Overall GPA

- 1. High 3.98
- 2. Low 2.80
- 3. Mean 3.38

General Information Profile

Applicants

a. Total Number	250
b. Michigan Applicants	71
c. Non-Michigan Applicants ..	179
d. Foreign Applicants	28
e. Female Applicants	143
f. Male Applicants	107
g. Minority Applicants	88
h. Caucasian Applicants	143
i. Non-designated	19
j. Number of Interviews	50
k. Resident Accepts	34
l. Minority Accepts	4
m. Non-Minority Accepts	30

Pre-Optometry Level/Degrees

a. 60 to 90 semester hours completed	0
b. 91 to 120 semester hours completed	16
c. Accepts with Bachelor's Degree	18
d. Master's Degree	0
e. Doctorate Degree	0

Summary of Principle Undergraduate College Attended

a. Adrian College	1
b. Central Michigan University	2
c. Ferris State University	14
d. Grand Valley State University	3
e. Hope College	3
f. Michigan State University	6
g. Oakland University	2
h. University of Michigan	1
i. Wayne State University	1
j. Western Michigan University.....	1

1999

Class Size = 32

Demographic Profile

Age

- a. Range 20-37
- b. Mean 23
- c. Median 22
- d. Mode 22

Sex

- a. Male 15(47%)
- b. Female 17(53%)

Race

- a. Non-Minority 29
- b. Minority 3

Academic Profile

OAT Examination (200 to 400)

- a. High Mean 360
- b. Low Mean 280
- c. Overall Mean 321
- d. Mean OAT scores by examination category.

AVG 321, QR 310, RC 325, PHY 319,

BIO 315, GCHM 320, OCHM 330, SCI 322

Grade Point Averages

a. Pre-Optometry GPA

- 1. High 3.97
- 2. Low 3.06
- 3. Mean 3.44

b. Overall GPA

- 1. High 3.95
- 2. Low 3.06
- 3. Mean 3.46

General Information Profile

Applicants

a. Total Number	284
b. Michigan Applicants	80
c. Non-Michigan Applicants	204
d. Foreign Applicants	39
e. Female Applicants	142
f. Male Applicants	142
g. Minority Applicants	97
h. Caucasian Applicants	160
i. Non-designated	27
j. Number of Interviews	50
k. Resident Accepts	28
l. Minority Accepts	3
m. Non-Minority Accepts	29

Pre-Optometry Level/Degrees

a. 3 Year Accepts	0
b. 4 Year Accepts Without Bachelor's Degree	12
c. Accepts with Bachelor's Degree	20
d. Master's Degree	0
e. Doctorate Degree	0

Summary of Principle Undergraduate College Attended

a. Alma College	2
b. Ferris State University	13
c. Michigan State University	3
d. Michigan Technological University	1
e. Northern Michigan University	1
f. Saginaw Valley State University	1
g. Taylor University	1
h. University of Central Oklahoma	1
i. University of Detroit Mercy	1
j. University of Michigan	2
k. University of Minnesota	1
l. University of Nebraska	1
m. University of Wisconsin	2
n. Western Michigan University	2

CURRENT MCO COURSE DESCRIPTIONS

BIOL 431 - HUMAN ANATOMY AND PHYSIOLOGY - 5 Cr.

Structure and function of cells, tissues, organs, and organ systems of the body including the head and neck. [4+3]

BIOL 480 - MICROBIOLOGY FOR OPTOMETRY - 2 Cr.

Medical microbiology and immunology with an emphasis on microbial diseases of the eye and ocular immunology. [2+0]

OPTM 401 - THE PRACTICE OF OPTOMETRY - 2 Cr.

History, education, present status and current developments in optometry and health care. The role of optometry in the ophthalmic industry, practice management, and goal setting. [2+0]

OPTM 410 - GEOMETRIC, PHYSICAL, AND VISUAL OPTICS I - 5 Cr.

Vergence treatment of first order image formation by lenses, single spherical interfaces, and mirrors. Emmetropia and ametropia of the human eye. Spectacle and contact lens corrections. Accommodation and ranges of clear vision. Reduced systems. Tear lens effect. Optics of spherocylindrical lenses and astigmatism. Prisms and prism-lens combinations. Lens motions and rotations. Decentration. [4+2]

OPTM 411 - GEOMETRIC, PHYSICAL, AND VISUAL OPTICS II - 5 Cr.

Equivalent power and principal planes. System matrices. Gullstrand Schematic Eyes. Angular magnification. Spectacle magnification. Off-axis astigmatic effects. Over-refraction. Stops and related effects. Aberration theory. Aberrations of the human eye. Coherence and interference. Laser acuity testing, laser refraction, anti-reflecting films. Diffraction and resolution. Diffractive gratings and lenses. Holograms. Scattering, dispersion, and polarization. Emission, absorption and photons. Laser ocular surgery. Spatial distribution of optical information. Modulation transfer functions. Spatial filters. Prerequisites: OPTM 410 [4+2]

OPTM 420 - OCULAR HEALTH ASSESSMENT - 3 Cr.

Theory and practical experience in basic tests utilized in determining the ocular health of a patient. Topics covered included: case history. sphygmomanometry, external examination of the eye and pupillary function, direct ophthalmoscopy, monocular and binocular indirect ophthalmoscopy, biomicroscopy, lacrimal system assessment, tonometry, and basic visual field testing. [1+4]

OPTM 421 - ASSESSMENT OF THE EYE'S REFRACTIVE STATUS AND OCULOMOTOR SYSTEM/TESTING - 5 Cr.

Theory and practical experience in basic clinical methods of determining the refractive status of the eyes. Topics covered include visual acuity, keratometry, retinoscopy, and subjective refraction. Procedures and instrumentation for clinical examination and diagnosis of problems of system. Emphasizes theory and

measurement of clinical problems in ocular motility, binocularity, and accommodative function. Prerequisites: OPTM 420, OPTM 410. [3+4]

OPTM 430 - NEUROANATOMY - 3 Cr.

A detailed anatomical examination of the normal human nervous system with special attention to functional aspects. [2+2]

OPTM 431 - OCULAR ANATOMY AND PHYSIOLOGY - 4 Cr.

A detailed discussion of the anatomy of the orbit. Particular emphasis is given to cellular, histological, and gross anatomical organization of the eye. The anatomical relationships of the orbital contents including the extraocular muscles, the orbital nerves, the orbital blood vessels, and the ocular adnexa are described. Physiology and biochemistry of the principal constituents of the eye, including: the cornea, crystalline lens, aqueous humor, vitreous humor, retina, ciliary apparatus, and tear film. Prerequisites: BIOL 431 [4+0]

OPTM 440 - OPTICAL AND MOTOR ASPECTS OF HUMAN VISION - 6 Cr.

Assessment of the visual stimulus, methods of measuring the optical parameters of a living eye, entoptic phenomena, etiology of ametropia, and the study of the intraocular and extraocular muscles, physiology, and motility. Prerequisites: OPTM 410 [5+2]

OPTM 512 - OPHTHALMIC OPTICS - 3 Cr.

The physical and optical consideration of ophthalmic spectacle lenses. Verification of power and prism. Thickness, decentration, and prismatic considerations. Vertical prism imbalance. Corrected curve lenses. Optics of multifocal lenses. Prerequisites: OPTM 411 [2+2]

OPTM 513 - OPHTHALMIC OPTICS & ENVIRONMENTAL VISION - 4 Cr.

The prescription, design, selection, availability of multifocal lenses, progressive adds, tints, sunglasses, and protective filters. Special problems and solutions for high plus, aphakic, and high minus prescriptions. Impact resistance ophthalmic materials, methods of measurement, and standards. Frame selection, mounting, adjusting, and repair. Visual environment, including lighting principles, protective and preventive principles, and occupational requirements. Prerequisites: OPTM 512 [3+2]

OPTM 522 - ASSESSMENT OF THE OCULOMOTOR SYSTEM/ANALYSIS - 4 Cr.

Theory, clinical evaluation, and management of simple, non-strabismic oculomotor motor dysfunction. Diagnosis and management of color vision defects. Prerequisites: OPTM 421 [3+2]

OPTM 523 - STRABISMUS & VISION THERAPY - 4 Cr.

Diagnosis of nonstrabismic oculomotor dysfunction and strabismic dysfunction. Vision therapy techniques to treat these conditions. Prerequisites: OPTM 522 [3+2]

OPTM 532 - GENERAL PATHOLOGY - 4 Cr.

Fundamental disease mechanisms such as acute inflammation, infection, wound healing, genetics. Diseases and infectious agents including viruses, bacteria, fungi,

worms. Diseases of organ system such as skin, lungs, kidney, etc. HIV and AIDS. Prerequisites: BIOL 431, BIOL 480 [4+0]

OPTM 533 - GENERAL & OCULAR PHARMACOLOGY - 5 Cr.

General principles of pharmacology, the action, mechanisms of actions, absorption, fate, excretions, toxicity, and the diagnostic and therapeutic uses of both systemic and ocular drugs. Includes systemic effects of drugs. Also includes pharmaceutical treatments for HIV and AIDS. Prerequisites: OPTM 431, OPTM 440 [5+0]

OPTM 541 - VISUAL INFORMATION PROCESSING AND PERCEPTION - 6 Cr.

Mechanisms of afferent visual information processing - beginning with photochemistry and including psychophysical and electrophysiological approaches. Both monocular and binocular sensory aspects of vision are treated. Prerequisites sites: OPTM 440, OPTM 431, OPTM 430 [5+2]

OPTM 550 - OCULAR DISEASE I - 4 Cr.

Diagnosis and management of anterior segment disease including specific signs and symptoms common with the eyelid, conjunctiva, cornea, lacrimal apparatus, orbit, sclera, episclera, and crystalline lens disorders. Prerequisites: OPTM 431, OPTM 421 [3+2]

OPTM 551 - OCULAR DISEASE II - 3 Cr.

The diagnosis and management of posterior segment disorders including uveal disease, infectious disease, connective tissue disease, cardiovascular disease, blood disorders, diabetes, maculopathies, and peripheral retinal disorders. Prerequisites: OPTM 550 [3+0]

OPTM 560 - CONTACT LENSES I - 3 Cr.

Theory and practice of the optics, design, inspection, and modification of all types of contact lenses. The pharmacology and use of related solutions and care systems. Prefitting examination, and fitting of spherical rigid lenses. Prerequisites: OPTM 512, OPTM 431, OPTM 512 [2+2]

OPTM 580 - OPTOMETRY CLINIC II-1 - 1 Cr.

Introductory patient care experience. Includes professionalism, clinical skills, patient management, and case analysis. Prerequisites: OPTM 512, OPTM 522, OPTM 550 [0+3]

OPTM 581 - OPTOMETRY CLINIC II-2 - 1 Cr.

Additional patient care experience to refine clinical testing skills and analysis of visual problems. Prerequisite: OPTM 580 [0+3]

OPTM 602 - PUBLIC HEALTH ASPECTS OF THE PRACTICE OF OPTOMETRY - 3 Cr.

Overview of public and community health, basic sciences, problems, planning, and care, including consider considerations of quality, efficiency, and economics of vision and health care delivery and utilization. Health care agencies within the community. [3+0]

OPTM 603 - ETHICS & MANAGEMENT OF THE PRACTICE OF OPTOMETRY - 4 Cr.

Factors influencing doctor patient and employee relationships, development of interviewing and observational skills, recognition and management of common emotional reactions among patients and their adaptive mechanisms and applications of this knowledge. Optometric product, optometric economics, modes of practice, practice development, and health care marketing. Liability and licensing laws and ethical/professional considerations. [4+0]

OPTM 624 - PEDIATRIC VISION - 2 Cr.

Clinical evaluation and management of aniseikonia. Vision screening models. Development of infant visual skills. Infant examination techniques. Skills necessary in the pediatric optometric examination and pediatric case management including refractive conditions, binocular anomalies, and disease problems. [2+0]

OPTM 625 - DEVELOPMENTAL ASPECTS OF VISION - 3 Cr.

Basic child development principles. Development of human visual performance, visual information processing systems, and their relationships to learning disorders, including reading problems, learning disabilities, dyslexia. Introduction to interdisciplinary management of children with learning disorders. [2+2]

OPTM 634 - PHARMACOLOGIC MANAGEMENT OF OCULAR CONDITIONS - 2 Cr.

Diagnosis and management of ocular disorders (including glaucoma) through the use of pharmaceutical agents and non-invasive procedures. Prerequisites: OPTM 533, OPTM 551 [2+0]

OPTM 642 - VISUAL FIELDS - 3 Cr.

Review of visual pathway anatomy, methods and instrumentation for clinical visual field measurements, analysis and classification of visual field losses, and types of field losses associated with ocular and neurological pathologies. Prerequisites: OPTM 541 [2+2]

OPTM 643 - LOW VISION AND GERIATRIC VISION - 4 Cr.

Incidence, etiology, and examination techniques in low vision and geriatrics. Prescribing, ordering, and dispensing of low vision aids. The process of aging from a demographic and epidemiological frame of reference. The biological, physiological, and sociological aspects of aging, and their interaction with optometric care. Normal age related eye/vision changes. Common systemic and ocular diseases associated with aging. Counseling the geriatric patient on visual problems and the visual environment. Prerequisites: OPTM 513 [4+0]

OPTM 652 - CLINICAL NEUROPTOMETRY - 2 Cr.

Overview of the diagnosis and management of neuroptometry problems. Includes extensive case studies. Prerequisites: OPTM 430, OPTM 551 [2+0]

OPTM 653 - OCULAR DISEASE III - 2 Cr.

Course emphasizes the specific surgical, laser and/or medical management of

patients with ocular disease. A significant portion of the course is taught by ophthalmologists from various specialities (retina, glaucoma, cornea, etc.). The differential diagnosis of eye disease is also emphasized. Prerequisites: OPTM 551 [2+0]

OPTM 661 - CONTACT LENSES II - 4 Cr.

The fitting of spherical hydrogel lenses. The fitting and management of special cases including tone lenses, presbyopic patients, keratoconus, cosmetic lenses, aphakia, pathological cases. Includes an emphasis on aftercare and patient management. Prerequisites: OPTM 560 [3+2]

OPTM 681 - SUMMER OPTOMETRY CLINIC II-2 - 1 Cr.

Direct patient care experience in the Clinical Practice of Optometry at the on-campus clinic. Contact hours depend on number of credits assigned. Prerequisites: OPTM 581, OPTM 551, OPTM 533, and permission of the Dean.

OPTM 682 - OPTOMETRY CLINIC III-1 - 6 Cr.

Patient care experience in the clinical practice of optometry at the on-campus clinic. Includes seminar and case study review to sharpen decision making in diagnosis, management, and treatment. Prerequisites: OPTM 581, OPTM 551, OPTM 533 [1+15]

OPTM 683 - OPTOMETRY CLINIC III-2 - 6 Cr.

Patient care experience in the clinical practice of optometry at the on-campus clinic. Includes seminar and case study review to sharpen decision making in diagnosis, management, and treatment. Prerequisites: OPTM 682 [1+15]

OPTM 784 - CLINICAL PRACTICE IN OPTOMETRY I - 13 Cr.

14 weeks of advanced patient care experience in the clinical practice of optometry at on and/or off campus clinics. Prerequisites: OPTM 683 [0+40]

OPTM 785 - CLINICAL PRACTICE IN OPTOMETRY II - 13 Cr.

Advanced patient care experience in the clinical practice of optometry at on and/or off campus clinics. Prerequisites: OPTM 683 [0+40]

OPTM 786 - CLINICAL PRACTICE IN OPTOMETRY III - 13 Cr.

Advanced patient care experience in the clinical practice of optometry at on and/or off campus clinics. Prerequisites: OPTM 683 [0+40]

**Program Review
Panel Evaluation
Form**

Program: Michigan College of Optometry

Instructions: Circle the number that most closely describes the program you are evaluating.

1. Student Perception of Instruction **Average Score** 4.2

5	4	3	2	1
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Currently enrolled students rate instructional effectiveness as extremely high.

Currently enrolled students rate the instructional effectiveness as below average.

2. Student Satisfaction with Program **Average Score** 3.8

5	4	3	2	1
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Currently enrolled students are very satisfied with the program faculty, equipment, facilities, and curriculum.

Currently enrolled students are not satisfied with program faculty, equipment, facilities, or curriculum.

3. Advisory Committee Perceptions of Program **Average Score** 3.8

5	4	3	2	1
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Advisory committee members perceive the program curriculum, facilities, and equipment to be of the highest quality.

Advisory committee members perceive the program curriculum, facilities, and equipment needs improvement.

4. Demand for Graduates **Average Score** 4.8

5	4	3	2	1
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Graduates easily find employment in field.

Graduates are sometimes forced to find positions out of their field.

5. Use of Information on Labor Market **Average Score** 3.8

5	4	3	2	1
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The faculty and administrators use current data on labor market needs and emerging trends in job openings to systematically develop and evaluate the program.

The faculty and administrators do not use labor market data in planning or evaluating the program.

**Program Review
Panel Evaluation
Form (page 2)**

6. Use of Profession/Industry Standards **Average Score** 5.0

5	4	3	2	1
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Profession/industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses.

Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.

7. Use of Student Follow-up Information **Average Score** 3.8

5	4	3	2	1
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Current follow-up data on completers and leavers are consistently and systematically used in evaluating this program.

Student follow-up information has not been collected for use in evaluating this program.

8. Relevance of Supportive Courses **Average Score** 3.9

5	4	3	2	1
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Applicable supportive courses are closely coordinated with this program and are kept relevant to program goals and current to the needs of students.

Supportive course content reflects no planned approach to meeting needs of students in this program.

9. Qualifications of Administrators and Supervisors **Average Score** 4.2

5	4	3	2	1
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All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability.

Persons responsible for directing and coordinating this program have little administrative training and experience.

10. Instructional Staffing **Average Score** 3.0

5	4	3	2	1
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Instructional staffing for this program is sufficient to permit optimum program effectiveness.

Staffing is inadequate to meet the needs of this program effectively.

**Program Review
Panel Evaluation
Form (page 3)**

11. Facilities

Average Score 1.3



Present facilities are sufficient to support a high quality program.

Present facilities are a major problem for program quality.

12. Scheduling of Instructional Facilities

Average Score 4.25



Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction.

Facilities and equipment for this are significantly under-or-over scheduled.

13. Equipment

Average Score 3.1



Present equipment is sufficient to support a high quality program.

Present equipment is not adequate and represents a threat to program quality.

14. Adaption of Instruction

Average Score 4.0



Instruction in all courses required for this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as, small group or individualized instruction, laboratory or "hands on" experiences, credit by examination).

Instructional approaches in this program do no consider individual student differences.

15. Adequate and Availability of Instructional Materials and Supplies

Average Score 4.6



Faculty rate that the instructional materials and supplies as being readily available and in sufficient quantity to support quality instruction.

Faculty rate that the instructional materials are limited in amount, generally outdated, and lack relevance to program and student needs.

Detail Summary: Academic Program Review

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2007

Responses

User ID	Response
1	increased, I didn't know that much about the profession before and now I find it more interesting .
2	Increased, it has been a very exciting and fun time.
3	My interest in Optometry has increased a lot. I am learned so much during my first year that is very interesting to me. I am very excited to learn about other things that deal with the field such as the different diseases.
4	It has definately increased. I love the clinical training I am getting and I am finding the course material very interesting.
5	So far, to be honest it has decreased quite significantly. I don't really think it is all on MCO, but on optometry education in general. Its seems that the only focus in the curriculum is to prepare students for passing board exams. We are forced feed way to much material. It seems to me that from talking with many OD's out in practice, a majority of what is taught the first 2 years is stuff that is rarely if any used once we graduate. I think the focus in optometry should not be on passing board exams and getting the "Dr." title, but it should be on preparing students in helping diagnose and treat various eyecare conditions. If we know what a slide of kidney looks like or how a telescope works, is that really going to benefit a patient that is having difficulty seeing road signs? Or teaching old testing techniques that are never used, is

that going to help us in our everyday working condition?

- 6 Increased. Upon entering MCO, I worked in an eyecare office with MDs and ODs alike. I am pleased to have taken the route that I am, and more thrilled with the fact that I will be performing eye examinations next year. I feel that I have learned a great deal and feel prepared to enter the clinic in the fall.
- 7 My interest has increased because I have realized that there are even more opportunities in the profession than I knew of, and the profession is always changing.
- 8 My interest has definitely increased. Looking back at the semester, it's hard to believe how much we have learned this year. Not only have we learned the techniques and tests to perform, but it has constantly been related to patient care and what we will be doing in the future.
- 9 It has definitely increased, because I now understand what's going on in a typical exam and it is a very interesting process for me. Learning so much about optometry has only increased my enthusiasm about the profession.
- 10 Definitely increased, I can't believe how much I have learned in just a few short months and can't wait to learn more it has been so exciting.
- 11 My interest in optometry as a profession has greatly increased since my brief time here at the Michigan College of Optometry. I have the enthusiasm of the great teaching staff, and the positive outlook from the 2nd and 3rd year classes to thank for that.
- 12 Increased, I realize that there is still more to learn in order to be the best clinician I can be.
- 13 It has increased because I feel like I have learned a lot this year, but I have so much further to go before I can be a successful optometrist that is capable of the highest quality service.
- 14 My interest in optometry has greatly increased as a result of my education here. I feel that in the past year I have gained so much knowledge and I want to continue learning. Each time I learn something new, I think of new questions about the profession and diagnosis, and this keeps me wanting to learn more and more.
- 15 I have become much more interested by my education. I didn't really know a lot about optometry before I came here, but now even after just one year I feel like I know a whole lot more.
- 16 It has definitely increased. Now that I am actually learning in depth about this topic that I have always been fascinated with (vision), I feel reaffirmed as to why I am here and that this is truly an exceptional profession.
- 17 It has definitely increased as I have compounded on my knowledge of the field, and especially disease diagnosis and treatment which I will learn all about over the next couple of years. Optometry is more than just refraction, and MCO definitely adheres to that in its practice and education.
- 18 My interest has increased because of all the experience that I've gotten in just my first year. With everything that I've learned so far, I can't wait to get more into the profession.
- 19 it has remained the same.

- 20 Increased. I never thought I could learn as much as I have over this past year and I love all the professors. They are very attentive and are willing to help at any time if you feel like you don't understand. They really push you to excel and their enthusiasm really makes me want to learn more.
- 21 My interest has slightly increased after this first year. I say slightly because certain courses really increased my interest in optometry (OHA, Ocular anatomy), but then there are other courses that almost seemed very repetitive (material was taught that didn't really relate to or wasn't tied in to vision and the vision sciences and on top of that many of the classes were repeats from undergrad.
- 22 Has significantly increased as my first year went by, and now I have more ideas on what direction I want to go when I graduate
- 23 My interest in optometry continues to increase as my knowledge of the profession increases.
- 24 definitely increased ... during my undergraduate program, my goal was to do well on a test (OAT) to get into this school ... now I apply my educational experience to real world situations and how I will use this knowledge in the future ... I am not studying to pass a test, I am studying to benefit my future patients
- 25 It has increased. It is amazing how much we have learned in one year here at MCO, but I am looking forward to seeing patients and to gaining the knowledge to become a doctor.
- 26 My interest in the profession of optometry has increased as a direct result of my experience at MCO. It has been exciting for me to be able to relate my work in the classroom directly to the field in which I will practice.
- 27 It has greatly increased. Every day makes me feel more like the professional that I have always hoped I would become. As I learn more about my future profession, I have more questions and curiosity. I know that my education will never end, therefore I will always have a stimulated interest in optometry.
- 28 It has increased. Learning so many new things is a lot of work but it is so interesting. I can't wait to work with patients and actually use all the skills I am learning in the classroom and in labs.

Detail Summary: Academic Program Review

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2004

Responses

User ID	Response
1	See #13
2	The hard work has been worth it. When you can tell you've made a difference in a patient's life, even if it's just one patient, it's worth it and that means doing it all over again if you had to.
3	Yes I would b/c I like the profession, however the struggles that you go through in the 4 years of optometry school are (at least for me) hard and that would make me hesitate slightly. As the profession goes, I would do it again.
4	This is a great profession for women, although the rise of corporate eye care is really hindering our ability to work in a private setting and forcing us into corporate to find jobs. In 10 years, I feel optometry will be corporatized, much like pharmacy is now and it will be much harder to avoid that type of practice in the future. Right now is an ok time to be an optometrist.
5	I'm happy and I don't see any reason that would change.
6	No regrets, I worked very hard and still feel I did not want to become an M.D or D.O. because of all the added responsibility/liability.
7	the flexibility of the profession and how much I like what we do is wonderful.
8	I loved the profession before admition, and love it more now

- 9 Optometry school was very difficult, but it has made me a more confident, organized person.
- 10 Yes, because I feel that I will continue to be challenged and stimulated throughout my career.
- 11 I love it.
- 12 Yes, I think I would do it again. However, there are times when I've felt like the road was a little too long to get to where I'm at. There are a lot of other things I want to do in life. My friends are doing those things and I'm not. I do know however that I've earned a great degree that most people don't have. Now I can start my career and hopefully do more of the other things that I want to do.
- 13 I love what I will be doing with my life! It was worth the scarifices!
- 15 I would be a buisness or financial manager. There is to much schooling in optometry and I have a love, a true passion, of money and all thing financial.
- 16 This is a great profession...I hope with time it will become more recognized for what it is.
- 17 if anybody asks me an eye question, i can talk for hours about it. enough said.
- 19 As I mentioned in question #13, I have never wanted to do anything other than optometry. Now that my career is really about to begin (as graduation looms closer and closer), I am more excited than ever to be an optometrist. So the answer to question #14 remains a most emphatic: YES!
- 20 I believe this professionis the perfect match for me and I would recommed MCO to any student looking to enter optometry.
- 21 Enjoy it.
- 22 yes, because this is something i enjoy doing and would do it again in order to do something I enjoyed with my life.

Detail Summary: Program Review Survey[1]

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2005

Responses

User ID	Response
1	I think it's a wonderful profession that can be very rewarding. You get to deal with different patients every day from young to old. Every patient is a new experience and it is an ever changing profession.
2	I am more interested and love working with people as patients more than I thought I ever would
3	Optometry is a great choice and it doesn't require me to be in school for 13 years so yes i would choose it again.
4	I am still excited to serve my community as an optometrist; though the road has been a long one, I know it will be worth it.
5	I did not really ever toy with other decisions and this one made sense to me.
6	The last three years have been terrific - lots of work but worth it! I'm excited to use my education that I have obtained to provide care to patients.
7	Optometry is a great profession, with a variety of options available after graduation. This is a fascinating field with so many things to learn and ideas yet to be discovered. The profession has advanced quite a bit over that last few years and it is exciting to be a part of where we are going in the future.
8	The more I learn about optometry the more I like the profession.
9	See #13
10	Wouldn't change a thing
11	As stated in question #13 I have been exposed to several areas of optometry to pursue.
12	Although I am very tired of going to school, I feel I have chosen the right profession and would recommend it to others.
13	Even with the downfalls of the political nature of the profession and the sometimes lack of respect we receive, I

enjoy what I do and believe that I am and will meet the needs of many people.

14 I have had many struggles throughout my college education. However, I realize that optometry will serve to be a very rewarding career for my future. I feel that it will be worth the hard work in the end.

15 Seeing patients and feeling I can solve their vision complaints is very rewarding.

16 Assuming opticians don't take over our jobs and ophthalmologists don't narrow our scope, this should be a very rewarding career.

17 too many years of school for med school.

18 I like the hours offered, it is great for family life, I enjoy what I have been doing in clinic and I can't wait to get out in the real world

19 I feel my experience at MCO has been wonderful and I think optometry is a great profession. the faculty and staff have reinforced my interest in the profession and I would definitely choose optometry again

20 I think that it is a profession that I enjoy, that allows me the time to spend with family and provides a comfortable lifestyle

21 That's my answer for today. It changes from day to day. Currently, this is a stressful time and I have no idea what the future holds. Knowing what I do now about my life, goal, and passions, if I had to go back and choose again I may do it differently. But I don't have that luxury. I know I will enjoy being an O.D. and believe I will help many. I've made it this far and am excited about the future!

22 I may want to be a physician. It has always been my dream to be a doctor and I sometimes feel like I sold out

23 I am still interested in the profession. Even after three years of school, I can't wait to get out in the real world and continue to see patients. It is a great opportunity to interact with people everyday and help improve their quality of life by making them see well.

24 I feel that this is the best career opportunity for me. I think it will be both rewarding and provide financial stability.

25 I've wanted to do this for a long time. I thoroughly investigated optometry before my final decision to pursue it as a career, and I still feel like it is a great career path for me.

26 I though it was a great experience and I feel I got a great education.

27 I am excited to graduate and begin working.

28 I didn't really realize how much time, effort, and stress went into becoming a doctor of optometry. I love what I will be doing and know that I will be rewarded for all my hard work and dedication. But, at the same time I don't think that I would have the energy or strength to go through optometry again. It was really a stressful experience for me.

Detail Summary: Program Review Survey

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2006

Responses

User ID	Response
1	I'm much more interested in medicine and disease. Every finals week I ask myself "Why didn't I go to Veterinary School?"
2	I would choose optometry all over again with no doubt in my mind. I love working with the professors, fellow classmates, and patients. It feels great to be able to help someone in need, while doing something that fascinates me.
3	The curriculum has been challenging enough to maintain interest and require hard work but not impossible. The few patients I've seen have made me realize how necessary optometric care is to the public's quality of life.
4	no comment.
5	I still think it is the right fit and I cant think of anything else I would like to do more.
6	For the original reason as stated in #11 and there is no other profession that I'm interested in that would qualify.
7	I like how optometry kind of acts like the underdog-we are always trying to get more rights and level the playing feild with MD's, but we are still a small group that can get along well in the interim.
8	I could not imagine doing anything else.
9	It is a difficult path, but the end point is well worth it. Even the difficult journey has many benefits and learning experiences (my life would seem incomplete without many of the experiences I've had since I began optometry school).
10	See my answer in number 13
11	I love the field. It's exciting and fun.
12	During second year we start getting a taste of clinic. That's so much fun, I can't wait to see more patients!
13	I love it! I have no regrets.
14	I still want to be an optometrist.

- 15 I am happy with my position and feel that I am being challenged and rewarded
- 16 I am confident that I have made the correct choice. I enjoy most everything about the career field, save for VT, and I'm getting there also. Vt can be extremely beneficial for patients suffering from binocular vision problems that can't be solved with an Rx alone.
- 17 No.
- 18 The profession is broad spectrum and you are allowed to pursue many different avenues.
- 19 I have interests not only in being a trustworthy clinician but also a contributing member of society, my community, my family and my church. A profession in ophthalmology may not have afforded me the time to balance the equation of my life. Optometry gives me a chance to be involved in the profession at various levels. At the same time, I work a 9:00 to 5:00 - 8:00 to 6:00 type job and will not be taxed by emergency to the same extent as medical doctors. So I would pursue and will continue to pursue!
- 20 Absolutely - Optometry is a career choice that will allow me to pursue both my professional and personal goals.
- 21 It's a great profession, we just need to make the rest of the people in this world aware of this.
- 22 I would definitely choose optometry going through the process again, but there is still a part of me that thinks med school may have been a better option for me.
- 23 I like this profession. I am as excited as ever to get started in helping patients.
- 24 Right now, it looks like in the end, all the hard work will pay off, and it will all be worth it, giving me a challenging and fun career.
- 25 I really enjoy what I am learning and the clinical part of my education. I know that being an optometrist in the future will make me happy.
- 26 I have never wanted to be anything else, and i still believe that same thing. this profession challenges me to want more and be more than just someone who helps themselves, but help others. I always wanted to be an optometrist for their lifestyle and the challenges they encounter.
- 27 Optometry still fulfills my goals for a profession.
- 28 The only other career I wish I would have considered is becoming a medical doctor.
- 29 I love optometry. I can't see myself doing any other job and loving it this much. I love everything about optometry, from the "helping people" end to the "business" end. It is the best profession for me.
- 30 Some challenges of school I enjoy and some I do not. I believe the same principle will be true when I enter into practice; however, there is no other profession that I know of that suits me better or that I would find as fulfilling over the long term as a career.
- 31 I would, because I enjoy eyes, but would not, knowing where the profession is going....downhill. I feel there are too many unprofessional doctors out there, and that we are made to look bad because of corporations, part of the reason I choose optometry was for the respect, which we are losing, due to morons becoming docs... Also, I don't

even feel that half of the classes are challenging because they are fluff, so we are wasting our time with fluff, when the important stuff, like actually seeing patients and recognizing ocular disease aren't stressed enough. I feel this school is sorely lacking in differential diagnosis....looking at many many slides, and having a teacher tell us WHY it is one problem and not another would help.

- 32 Optometry is still my passion and I believe it is what I have been called to do.
- 33 I have had a great experience so far.
- 34 I enjoy it and I always smile when I talk about being an optometrist.

Detail Summary: Academic Program Review

Question: explain #14

Please briefly explain your answer to question #14

CLASS OF 2007

Responses

User ID	Response
1	It seems like it will be a very good profession that I will be very interested in.
2	Its hard work but so far has felt very rewarding.
3	I have never even thought about dropping optometry as a career. I went into this knowing that being a doctor isn't going to easy and it is going to take a lot of work and knowledge, so therefore I am not surprised at the amount of work we have to do or amount of material we have to learn.
4	So far, I think I have made the right career choice because optometry has everything I want in a career. I can definately see myself doing this for the rest of my life.
5	I still would, but I think that I would have been a little more smarter and done it at a time in my life were studying and learning was the only thing that could take place.
6	The profession as a whole seems very rewarding. Many of the ODs that I talk to are very satisfied with their choice. My wanting to help people of all ages even with the hard work will be more than worth it in the long run.
7	I wonder sometimes if I would rather do something less "formal," such as something to do with music or outdoors, my real passions in life. But I know that optometry is a better choice because it will allow me to still pursue other interests in life while maintaining a more steady income and continuing to learn (my other passion!) in such a

growing and changing profession.

- 8 I am constantly seeing how important eye care is to our patients. Even this early on in my career, I find it to be incredibly rewarding. This definitely seems to be a career that compliments my personality and personal goals.
- 9 I haven't found anything about MCO or the profession of optometry that I dislike, it's only become more interesting to me.
- 10 Definately, I love the whole package you get to help people and give back for what has been given to you. Plus the flexibility it provides you is second to none. I can't think of anything I'd rather do.
- 11 Personally, I have great passion for the visual sciences, being a clinician, and a educator to my future patients. I'm glad that chose Optometry, and would only do it sooner, if i could do it all over again.
- 12 Although it hasn't been easy but it's been a very positive experience
- 13 I like what I have been learning and I still want to become an optometrist.
- 14 I have loved every second of being here at MCO. I feel that I am learning so much and I am very excited to one day become an optometrist.
- 15 I keep becoming more and more interested as I learn more about this profession.
- 16 I love the fact that optometry is growing and expanding its scope of practice. I would definitely grow tired of refracting all day, every day. However, I know that there are so many more opportunities to involve myself in the health related aspects of vision care.
- 17 This profession seems to fit me best due to my desire to help others and work in the health profession. Working in the mouth (dentist) does not appeal to me and becoming a entire body seems like too much. It was just not what I desired to do, while optometry was and is my calling.
- 18 I've always wanted to be an Optometrist and that hasn't changed and I'm pretty sure that it won't change.
- 19 Even though the work load is alot, I believe in the long run, I will see the joy of going through the hard load and see the pay off everyday when I am working with patients
- 20 If I had to change anything, I would have decided earlier to be a Pre-Optometry major and tried to work for an optometrist. I am really looking forward to becoming an optometrist and I would not change my major. My pharmacy friends even admit our profession is much more interesting and hands-on than pharmacy, which makes me feel like I made a good decision because I did consider going into the Pharmacy program.
- 21 It is a great profession that provides many different opportunities for its doctors and students.
- 22 There is nothing aise I would rather do, besides surgery
- 24 sometimes optometry can be scary because of all the advances such as autorefractors, lasik and even large corporations monopolizing the optometry profession ... but these are just obstacles that we will overcome ... in the end, I know I will be happy with my career choice
- 25 Optometry is an excellent profession. The more that I learn about the profession, the more that I would

encourage anyone who has a remote interest in optometry to fully pursue this career.

- 26 As a first year optometry student I am only at the beginning of my career. So far, I have learned so much about optometry and I can't wait to learn more.
- 27 Now that I have completed a year of school, I know without a doubt that I was "meant" to be an optometrist. There is always something exciting going on in the profession of optometry, I could never be bored. I can't believe I ever considered doing anything other than optometry.
- 28 As I stated earlier, I fell in love with this profession a long time ago and couldn't imagine a job that would make me happier or be more perfect for me. I am still really excited to one day be an optometrist.

Detail Summary: Academic Program Review

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2004

Responses

User ID	Response
2	I've had the chance to speak with students from other schools and I am amazed at the difference in education. We have been able to experience such a unique classroom and clinical situation, one that I think is the best.
3	I would like to explore another school. I greatly enjoyed the small size of classes here, and this a great bonus, but the curriculum needs a vast overhaul, and there needs to be more support from the school as far as boards go, and job placement would be useful.
4	My family is very important to me and I would have come back just for that reason alone. I had a good experience overall at M.C.O., but I felt mistreated on certain issues. I feel the 4th year rotations are run in a poor way, discouraging us from finding outside sites for our learning experiences so they can "keep the affiliated sites full at all time." I think this is a poor reason to deny students new learning experiences and possible future job ties. In addition, sending students to the Jackson prison is dangerously risky. I realize that nothing major has happened to students there yet, but all it takes is once and the school will be in big trouble. I also feel like every time I tried to voice an opinion to help change things for the better for students, I was either hushed up or made out to look like an enemy of the administration. If the college is there for the benefit of the students, then that is wrong. The majority of professors, administration and staff at MCO are great and I formed many relationships, but a few people have soured my image of the college.

- 5 Excellent support from the faculty.
- 6 I would still attend MCO because of the location and small class size and exceptional faculty.
- 7 I said I only attended here because of in-state tuition, but I was pleasantly surprised with the caliber of the teaching staff. I feel very well-prepared to face most of the challenges of a new OD and I'm glad I have connections to great mentors in Michigan who can help me along the way also.
- 8 Excellent school from an academic standpoint
- 9 I felt like part of a team at MCO. Everyone at the school had the same goal, to educate great doctors. I could always get help when I needed it, and the classes were small enough that you were able to get to know the staff very well. I know I can always call the school when I'm out practicing on my own and they will help me with anything I need.
- 10 Overall, it's a good school with small class sizes and personal attention.
- 11 I would never wish MORE debt upon myself!!!!
- 12 I hated the location, but it's a good school!
- 13 I will not have as large as debt graduating as other students attending more expensive schools.
- 15 I didn't answer yes to #14
- 16 I loved MCO, but I wish we had a more rich clinical experience at the college...I would chose a different school on the basis of location only...not that the faculty and staff weren't great...because they are....but I would like to have the clinical experience early on that comes with being located in a more urban area.
- 17 I think the school gave me as much as it could, and I had to take it from there.
- 18 I feel my education was as good as or better than I could have gotten elsewhere and the cost was more reasonable than anywhere else.
- 19 The class size and subsequent teacher/student ratio is very conducive to learning. I'm not simply a "number" in a huge class, I know all my classmates and they all know me and perhaps most importantly, all my professors know me! Being able to establish a "relationship" with your professors, I feel, is important and allows for a better learning environment. When you know that your professors know who you are and really care about what you're learning and how you're learning it, the incentive to really learn is much higher.
- 20 Yes, and as I mentioned above, I would recommend MCO to anybody wishing to enter the profession.
- 21 Expense.
- 22 Due to the financial aspect of attending another college I would go to Ferris again.

Detail Summary: Program Review Survey[1]

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2005

Responses

User ID	Response
1	The instructors for the most part are excellent. I like to be able to walk down the hall and know everyone on a first name basis including the teachers. It makes it easier to ask for help when you need it.
2	I like the small class size and the quality of education we get from the excellent faculty
3	The faculty on staff is fabulous. They are well respected in the field and it has been a great learning experience.
4	This choice has been a positive one. I am happy with my education, and the location has worked out well for me, too. The tuition and, thus, loans are also much more bearable for in-state purposes.
5	Still in Michigan, near my family. Low tuition.
6	I prefer the small class sizes and individual relationships that I've gained with faculty members. Besides our outstanding staff, the relationship builder is enough for me to encourage people to attend MCO.
7	Through the years here at MCO, I have learned about eye care as well as people care. The school is concerned, not only about eye health, but the over all health and well being of the patients as well as the students.
8	Again, the small size makes the school experience more personable.
9	See #12
10	Wouldn't change a thing
11	I can think of no other schools I would have wanted to attend. The small class size, individual attention and location have been a major plus
12	I feel my overall education has been great.
13	I enjoy the small class size and the one on one that we can get with the faculty. I don't believe that if I was at a bigger school that I would have as many opportunities to discuss things with faculty in the ways that I am able to

because we have such small class size.

- 14 I have had a good experience at MCO.
- 15 The faculty and staff have been extremely supportive and want every student to succeed. They work hard to educate us in the current trends of optometry and are good mentors.
- 16 I don't know a whole lot about other schools, so I can't say MCO is the best, but I have heard some rumors that ICO students don't know as much at the same point of their schooling as we do. I'm proud of MCO, it's philosophies, and it's faculty.
- 17 same as question 12
- 18 I enjoyed the small class size and the excellent clinical instructors
- 19 MCO is a great school and my education has been great. i really enjoy this school and would recommend it to anyone interested in the profession
- 20 I had a great experience at the college, the faculty is excellant, and the people there are very friendly. Also, you can't beat the one on one you can get at MCO with the faculty.
- 22 I like the optometry program here, I love the faculty and everyone in the program
- 23 I liked the small atmosphere of the school and the personal interaction with the faculty. Everyone wanted us to learn and would do anything they could to help us. The only complaint that I have is the amount of "no shows" in the clinic. THat gets frustrating when you don't see a patient for weeks at a time.
- 24 It has always been my first choice and nothing about that has changed.
- 25 Coming to the MCO has been one of the best decisions that I have made. I had the opportunity to attend atleast two other schools and I am very happy with my decision. I feel like I have benefitted greatly from the small class size, living in a small community, and being close to my wife's home. Financially it has been a great decision. I assume that I would have incurred 2x the debt at another institution, which will make a big difference for the beginning of my career. It is difficult to compare teaching and equipment since I haven't attended the other schools. However, I have seen more patients than I expected to see, found the faculty to be high quality(especially the OD's) and the facilities to be adequate. It has been a wonderful experience. I percieve the faculty here to be very passionate about what they do, without exception.
- 26 I'd attend MCO again because of the great faculty and the in-state tuition.
- 27 I like the small classroom size and the small town of Big Rapids.

Detail Summary: Program Review Survey

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2006

Responses

User ID	Response
2	I would still attend the Michiagn College of Optometry becuase of the same reasons that I came here in the first place. Also, my experience here has been great. I like the classroom settings and the small class size.
3	Same as answer to question 12, although a larger patient base in clinic would be nice, big rapids doens't really provide enough patients to avoid large amounts of time in clinic with empty appointment slots or unreplaceable no-shows.
4	I do believe that we have a great school with a wealth of knowledge to learn from.
5	Although it is small you get to know the Drs. and they are willing to help you at all times. The clinic is not always busy but the instructors do their best to always make it a learning experience.
6	I think the smaller class size is really beneficial to the learning experience, where professors are receptive to the students' needs and can adjust lectures to emphasize weak areas.
7	I enjoy the small class sizes and really feel that both the faculty and my peers care about me both professionally and personally.
8	I considered going to Indiana for school, but realize now that I would not received the one on one attention that sometimes is needed to understand issues in classes.
9	The students The faculty The environment The local church (St. Paul's) The experiences The education The friends The ways my life have changed are uncountable... Each of the above would have been dramatically different at any other university - I like the way my life is here and now; I can't imagine it anywhere else.
10	I really enjoy the small class size and the one on one interaction with the professions. I enjoy the fact that all my profession genuinely care about me as a person and that they all know my name.

- 11 Mainly because of the faculty. They are all very knowledgeable and passionate about the profession.
- 12 The small class size is one of the best things about MCO.
- 13 It has been an excellent experience so far and I am looking forward to the next year.
- 14 I have no major problems with MCO. In fact I feel that I am going to be more than adequately prepared to practice following my graduation.
- 15 I like the professors, many of whom have been around and are very well accredited. Plus, I like the small class size.
- 16 The facilities need updating, and the patient base is very small since Big Rapids is a small community. There are also other extracurricular activities I would like to pursue that are not available in this area. Most of my reasons for wanting to attend another school are location oriented, not directed at the school itself.
- 17 Ok.
- 18 Even though MCO doesn't have as good as facilities as many other schools you are taught to be a clinician which is the most important thing. Also the real world isn't perfect.
- 19 I am still impressed by faculty and students here! I still want to contribute to my home community here before I move on in my life. Better facilities and a larger clinical client base would be nice but I feel as though I am being prepared in the same fashion as my obviously successful predecessors.
- 20 If money was not a factor, I may have decided to look into the curriculum at some of the other optometry schools. I am, however, very happy with my educational experience at MCO.
- 21 I like a nice small school where I know the faculty and they know me.
- 22 The main reason I am at MCO is the cost of other institutions. Based on facilities and clinical experience, however, this wouldn't even be in my top 3.
- 23 MCO provides a good education for the money. Our faculty to student ratio is one of the best in the nation and our students get to examine and treat patients earlier than any other school.
- 24 Convenience is a big reason, but small class size, great staff, and lots of clinical experience attract me to MCO.
- 25 I think that we have some of the best professors in their fields (Keating, Saladin) and I consider it an honor to learn from them.
- 26 same reasons as before... close to family, home, cost effective. the school also offers us small class sizes and closeness with the professors.
- 27 I feel although MCO has a great faculty base for optometry-related classes (vision science, optics, etc.), there is a lack in the basic science department (anatomy, physiology). Although these are requirements for entry into the program, these prerequisites are not standardized for every student, and I believe this is exemplified by our recent poor board scores. I also feel that MCO does not provide a strong patient base for preparing the student to enter the current workforce. This leaves the MCO student

at a severe disadvantage compared with the other optometry schools in this country. I feel it is important to understand the fundamentals of optometry, but I also feel that applying this knowledge to patients is much more important to our future. I feel MCO does not provide enough of a patient base for this application to occur. Possibly moving the college to Grand Rapids would help this disadvantage, as a city environment would provide many more patients with a more broad spectrum of optometric anomalies.

- 28 The experiences here (especially the mission trips I have been on) have been great and it is fairly close to my family.
- 29 After looking into other optometry colleges, MCO appeared to be the best. They had small classes and my grandfather said the faculty was great. The cost of the education was a nice added bonus and the location was perfect. After attending here for two years, I would still choose MCO. The students are wonderful, the faculty and program is excellent.
- 30 The professors here are some of the best teachers I have had in the 19 years I have been in school. They aren't only experts in their field who make their systematic presentations, they are good teachers too who are very receptive to students' questions and concerns. They all have different methods of teaching, but the underlying commonality is that they all try very hard to help each of us succeed.
- 31 yes
- 32 Overall I rate this as an excellent learning experience despite my bad experience with one class.
- 33 I feel that overall I am receiving an excellent education at MCO.
- 34 I love it here. I have cultivated several life long friendships and have had plenty of opportunities for civic involvement.

Detail Summary: Academic Program Review

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2007

Responses

User ID	Response
1	Its close in proximity to my home and I really like all of the faculty.
2	The people here are incredibly helpful and the faculty does a great job.
3	I love it here. The faculty seem to be the best in there field. All the professors seem very interested in what they are teaching and always willing to help a student if it is needed. I also love the small class size here. I know all of my class mates and that makes me feel more at ease.
4	Talking to other friends of mine also persuing optometric careers at different colleges, I think I made the right choice in coming to MCO. The quality of teaching is superb and the quality of lab instruction is great. I also want to comment on the students. I think MCO has the best student body of all the optometry schools. Everybody in my class are very close. We are very helpful to each other. We take optometry school as a team. We want everybody in our class with OD degrees in 2007. I think without our small class size, this would not be possible. Nobody gets lost in the crowd. I also think that the 2nd and 3rd year students went out of their way to get to know us and are very helpful if we needed any academic or assistance otherwise.
5	I believe that the quality of instruction is great at MCO. The instructors are very knowledgeable and great in helping us students out at anytime. MCO seems to be a little lacking on technology of equipment compared to

other schools. But overall is a great school to be at.

6 The quality of the faculty, staff, and administration are great strengths to MCO. This helps produce the high quality of students that this school graduates. I did not choose Ferris because of the facility, heaven knows we need a new building, but the school as a whole has made tremendous strides in overcoming this setback. MCO is a big family, something I cannot say about my undergrad experience, even though that was here at Ferris.

7 I would not give up the things I've experienced and learned in this last year for anything. I've met some wonderful friends; all of the students are different and yet get along wonderfully. The small class size allows us to become very close and supportive of one another, as well as really get to know the faculty. I am still amazed at what wonderful people all of the faculty are. They go out of their way to treat students as equals while maintaining a high level of respect, and have made it obvious that they are here to help us learn. Also, I think that getting us into clinic early (in 2nd year) will be incredibly beneficial.

8 I have had nothing but positive experiences here at MCO. I find the staff to be supportive and always thinking about what's best for the students.

9 I've met great people here, both in the student body and the faculty. I feel like I am being prepared for the profession well, by both my peers and my professors.

10 I visited four universities which offer Doctor of Optometry programs and I must say it wasn't the campus or town which made me want to come here it was the expanded scope of clinical experience which was offered here. That was huge to me as that is what I'm going to be doing for the rest of my life not sitting in a lab or classroom listening to lectures. At some of the universities I visited you didn't even get experience with your equipment till your second year and didn't see patients till your third year.

11 One of the main reasons that make the Michigan College of Optometry one of the top Optometry schools are the high caliber teachers that are actually AVAILABLE to the students because of the small class sizes.

12 Overall, it's been a positive experience.

13 It is a good school. I'm not crazy about Big Rapids or the Pennock Building, but the goods outweigh the bad.

14 I love the faculty, students, and staff at MCO. I feel like I have gained another family here and I would not change that for anything.

15 The small class sizes and atmosphere allows for a great education with a lot of one on one explanations from the professors.

16 The class size, in state tuition, and 100% job placement rate are my three main criteria; all of which MCO met.

17 The small school environment gives the student the opportunity of close relationships with colleagues as well as faculty, allowing for a better learning experience overall.

18 The only reason that I wouldn't attend MCO is the lack of clinic experience. It seems that the second and third years are always searching for patients. I know the lack of patient's is due to the fact the school is in Big Rapids, but I think clinical experience is a major aspect of Optometry

school. Many Doctor's that graduate from MCO have great clinical skills, but given the opportunity to "do it all over again" I may consider attending a school in a bigger city with a bigger patient base.

- 19 I am pleased with most of the instructors who are helping get through it.
- 20 I love it here. All the professors are amazing and I am surprised at how many have been published and wrote their own textbooks. I like the location and I would recommend MCO to any pre-optometry student.
- 21 My experience here so far has been better than I could have ever imagined. The faculty and staff of MCO are absolutely wonderful. They truly care about the well being and success of all of their students and it is great to know that they are always there to help when a problem or question arises. And I feel that the admissions committee at MCO has done a fabulous job of creating a class that is diverse, while at the same time compatible. I think it is amazing how well the first year class has bonded and how there is no/minimal competition between students (something I was very afraid of, esp with such a small class).
- 22 But I would have gone to a better living community for undergraduate school-I am tired of cold weather and Big Rapids bars,(HAHA)
- 23 The small class size and personal encouragement from the faculty is invaluable!
- 24 few reasons: 1) residential tuition, 2) clinical experience starting the second year, and 3) I have know several ODs who have graduated from here and were happy with MCO
- 25 MCO is a great school. The faculty and staff work hard to make the students feel comfortable, and to help them succeed. If a student is willing to work hard, the faculty is willing to put in the extra time to make sure that the student understands the material.
- 26 At MCO the doctors we work with are excellent sources of knowledge and experience. They provide the challenge and support that make the students of MCO want to succeed.
- 27 I chose MCO over the Houston College of Optometry in Texas (where I am from), and it was absolutely the right choice for me. The location was my original reason for choosing MCO, but now that I have spent a year here I feel like I belong. The faculty and staff are excellent, and I can't remember ever learning so much in one year.
- 28 I love the faculty. Everyone is so warm and caring. It is nice to know there are people who support you and think highly of you. I also like the small classroom size. Being able to interact with all my classmates has made me feel really comfortable around everyone.

Detail Summary: Academic Program Review

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2004

Responses

User ID	Response
1	Move the school to GR, have more private practice rotation sites available, 3 mo long rotations would be great (instead of the current 4).
2	We really do need a new building...that is the only turn-off that I can think of.
3	none
4	Although learning about disease and treatment is very important, I strongly caution against changing the curriculum such that we lose the real focus of optometry and what makes us different from Ophthalmology. Balance is so important. Also, some new young professors with excitement for their courses would be a wonderful change for the college. I hope they get their new facility soon also!
5	MCO is great.
6	I feel I have acquired a good foundation of knowledge that will increase as I work in the field.
7	The question about technology and equipment was difficult to answer because so many advances have been made since we even started school, please keep that up.
8	none
9	.
10	The clinical experience at MCO was lacking because of a small patient base. Some satellite clinics would offer better training and exposure.
11	The questions early in the survey (#2-#7) are very difficult to assess and probably invalid. We don't have anything else to compare to, so a comparison question seems inappropriate.
15	there need to be more practice management courses. I would like to start my own practice but feel that I have to learn most of this on my own.
17	i think dead alexander has made great improvements in the school, and will continue to.
19	While I understand the need to learn more of the "medical" side of the profession, especially now that optometry is becoming more medically orientated, what I don't understand is why we have to learn it if we aren't going to be taught how to interpret it. I'm speaking specifically about ordering and interpreting labs and related tests in order to facilitate diagnosing various diseases. My 3rd rotation really drove home the fact that

although I can order labs to rule in/out various systemic diseases, I can't always interpret them. So what good does it do me to know what to order if I have to send the patient to a specialist to have the tests/labs interpreted? I guess I just want to point out that if we are going to be a medically orientated profession, our teaching institutions should reflect that a little better. I don't feel that I was adequately prepared for whatever portion of my career will be based on ordering and interpreting labs and other assorted tests in order to properly diagnose and treat my patients.

21 It's been real.

22 none

Detail Summary: Program Review Survey[1]

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2005

Responses

User ID	Response
1	Possibly provide more areas for clinical instructors to congregate or remain when exams are being administered so they are easier to locate.
2	The only negative experience I've had is that in certain clinics, especially contact lenses, we don't seem to get many patients scheduled
3	The students need more financial advice and support from the administration. Ferris State University is not very helpful at all in this area.
4	
5	Clinic opportunities need to be expanded for some of us. I have very little patient contact compared to many of my classmates. I was disappointed in this lack of experience while I was in clinic.
6	My experience here at MCO has been very memorable. I would definitely do it all over again. I feel that I have received a great education and make some life-long friends. The encouragement and education that the faculty and administration has given was outstanding. The only con to my experience was probably the building. I think that we are very up-to-date with technology but a new building would be beneficial not only from an educational standpoint but it may bring more qualified students to our program also.
7	My experience at MCO has been incredibly rewarding, not only academically but personally as well. I have learned many things in my years here and know that I am prepared to go into the professional world.
8	none
9	A new building and a satellite location for more patient interactions is needed.
10	none
11	none
12	I love the small classes and true feeling of "community" here. However, I sometimes wish MCO was based in a larger area in order to have a large patient base for clinical experience.
13	I wish that the school was located in a larger city so that we could possibly have a larger patient base
14	I appreciate the education I am receiving at MCO. Many faculty members have really gone out of their way to provide me with the extra academic help and support I

needed to learn and be successful.

- 15 I feel the quality of education I am receiving is probably superior to most other colleges. I really enjoy the small class size. However, it would be nice to have a new building.
- 16 We need speedier clinical check-out staff and new facilities. We have good equipment and personnel, but our building is not impressive. Some of the exam rooms are difficult to work in, and the way the rooms are set up, it's hard to comply with HIPPA while talking with patients or the attending doctor. I'm jealous I won't be around for the new building that I hope gets underway soon.
- 17 need to increase the quality of entering students.
- 18 good school, bright classmates
- 19 the staff and faculty are very sincere in their interest in students and the profession. they definitely enhanced my view of optometry
- 20 I am really glad I had the opportunity to go to MCO. I feel that by the time I graduate, I will be more than competent to give excellent patient care. The only problem I had with the university, not MCO, was the lack of financial aid. It is terrible that there isn't enough money available to us to even live on. It is very annoying.
- 21 MCO needs to get more patients in the clinic. Perhaps it would be beneficial to offer more discounts to FSU students so 2nd and 3rd years in primary care or contact lenses can get more experience. We need more experience in fitting contact lenses, and it's frustrating that as a student you can't even put a lens on the patient's eye without charging a fitting fee. Perhaps this could be changed. I've enjoyed the last three years with my classmates and will miss them. The faculty are great and very personal. MCO has a very warm and welcoming environment.
- 22 it would be great if this clinic were in Grand Rapids. We really could see a lot broader patient base therefore, improving a GREAT DEAL on the clinical experience.
- 23 I do not know the protocol for confirming appointments, but I think something needs to be done to increase the number of patients seen at the clinic.
- 24 MCO has provided a valuable educational experience.
- 25 1) I have found patient simulation and Dr Carter's practical approach to our pharmacology class to be some of my most effective learning experiences. I think that it would be nice to incorporate these types of activities into our disease class, and perhaps other classes. I feel that I have learned so much more from this method compared to the standard memorize and recite teaching methods. I guess I feel like I have retained a lot more of the information that was covered. 2) I don't know if this is a possibility, but I feel like some of our classes during 1st and 2nd year were really undergraduate level classes that we could have taken before we came here. I think that it would be easy to tie up their ocular relevancies in a single class during 1st year. However, you probably need to provide these classes for accreditation, I really don't know. But it would be nice to free up more time for learning information more directly related to the practice of optometry. 3) Thanks for providing a great business class. 4) Thanks to all of the faculty and staff for making MCO a great place to become an OD.

27 Great school.

28 I think that the Michigan College of Optometry is a great school. I think that it does need some modifications to get it up into the 20th century as well as look at the curriculum. From what i hear about the new curriculum, it seems that it will greatly benefit the students in the future. The teachers are very caring and want you to succeed, they will help you get through. Overall, I would never regret my choice of becoming a doctor of optometry and attending the Michigan College of Optometry.

Detail Summary: Program Review Survey

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2006

Responses

User ID	Response
1	Cirriculum changes need to be made so that subjects that are on Boards are taught BEFORE the NBEO exam. Go straight thru the summer but still keep it a 4 year program so we can compete w/ physician bias that we are not REAL doctors by increasing our pharmacology, physiology, systemic disease and anatomy hours of lecture and lab. Financial aid needs to be revamped, increase the budget so that minorities can have half a chance of going to school here! If you want more students to go to Cherry Street move the school to Grand Rapids. If you still go ahead w/your dreams for Cherry Street, YOU MUST INCREASE OUR FINANCIAL AID BUDGET!!!
2	I have enjoyed these past two years here at MCO. The professors are great and the small class size has helped me grasp the information better then a larger auditorium sized classroom would. I wouldn't eve regret my choice for coming to MCO for my education.
3	A few things I've always thought: First year clinic observations do not provide the insight desired as they make first years feel uncomfortable and "in the way" in the clinic, creating a negative impression rather than an early exposure as desired. They are unneccesary as I felt that very little was learned under a difficult and stressful situation. The microbiology class should be renamed immunology as that is the primary emphasis in that class.
4	I do believe that the grading system should be re-evaluated. I do not understand how some teachers can use the standard scale and others will impose their own scale to abide by. To make it more consistent, maybe the criteria should be pass/fail. We all recieve the same degree so why should grades be a factor?
5	.
6	n/a
7	My only regret is the small popultation that we treat-if we were in a larger city we would be able to help more people and get more first hand experience as well.
8	I would recommend the Michigan College of Optometry to anyone. It has an environment that allows you to be comfortable and able to grow as a future doctor.
9	MCO is a wonderful place :)
10	The faculty and staff at MCO are great. The only suggestion I would make is about outside staff teaching clinic. I did not find my experlence in clinic with nonfaculty staff to be nearly as helpful as with the faculty of MCO

because they often were not aware of what we know and do not know.

- 11 MCO has great faculty. It is also very professional and a good learning environment.
- 12 We need a new optometry building.
- 13 Thank you.
- 15 None
- 16 MCO offers a fantastic education at a very competitive cost. The faculty are wonderful, and our clinical exposure in the second year is unique to most optometry schools.
- 17 Everything is peachy.
- 18 Everything is peachy
- 19 New facilities; larger clinical client base as would be found in an area like Grand Rapids to introduce future students to the variety and complexity of disease and oculomotor dysfunction.
- 20 Our building is an embarrassment. Way too much emphasis is placed on ocular disease in the second year. With the recent boards scores, I think the emphasis should be put on those areas tested on part I of the boards.
- 21 There are only a few things that I have not been the most pleased with at MCO. The computer lab is way too small and you can hardly ever get a computer in there. Plus there are not enough places to quietly go and study at. The Reading Room is way too small. I believe that there could be nicer chairs, couches, tables, etc. throughout the building. I am a person who has had severe back problems at a young age and many chairs, especially stools in labs, absolutely kill my back. After having three fractures and numerous other injuries to my back, I know that it is almost impossible to sit through back-to-back lab lectures and sit on stools for half a day. Overall, there are many things that could be done to make this facility nicer and more appealing. When I have brought patients up for an appointment or family members/friends on the weekend to see where I spend most of my time, they are amazed at how old the building is and the majority of things in it. Some people have even said that it smells old (musty). So overall, it's just the building conditions that need improvement.
- 22 A new school and/or clinic in the Grand Rapids area would be extremely beneficial to students. The population base in Big Rapids is not very diverse and the numbers are minimal.
- 24 Overall- a great school, and I am pleased with my experiences at MCO.
- 26 second year is cool
- 27 MCO is a great school: the small student population is great, our doctor to student ratio is great, and our attitude is great. However, I feel this is not enough to provide the optimum preparedness for the optometric profession (ie. lack of patient exposure, lack of fundamental science, etc.). I realize that the school is about to upgrade the curriculum by adding one more summer semester (to include the fundamental sciences), and this is a great idea. However, this will only solve one problem, and it is the short-term problems of not having people passing the board exams. The long term problem is lack of exposure.

This needs to be resolved in addition to the above. Then MCO would be able to claim academic excellence.

28 N/A

29 I think it is unfortunate that a MCO doesn't have a newer facility to work in. I think a new building and some new equipment would help the school. MCO, however, is doing an excellent job with the tools they have been given.

30

31 I don't feel AT ALL that another semester is needed. I will never donate ANY money whatsoever to this school if they implement a summer semester, when we screw around taking BS classes already . Our time could easily be filled with more important classes in FALL and WINTER, eliminating the so-called "NEED" for extra semesters. It is assinine to implement this when the reasoning is "all the other schools are doing it". Go jump off a bridge then..... If the other problem is students aren't passing boards.....lets get BETTER TEACHERS!!!!!!!!!! or allow better students to enter MCO...Just a thought.....

32 The disease professor needs to be replaced, because he is not a very good teacher. He is a great guy to talk to but I think he needs a course on how to teach.

33 It would definitely be a better environment if the facilities were to be upgraded.

34

Detail Summary: Academic Program Review

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2007

Responses

User ID	Response
4	I would like to thank all of the first year professors. They had done a great job. I think someday I want to become a professor and teach the next generation of optometry students.
5	There has to be a way that the profession of Optometry is a profession that all students of any age can pursue. Older family oriented students are at somewhat of a disadvantage in my opinion. It is extremely difficult to try and even hold down a part time job, spend time with loved ones, and take 21 credits a semester. Not to mention, many of the classes in the first and second year require you to practice outside of class time.
6	MCO, once funded by the state, would benefit from a new building. It would not only be an asset to the College of Optometry and Ferris as a whole, but to the entire state of Michigan.
7	I think that the small class size at MCO is a wonderful thing that should never be changed. The faculty and staff are amazing. I am curious to see how the new curriculum will affect students' education. It seems that a lot of thought has been put into it and it may improve the only complaint I would have about MCO, which is that the current curriculum seems relatively unorganized and inefficient. In spite of this, I know I have learned more in the past year than I ever thought possible.
10	Faculty for the most part has been great and very supportive. The students have been a great joy. They are a class above the rest. Organization has also been wonderful, a indicator of a great administrative staff.
11	None
12	A new building would be nice. More parking spaces near the building. It's really hard to carry all our heavy equipment from the commuter parking lot across the street. Is there any way we can turn the parking lot on the north end of the building into a Commuter parking lot instead of a Residence-Hall lot?
13	None
15	The town that the school is in also provides a good atmosphere for education with little distractions.
16	I know that everybody is working on a new facility for MCO. This is very important. I know several people who were so unimpressed with the building that they refused to even apply to MCO. I guess that "first impressions" make lasting impressions.

- 11 Mainly because of the faculty. They are all very knowledgeable and passionate about the profession.
- 12 The small class size is one of the best things about MCO.
- 13 It has been an excellent experience so far and I am looking forward to the next year.
- 14 I have no major problems with MCO. In fact I feel that I am going to be more than adequately prepared to practice following my graduation.
- 15 I like the professors, many of whom have been around and are very well accredited. Plus, I like the small class size.
- 16 The facilities need updating, and the patient base is very small since Big Rapids is a small community. There are also other extracurricular activities I would like to pursue that are not available in this area. Most of my reasons for wanting to attend another school are location oriented, not directed at the school itself.
- 17 Ok.
- 18 Even though MCO doesn't have as good as facilities as many other schools you are taught to be a clinician which is the most important thing. Also the real world isn't perfect.
- 19 I am still impressed by faculty and students here! I still want to contribute to my home community here before I move on in my life. Better facilities and a larger clinical client base would be nice but I feel as though I am being prepared in the same fashion as my obviously successful predecessors.
- 20 If money was not a factor, I may have decided to look into the curriculum at some of the other optometry schools. I am, however, very happy with my educational experience at MCO.
- 21 I like a nice small school where I know the faculty and they know me.
- 22 The main reason I am at MCO is the cost of other institutions. Based on facilities and clinical experience, however, this wouldn't even be in my top 3.
- 23 MCO provides a good education for the money. Our faculty to student ratio is one of the best in the nation and our students get to examine and treat patients earlier than any other school.
- 24 Convenience is a big reason, but small class size, great staff, and lots of clinical experience attract me to MCO.
- 25 I think that we have some of the best professors in their fields () and I consider it an honor to learn from them.
- 26 same reasons as before... close to family, home, cost effective. the school also offers us small class sizes and closeness with the professors.
- 27 I feel although MCO has a great faculty base for optometry-related classes (vision science, optics, etc.), there is a lack in the basic science department (anatomy, physiology). Although these are requirements for entry into the program, these prerequisites are not standardized for every student, and I believe this is exemplified by our recent poor board scores. I also feel that MCO does not provide a strong patient base for preparing the student to enter the current workforce. This leaves the MCO student

at a severe disadvantage compared with the other optometry schools in this country. I feel it is important to understand the fundamentals of optometry, but I also feel that applying this knowledge to patients is much more important to our future. I feel MCO does not provide enough of a patient base for this application to occur. Possibly moving the college to Grand Rapids would help this disadvantage, as a city environment would provide many more patients with a more broad spectrum of optometric anomalies.

- 28 The experiences here (especially the mission trips I have been on) have been great and it is fairly close to my family.
- 29 After looking into other optometry colleges, MCO appeared to be the best. They had small classes and my grandfather said the faculty was great. The cost of the education was a nice added bonus and the location was perfect. After attending here for two years, I would still choose MCO. The students are wonderful, the faculty and program is excellent.
- 30 The professors here are some of the best teachers I have had in the 19 years I have been in school. They aren't only experts in their field who make their systematic presentations, they are good teachers too who are very receptive to students' questions and concerns. They all have different methods of teaching, but the underlying commonality is that they all try very hard to help each of us succeed.
- 31 yes
- 32 Overall I rate this as an excellent learning experience despite my bad experience with one class.
- 33 I feel that overall I am receiving an excellent education at MCO.
- 34 I love it here. I have cultivated several life long friendships and have had plenty of opportunities for civic involvement.

Detail Summary: Academic Program Review

Question: Explain #16

Please briefly explain your answer to question #16

CLASS OF 2007

Responses

User ID	Response
1	Its close in proximity to my home and I really like all of the faculty.
2	The people here are incredibly helpful and the faculty does a great job.
3	I love it here. The faculty seem to be the best in there field. All the professors seem very interested in what they are teaching and always willing to help a student if it is needed. I also love the small class size here. I know all of my class mates and that makes me feel more at ease.
4	Talking to other friends of mine also persuing optometric careers at different colleges, I think I made the right choice in coming to MCO. The quality of teaching is superb and the quality of lab instruction is great. I also want to comment on the students. I think MCO has the best student body of all the optometry schools. Everybody in my class are very close. We are very helpful to each other. We take optometry school as a team. We want everybody in our class with OD degrees in 2007. I think without our small class size, this would not be possible. Nobody gets lost in the crowd. I also think that the 2nd and 3rd year students went out of their way to get to know us and are very helpful if we needed any academic or assistance otherwise.
5	I believe that the quality of instruction is great at MCO. The instructors are very knowledgeable and great in helping us students out at anytime. MCO seems to be a little lacking on technology of equipment compared to

other schools. But overall is a great school to be at.

6 The quality of the faculty, staff, and administration are great strengths to MCO. This helps produce the high quality of students that this school graduates. I did not choose Ferris because of the facility, heaven knows we need a new building, but the school as a whole has made tremendous strides in overcoming this setback. MCO is a big family, something I cannot say about my undergrad experience, even though that was here at Ferris.

7 I would not give up the things I've experienced and learned in this last year for anything. I've met some wonderful friends; all of the students are different and yet get along wonderfully. The small class size allows us to become very close and supportive of one another, as well as really get to know the faculty. I am still amazed at what wonderful people all of the faculty are. They go out of their way to treat students as equals while maintaining a high level of respect, and have made it obvious that they are here to help us learn. Also, I think that getting us into clinic early (in 2nd year) will be incredibly beneficial.

8 I have had nothing but positive experiences here at MCO. I find the staff to be supportive and always thinking about what's best for the students.

9 I've met great people here, both in the student body and the faculty. I feel like I am being prepared for the profession well, by both my peers and my professors.

10 I visited four universities which offer Doctor of Optometry programs and I must say it wasn't the campus or town which made me want to come here it was the expanded scope of clinical experience which was offered here. That was huge to me as that is what I'm going to be doing for the rest of my life not sitting in a lab or classroom listening to lectures. At some of the universities I visited you didn't even get experience with your equipment till your second year and didn't see patients till your third year.

11 One of the main reasons that make the Michigan College of Optometry one of the top Optometry schools are the high caliber teachers that are actually AVAILABLE to the students because of the small class sizes.

12 Overall, it's been a positive experience.

13 It is a good school. I'm not crazy about Big Rapids or the Pennock Building, but the goods outweigh the bad.

14 I love the faculty, students, and staff at MCO. I feel like I have gained another family here and I would not change that for anything.

15 The small class sizes and atmosphere allows for a great education with a lot of one on one explanations from the professors.

16 The class size, in state tuition, and 100% job placement rate are my three main criteria; all of which MCO met.

17 The small school environment gives the student the opportunity of close relationships with colleagues as well as faculty, allowing for a better learning experience overall.

18 The only reason that I wouldn't attend MCO is the lack of clinic experience. It seems that the second and third years are always searching for patients. I know the lack of patient's is due to the fact the school is in Big Rapids, but I think clinical experience is a major aspect of Optometry

school. Many Doctor's that graduate from MCO have great clinical skills, but given the opportunity to "do it all over again" I may consider attending a school in a bigger city with a bigger patient base.

19 I am pleased with most of the instructors who are helping get through it.

20 I love it here. All the professors are amazing and I am surprised at how many have been published and wrote their own textbooks. I like the location and I would recommend MCO to any pre-optometry student.

21 My experience here so far has been better than I could have ever imagined. The faculty and staff of MCO are absolutely wonderful. They truly care about the well being and success of all of their students and it is great to know that they are always there to help when a problem or question arises. And I feel that the admissions committee at MCO has done a fabulous job of creating a class that is diverse, while at the same time compatible. I think it is amazing how well the first year class has bonded and how there is no/minimal competition between students (something I was very afraid of, esp with such a small class).

22 But I would have gone to a better living community for undergraduate school-I am tired of cold weather and Big Rapids bars,(HAHA)

23 The small class size and personal encouragement from the faculty is invaluable!

24 few reasons: 1) residential tuition, 2) clinical experience starting the second year, and 3) I have know several ODs who have graduated from here and were happy with MCO

25 MCO is a great school. The faculty and staff work hard to make the students feel comfortable, and to help them succeed. If a student is willing to work hard, the faculty is willing to put in the extra time to make sure that the student understands the material.

26 At MCO the doctors we work with are excellent sources of knowledge and experience. They provide the challenge and support that make the students of MCO want to succeed.

27 I chose MCO over the Houston College of Optometry in Texas (where I am from), and it was absolutely the right choice for me. The location was my original reason for choosing MCO, but now that I have spent a year here I feel like I belong. The faculty and staff are excellent, and I can't remember ever learning so much in one year.

28 I love the faculty. Everyone is so warm and caring. It is nice to know there are people who support you and think highly of you. I also like the small classroom size. Being able to interact with all my classmates has made me feel really comfortable around everyone.

Detail Summary: Academic Program Review

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2004

Responses

User ID	Response
1	Move the school to GR, have more private practice rotation sites available, 3 mo long rotations would be great (instead of the current 4).
2	We really do need a new building...that is the only turn-off that I can think of.
3	none
4	Although learning about disease and treatment is very important, I strongly caution against changing the curriculum such that we lose the real focus of optometry and what makes us different from Ophthalmology. Balance is so important. Also, some new young professors with excitement for their courses would be a wonderful change for the college. I hope they get their new facility soon also!
5	MCO is great.
6	I feel I have acquired a good foundation of knowledge that will increase as I work in the field.
7	The question about technology and equipment was difficult to answer because so many advances have been made since we even started school, please keep that up.
8	none
9	.
10	The clinical experience at MCO was lacking because of a small patient base. Some satellite clinics would offer better training and exposure.
11	The questions early in the survey (#2-#7) are very difficult to assess and probably invalid. We don't have anything else to compare to, so a comparison question seems inappropriate.
15	there need to be more practice management courses. I would like to start my own practice but feel that I have to learn most of this on my own.
17	[REDACTED] has made great improvements in the school, and will continue to.
19	While I understand the need to learn more of the "medical" side of the profession, especially now that optometry is becoming more medically orientated, what I don't understand is why we have to learn it if we aren't going to be taught how to interpret it. I'm speaking specifically about ordering and interpreting labs and related tests in order to facilitate diagnosing various diseases. My 3rd rotation really drove home the fact that

although I can order labs to rule in/out various systemic diseases, I can't always interpret them. So what good does it do me to know what to order if I have to send the patient to a specialist to have the tests/labs interpreted? I guess I just want to point out that if we are going to be a medically orientated profession, our teaching institutions should reflect that a little better. I don't feel that I was adequately prepared for whatever portion of my career will be based on ordering and interpreting labs and other assorted tests in order to properly diagnose and treat my patients.

21 It's been real.

22 none

Detail Summary: Program Review Survey[1]

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2005

Responses

User ID	Response
1	Possibly provide more areas for clinical instructors to congregate or remain when exams are being administered so they are easier to locate.
2	The only negative experience I've had is that in certain clinics, especially contact lenses, we don't seem to get many patients scheduled
3	The students need more financial advice and support from the administration. Ferris State University is not very helpful at all in this area.
4	
5	Clinic opportunities need to be expanded for some of us. I have very little patient contact compared to many of my classmates. I was disappointed in this lack of experience while I was in clinic.
6	My experience here at MCO has been very memorable. I would definitely do it all over again. I feel that I have received a great education and make some life-long friends. The encouragement and education that the faculty and administration has given was outstanding. The only con to my experience was probably the building. I think that we are very up-to-date with technology but a new building would be beneficial not only from an educational standpoint but it may bring more qualified students to our program also.
7	My experience at MCO has been incredibly rewarding, not only academically but personally as well. I have learned many things in my years here and know that I am prepared to go into the professional world.
8	none
9	A new building and a satalite location for more patient interactions is needed.
10	none
11	none
12	I love the small classes and true feeling of "community"here. However, I sometimes wish MCO was based in a larger area in order to have a large patient base for clinical experience.
13	I wish that the school was located in a larger city so that we could possibly have a larger patient base
14	I appreciate the education I am receiving at MCO. Many faculty members have really gone out of their way to provide me with the extra academic help and support I

needed to learn and be successful.

15 I feel the quality of education I am receiving is probably superior to most other colleges. I really enjoy the small class size. However, it would be nice to have a new building.

16 We need speedier clinical check-out staff and new facilities. We have good equipment and personnel, but our building is not impressive. Some of the exam rooms are difficult to work in, and the way the rooms are set up, it's hard to comply with HIPPA while talking with patients or the attending doctor. I'm jealous I won't be around for the new building that I hope gets underway soon.

17 need to increase the quality of entering students.

18 good school, bright classmates

19 the staff and faculty are very sincere in their interest in students and the profession. they definitely enhanced my view of optometry

20 I am really glad I had the opportunity to go to MCO. I feel that by the time I graduate, I will be more than competent to give excellent patient care. The only problem I had with the university, not MCO, was the lack of financial aid. It is terrible that there isn't enough money available to us to even live on. It is very annoying.

21 MCO needs to get more patients in the clinic. Perhaps it would be beneficial to offer more discounts to FSU students so 2nd and 3rd years in primary care or contact lenses can get more experience. We need more experience in fitting contact lenses, and it's frustrating that as a student you can't even put a lens on the patient's eye without charging a fitting fee. Perhaps this could be changed. I've enjoyed the last three years with my classmates and will miss them. The faculty are great and very personal. MCO has a very warm and welcoming environment.

22 it would be great if this clinic were in Grand Rapids. We really could see a lot broader patient base therefore, improving a GREAT DEAL on the clinical experience.

23 I do not know the protocol for confirming appointments, but I think something needs to be done to increase the number of patients seen at the clinic.

24 MCO has provided a valuable educational experience.

25 1) I have found patient simulation and [REDACTED] practical approach to our pharmacology class to be some of my most effective learning experiences. I think that it would be nice to incorporate these types of activities into our disease class, and perhaps other classes. I feel that I have learned so much more from this method compared to the standard memorize and recite teaching methods. I guess I feel like I have retained a lot more of the information that was covered. 2) I don't know if this is a possibility, but I feel like some of our classes during 1st and 2nd year were really undergraduate level classes that we could have taken before we came here. I think that it would be easy to tie up their ocular relevancies in a single class during 1st year. However, you probably need to provide these classes for accreditation, I really don't know. But it would be nice to free up more time for learning information more directly related to the practice of optometry. 3) Thanks for providing a great business class. 4) Thanks to all of the faculty and staff for making MCO a great place to become an OD.

27 Great school.

28 I think that the Michigan College of Optometry is a great school. I think that it does need some modifications to get it up into the 20th century as well as look at the curriculum. From what i hear about the new curriculum, it seems that it will greatly benefit the students in the future. The teachers are very caring and want you to succeed, they will help you get through. Overall, i would never regret my choice of becoming a doctor of optometry and attending the Michigan College of Optometry.

Detail Summary: Program Review Survey

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2006

Responses

User ID Response

- 1 Curriculum changes need to be made so that subjects that are on Boards are taught BEFORE the NBEO exam. Go straight thru the summer but still keep it a 4 year program so we can compete w/ physician bias that we are not REAL doctors by increasing our pharmacology, physiology, systemic disease and anatomy hours of lecture and lab. Financial aid needs to be revamped, increase the budget so that minorities can have half a chance of going to school here! If you want more students to go to Cherry Street move the school to Grand Rapids. If you still go ahead w/your dreams for Cherry Street, YOU MUST INCREASE OUR FINANCIAL AID BUDGET!!!
- 2 I have enjoyed these past two years here at MCO. The professors are great and the small class size has helped me grasp the information better then a larger auditorium sized classroom would. I wouldn't eve regret my choice for coming to MCO for my education.
- 3 A few things I've always thought: First year clinic observations do not provide the insight desired as they make first years feel uncomfortable and "in the way" in the clinic, creating a negative impression rather than an early exposure as desired. They are unnecessary as I felt that very little was learned under a difficult and stressful situation. The microbiology class should be renamed immunology as that is the primary emphasis in that class.
- 4 I do believe that the grading system should be re-evaluated. I do not understand how some teachers can use the standard scale and others will impose their own scale to abide by. To make it more consistent, maybe the criteria should be pass/fail. We all recieve the same degree so why should grades be a factor?
- 5 .
- 6 n/a
- 7 My only regret is the small popultation that we treat-if we were in a larger city we would be able to help more people and get more first hand experience as well.
- 8 I would recommend the Michigan College of Optometry to anyone. It has an environment that allows you to be comfortable and able to grow as a future doctor.
- 9 MCO is a wonderful place :)
- 10 The faculty and staff at MCO are great. The only suggestion I would make is about outside staff teaching clinic. I did not find my experlence in clinic with nonfaculty staff to be nearly as helpful as with the faculty of MCO

because they often were not aware of what we know and do not know.

11 MCO has great faculty. It is also very professional and a good learning environment.

12 We need a new optometry building.

13 Thank you.

15 None

16 MCO offers a fantastic education at a very competitive cost. The faculty are wonderful, and our clinical exposure in the second year is unique to most optometry schools.

17 Everything is peachy.

18 Everything is peachy

19 New facilities; larger clinical client base as would be found in an area like Grand Rapids to introduce future students to the variety and complexity of disease and oculomotor dysfunction.

20 Our building is an embarrassment. Way too much emphasis is placed on ocular disease in the second year. With the recent boards scores, I think the emphasis should be put on those areas tested on part I of the boards.

21 There are only a few things that I have not been the most pleased with at MCO. The computer lab is way too small and you can hardly ever get a computer in there. Plus there are not enough places to quietly go and study at. The Reading Room is way too small. I believe that there could be nicer chairs, couches, tables, etc. throughout the building. I am a person who has had severe back problems at a young age and many chairs, especially stools in labs, absolutely kill my back. After having three fractures and numerous other injuries to my back, I know that it is almost impossible to sit through back-to-back lab lectures and sit on stools for half a day. Overall, there are many things that could be done to make this facility nicer and more appealing. When I have brought patients up for an appointment or family members/friends on the weekend to see where I spend most of my time, they are amazed at how old the building is and the majority of things in it. Some people have even said that it smells old (musty). So overall, it's just the building conditions that need improvement.

22 A new school and/or clinic in the Grand Rapids area would be extremely beneficial to students. The population base in Big Rapids is not very diverse and the numbers are minimal.

24 Overall- a great school, and I am pleased with my experiences at MCO.

26 second year is cool

27 MCO is a great school: the small student population is great, our doctor to student ratio is great, and our attitude is great. However, I feel this is not enough to provide the optimum preparedness for the optometric profession (ie. lack of patient exposure, lack of fundamental science, etc.). I realize that the school is about to upgrade the curriculum by adding one more summer semester (to include the fundamental sciences), and this is a great idea. However, this will only solve one problem, and it is the short-term problems of not having people passing the board exams. The long term problem is lack of exposure.

This needs to be resolved in addition to the above. Then MCO would be able to claim academic excellence.

28

N/A

29

I think it is unfortunate that a MCO doesn't have a newer facility to work in. I think a new building and some new equipment would help the school. MCO, however, is doing an excellent job with the tools they have been given.

30

31

I don't feel AT ALL that another semester is needed. I will never donate ANY money whatsoever to this school if they implement a summer semester, when we screw around taking BS classes already . Our time could easily be filled with more important classes in FALL and WINTER, eliminating the so-called "NEED" for extra semesters. It is assinine to implement this when the reasoning is "all the other schools are doing it". Go jump off a bridge then..... If the other problem is students aren't passing boards.....lets get BETTER TEACHERS!!!!!!!!!! or allow better students to enter MCO...Just a thought.....

32

The disease professor needs to be replaced, because he is not a very good teacher. He is a great guy to talk to but I think he needs a course on how to teach.

33

It would definitely be a better environment if the facilities were to be upgraded.

34

Detail Summary: Academic Program Review

Question: Open Comments

Other comments: Please feel free to provide any additional observations, suggestions.

CLASS OF 2007

Responses

User ID	Response
4	I would like to thank all of the first year professors. They had done a great job. I think someday I want to become a professor and teach the next generation of optometry students.
5	There has to be a way that the profession of Optometry is a profession that all students of any age can pursue. Older family oriented students are at somewhat of a disadvantage in my opinion. It is extremely difficult to try and even hold down a part time job, spend time with loved ones, and take 21 credits a semester. Not to mention, many of the classes in the first and second year require you to practice outside of class time.
6	MCO, once funded by the state, would benefit from a new building. It would not only be an asset to the College of Optometry and Ferris as a whole, but to the entire state of Michigan.
7	I think that the small class size at MCO is a wonderful thing that should never be changed. The faculty and staff are amazing. I am curious to see how the new curriculum will affect students' education. It seems that a lot of thought has been put into it and it may improve the only complaint I would have about MCO, which is that the current curriculum seems relatively unorganized and inefficient. In spite of this, I know I have learned more in the past year than I ever thought possible.
10	Faculty for the most part has been great and very supportive. The students have been a great joy. They are a class above the rest. Organization has also been wonderful, a indicator of a great administrative staff.
11	None
12	A new building would be nice. More parking spaces near the building. It's really hard to carry all our heavy equipment from the commuter parking lot across the street. Is there any way we can turn the parking lot on the north end of the building into a Commuter parking lot instead of a Residence-Hall lot?
13	None
15	The town that the school is in also provides a good atmosphere for education with little distractions.
16	I know that everybody is working on a new facility for MCO. This is very important. I know several people who were so unimpressed with the building that they refused to even apply to MCO. I guess that "first impressions" make lasting impressions.

17 MCO definitely has earned the name for itself. The tight-knit small size allows interaction among faculty and staff to an easier extent, or even to a personal level, if wanted. I am glad I'm in a class size of 33 students with a limited faculty. More interaction leads to better relationships and more comfort in learning as I work my way through optometry school.

18 I think MCO is a great Optometry school. I love the small class sizes and all the interaction with the professors. Even though I'm away from my "real" family, I still feel like I have a second family in the Pennock building. One thing we really need though is a new building with more updated equipment. We are a medical school and don't deserve to still be in an old dormitory.

19 no

20 Just get the new building built as soon as you can! I would love it if it was done before 2007!

21 As a first year student, upon applying to and entering MCO, it would have been nice to have more information about the school (curriculum, organizations, social activities, volunteer opportunities, etc). I think that this could have been done by possibly putting more info on MCOs web page (especially for perspective students not from Ferris, b/c I know when I was applying many times I felt like I really didn't know as much as I would have liked to about the school).

22 I think that we should have had a lab for neuroanatomy. I also believe that the first part of our vision science course in the second semester of first year should be taught by [REDACTED], or someone with a physics and math background.

24 I feel it is somewhat silly to require a class as a prerequisite when we are going to take it again when we get here ... ie) Anatomy: I had to take that in undergrad and again now. the class I taken in undergrad was nearly identical to the class I am taking now

25 I do have one comment. For the future first year students, it would be beneficial to have the second semester optics class in the morning. [REDACTED] is a very intelligent man with complex material to present, and it is difficult to absorb the information that he presents for two hours at 3:00pm after a previous two hour lecture. It would be beneficial for the students and their learning if these types of schedule changes were taken into consideration.

27 The one drawback to MCO is the first impression of the building it is located in. An old dormitory converted into a clinic and school appears like it was an afterthought at Ferris. The facility itself can be somewhat uninspiring to students visiting for the first time who have visited other Optometry schools. I feel that an updated facility would complement and do justice to the heart of the program; the students, faculty, and staff of MCO.

STUDENT SURVEY AND COVER LETTER

The following survey was written and made available to students via WebCT. Introductory E-mails were sent to each student explaining the purpose of the survey and asking them to complete it. In addition, an announcement was made to the first, second, and third year students. An example of the introductory E-mail follows.

All second year students,

Your input is requested and needed.

I have added a survey tool to the Optm 513 WebCT page. This is the survey I mentioned in lecture Tuesday morning.

The short version, for review, is that MCO is in the process of preparing for two critical reviews of our program. One conducted by FSU and one conducted by ACOE, the accrediting body for all optometry schools.

As part of our report we will be including a description of student opinions, attitudes, and suggestions for our program regarding all aspects of MCO. We need to have you complete this survey before you leave for semester break. It will also be impressive for the evaluators to see 100% student participation in this opportunity.

So, please take a few minutes to find the Program Review Survey link on the homepage or the course menu on the left column. This will take you to another page with only one survey "Program Review Survey". There are only 18 questions, be as thorough or succinct as you like, but please complete the survey in the next week.

--M. Swan

Academic Program Review – Student Satisfaction Survey

Please answer the following questions to the best of your ability. Please select "N/A" if you feel that you lack sufficient experience in the particular area in question.

1. Indicate the appropriate optometry year you are completing:
 - a. First Year
 - b. Second Year
 - c. Third Year
 - d. Fourth Year

2. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Optometric Curriculum**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

3. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Faculty Instruction**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

4. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Clinical Opportunities**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

5. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Administration/Staff Support**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

6. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Clinical Equipment & Technology**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

7. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Classroom and Lab Equipment & Technology**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

8. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **Library**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

9. From what you have experienced in the Michigan College of Optometry, how would you evaluate the quality of **The Student Body**
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

10. How prepared are you to find and use clinical reference materials to aid in the diagnosis and treatment of patients?
 - a. Excellent
 - b. Above Average
 - c. Average
 - d. Below Average
 - e. Poor
 - f. N/A

11. What was your main reason for choosing optometry as a profession?

12. What was your main reason for choosing to attend the Michigan College of Optometry?

13. Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

If you could "do it all over again,"....

14. Would you still pursue optometry as a profession?

- a. Yes
- b. No

15. Please briefly explain your answer to question #14

16. If you answered yes to question #14. Would you attend the Michigan College of Optometry?

- a. Yes
- b. No

17. Please briefly explain your answer to question #16

18. Other comments: Please feel free to provide any additional observations, suggestions.

STUDENT COMMENTS

Detail Summary: Academic Program Review

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2004

Responses

User ID	Response
1	flexible schedule, possibility of being my own boss
2	I was inspired by my own optometrist and saw that his profession made him happy. That's what I wanted for my life.
3	I wanted something where I could be on my own (as in own my own practice) and something that could allow my schedule to be flexible. I also wanted something in the medical field that allowed me to work with people.
4	Good role model in my optometrist Flexible field for a woman
5	It is an excellent opportunity to help people.
6	For the prestige of the title, the "cleanliness" of the profession, interest in helping people see better, work with people, and the money.
7	positive experiences with optometrists and ophthalmologists in the care of my own eyes.
8	Loved the profession.
9	I was very interested in the medical field, but did not want to work long hours required by medical residents. Optometry is a good profession to make a difference in the quality of the lives of others without sacrificing the quality of your own life.
10	*flexibility: being able to work full or part time *having a skill to use for mission work *working in the medical field

- 11 flexibility in being able to contribute to the well-being and quality of life of others combined with the ability to make a comfortable living while placing less stress on the family than other "higher" income professions.
- 12 At first, eyes just intrigued me. I always noticed friends & family member's eye color. As I began to volunteer while in undergrad, I thought that optometry may be what I wanted to do. I continued to work in the field and just really loved what I was doing. I knew the pay was good and I enjoy working with people!
- 13 To give the gift of sight without having to go through a demanding medical program. Family friendly profession.
- 14 My main reason for choosing optometry as a profession was to work with people and help them increase their quality of life.
- 15 security
- 16 When I first decided to become an optometrist I did so because I wanted to have a balance between a good career and a good family life...but I love optometry now for reasons different than those which attracted me to optometry in the first place. This really is a great profession.
- 17 I liked idea of getting people out of glasses and into contact lenses, which is what my OD did for me.
- 18 "clean" health care profession with multiple career opportunities
- 19 When I first discovered Optometry, I was fascinated with the idea that this was something that a woman could do, do well, and do on her own terms...whatever those terms may be (ie: full-time, part-time, occasionally working to focus on raising a family, etc).
- 20 I knew I wanted to work somewhere within the health care field. Optometry provides the ability to live comfortably financially while still allowing you the time to spend with your family due to regular hours and weekends off (should you wish). It allows the possibility to own your practise and to be your own boss. It comes with many responsibilities, will challenge me throughout my career, and will allow me to contribute to the community that I chose to live in.
- 21 Interest.
- 22 I wanted to work with people and help them. I am a people person and wanted to do something in the medical profession.

Detail Summary: Program Review Survey[1]

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2005

Responses

User ID	Response
1	It's been something that I have wanted to do ever since I was a little girl. Giving others the ability to see like they are suppose to is just an amazing thing.
2	I like working with people and I like the health profession
3	My optometrist as a child first inspired me and then as I learned more about the profession it became much more interesting. I did not want to go into anything that would expose me to a lot of blood or have a high malpractice insurance.
4	I like working with people and wanted a profession in the medical field; I found it very interesting.
5	Control of my own working hours....flexible with my future plans of raising a family.
6	The individual relationships that are formed with patient's in a health care setting.
7	With my knowledge in optometry, I hope to provide services to the community that will help improve the quality of life of that community.
8	Help others
9	Helping people to see is very attractive to me. I love working with patients.
10	Wanted to work in healthcare, optometry is relatively "bloodless" and has good hours
11	I wanted to be an integral part of the health care community and work in a clean and professional environment. Working the public and my interest in the area were also factors that influenced my decision.
12	I wanted to choose a health profession that dealt with people, and would work well for having a family
13	I desired to be in the medical field, but did not desire to deal with blood on a regular basis and did not want to deal with teeth.
14	It is a career that will challenge me and allow me to work

with and help patients.

- 15 I wanted to help others enhance the quality of their lives by attending to their vision needs. I have always enjoyed working with people and have a love for the biological sciences.
- 16 I was intrigued by the photos of various eye anomalies in my optometrist's office, and what a great way to be a doctor without all the blood! =)
- 17 exposure to optometrist in childhood
- 18 good for family life
- 19 i wanted to be in the health profession and optometry seemed to be a good fit. i was not interested in being a surgeon but i feel i will get a good mix of refractive and disease patients
- 20 Because it is a profession that is ever-changing and challenging.
- 21 I had an excellent (female) optometrist growing up who was a role model to me by her lifestyle and her professionalism. She balanced life well, both with family and work.
- 22 I have always wanted to be involved in the medical field, i enjoy working with people, but i want to be able to spend time with my family as well. optometry offered me all of this.
- 23 I have always wanted to enter the health care profession and optometry seemed like the best way to go. I will get interactions with a variety of people everyday and will aid in the improvement of their vision. I have always been fascinated with the use of glasses and contact lenses
- 24 Good career satisfaction and compensation.
- 25 It's a nice job for having a family.
- 26 It is an area of medicine that I believe is growing and can continue to strive.
- 27 Excellent schedule, working conditions, and income.
- 28 My main reason for choosing optometry as a profession was due to my interest in the healthcare profession. I grew up seeing an eye doctor my entire life so i knew that it seemed to be a great profession. I also took a course to get some hands-on experience in the healthcare profession and optometry seemed to appeal to me!

Detail Summary: Program Review Survey

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2006

Responses

User ID	Response
1	Life style.
2	I wanted to work in the health field and I have always found the eye and vision to be very interesting. I also wanted to learn more and help others in need.
3	It is a medical profession without the extensive time requirement of medical school. I wanted to be a primary care physician that works closely with the public and is a positive and necessary contribution to all communities.
4	I liked the idea of clean and safe environment while offering essential healthcare to a patient. I also liked the fact that it is a specialized area of medicine that does not mainly deal with the entire body.
5	I liked the quality of life and the fact that no surgery is involved in the profession in most states. Also, all of the optometrists I know or have spoken to love their job and have no regrets about choosing this as a way of life.
6	I wanted to do something in the health care profession and compared to medical doctors, this profession seemed to be one where you can help people but still take time out to enjoy your own interests that do not involve the profession.
7	I choose optometry for it's lack of blood and hours and money.
8	Undergraduate degree was aimed toward a future in law. Started working as a technician for an optometric company and was so impressed by the dedication to patient care that I saw and the doctor's willingness to share their knowledge and guidance to me.
9	It is what I have always wanted to do; it was the first profession I ever wanted (I was vocal about it by the time I was 3 years old). As I grew older, my thoughts turned to other professions, but they always found their way back to optometry. This is my chance to help people, my chance to improve people's lives, my chance to change my little corner of the world. This is my passion - one of the first

things I think about in the morning and one of the last at night.

10 I have always wanted to go into a profession that I could have interaction with people. Optometry is exactly what I want to do because it allows me to help people and have one on one interaction. Optometry gives the opportunity to have time to spend with family and make a comfortable income.

11 The field is interesting. It's also great for family life in the future.

12 The profession of optometry has many qualities which I find essential for building an enjoyable career. The opportunity to serve a community, work in a clean environment, work anywhere in the country, and the opportunity to work in different settings were all factors that influenced my decision to choose optometry.

13 Help others and I was very interested in it and I also wanted to be in a profession that went well with my lifestyle and my future goals.

14 Excellent health care profession with great variety of lifestyle options. Personal experiences.

15 Hours and interest in subject

16 A multi-disciplinary career field that interacts with people

17 Good hours, Good pay, Good opportunity to help people.

18 Helping people Hours allow for family Money

19 Patient care in a relatively stress free environment (although it has been an alarming and pleasant surprise to realize the criticality of my care). I wanted to use my gifts and aptitudes to help others improve their quality of life.

20 To help improve people's lives.

21 I think that optometry is a very rewarding career, especially as a female. At some point in life, I will have the benefit to be a leader in my community, a respected doctor, and a wife/mother. Time management wise, I will rarely see ER visits, plus have normal routine hours and be able to communicate/diagnose/treat patients. What more could you ask for?

22 Being in the medical profession but having a better lifestyle than MD's or DO's.

23 The profession afforded me the quality of life that I wanted. I wanted to work with people in a health profession.

24 Optometry is a challenging profession that has lots of opportunities as well.

25 I wanted to do something in the medical field and when I met my wife her uncle was an optometrist and I talked to him about it.

26 I was exposed to it at an early age and I knew it was what I wanted to be involved with. I always loved working with people and I knew that the occupation I would do would revolve around this concept. I also wanted to do something that would challenge me and push me to expect more of my abilities and of myself. So far this has suited me well in all of those categories, and I would never change the experience or future experiences I will encounter for another occupation or health profession.

27 I wanted a health profession that dealt with patients in an

appropriate amount of time.

- 28 Optometry as a career offers me something different and interesting everyday while challenging me to continue my education past my degree. Also, it allows me the flexibility to be a wife and mother. With optometry, I can be involved in community and global service activities by providing a valuable service to those in need.
- 29 My grandfather was an optometrist, and he got me really interested in the field. I then job shadowed an optometrist who practiced vision therapy. This confirmed my interest and love for optometry.
- 30 I was interested in health sciences (but didn't like the idea of surgery and sutures). I knew that I enjoyed learning about biological sciences and I wanted a job that I would find stimulating.
- 31 Respect, health field, science, problem-solving skills
- 32 It has always been my dream
- 33 Aid in visual welfare of people - mostly interested in pediatrics
- 34 I wanted a specialized career in the health care field that would remain challenging throughout my career. Optometry provided the specific focus in one area without the need for additional residencies. Also, optometry had less exposure to blood borne pathogens than other specialties.

Detail Summary: Academic Program Review

Question: Chose optom

What was your main reason for choosing optometry as a profession?

CLASS OF 2007

Responses

User ID	Response
1	Helping people
2	Grandfather has serious vision problems.
3	I wanted to be a doctor to help people with little or no on call time and I also want a relatively easy going job that will allow me to start a family when I decide to.
4	I have always had an intrest in physics and optics in particular. During undergrad I was toying with the idea of going into pure physics but I was also enjoying my human physiology courses and embryology courses. I decided on optometry because it combined both of these interests. I also knew I did not want to spend my life working in a lab or in a cubicle. I needed a career the is very people oriented. Optometry has it all.
5	I have worked in the optical field for over 10 years. I have always been very fascinated with how the visual system works and enjoy being able to help those people that have vision difficulties.
6	I have always had a love of helping people. I started out by wanting to teach, but then science and seeing my own optometrist steered me towards this direction. I thought this profession would be the best for me for personal enjoyment and interest as well as being able to help numerous people.
7	Opportunity for a wide range of practicing options. Depending on how I decide to live after graduation, I can make from 50,000 to 150,000 a year. I feel that if I apply

myself, there are virtually endless opportunities in this profession to suit my lifestyle.

8 I wanted to enter a medical field that would give me the opportunity to work as well as have a family. I like the environment that optometrists work in, and I feel that this is a field that is constantly making advancements in patient care.

9 Since I was in third grade and my oldest brother starting looking into the profession I was interested in the profession. Through my brother I was able to experience the program here and the profession as a whole and am confident in my choice of MCO and my decision to go into the optometric profession.

10 Wanted to have a profession which allowed me the time to do what I wanted to do, to have a family yet still earn a decent living. Primarily though was the position it places me in of having the knowledge and ability to help people

11 It was actually a mixture of many reasons, the top three being: 1) Interest in a healthcare profession 2) Specialization in one body system: the eyes 3) The flexibility of lifestyle that being in the optometric profession affords.

12 I worked in an office of Optometry and loved my job. Also, I have a great interest in Science/Medicine.

13 I wanted to be in the health services, and optometry was the most attractive. Dentistry was a consideration, but I much prefer working on eyes as opposed to mouths.

14 I wanted to pursue a medical profession that would allow me to work with the public and help people on a daily basis. I have always been intrigued by people's eyes and how they work, so I felt that optometry was the profession for me.

15 It is a health profession that fascinates me.

16 It is a profession that integrates health, service, communication, and math. Optometry is so dynamic and allows a lot of flexibility within the field.

17 My interest in the profession.

18 I chose Optometry because I wanted to be in a profession that gave me the opportunity to interact and help various types of people. This profession will also give me the flexibility to have raise a family.

19 Simply, I have been working in the field for a while and I find it very fascinating about how our eyes are a major role in everything in life.

20 I wanted a medical profession that was in a specialized field, and optometry seemed like the perfect choice. You can specialize in the eyes, it is not very invasive, it is 7 years of school as compared to 8 or 12, and you really make a difference when people come in to see you.

21 I love working with the public and this career gives me the opportunity to interact with a wide diversity of patients from different backgrounds and different generations. This diversity of people provides a challenging and changing environment. It is very rewarding to be able to serve the community and know that you have not only allowed one person to see better, but you have also taught and further educated them about vision.

22 It is my job to help people see better and prevent them from going blind

- 23 As opposed to other health care related fields, I choose optometry for the flexibility available in mode of practice, working hours, ect.
- 24 optometry is a math minded medical profession
- 25 I wanted to help others, in a medical field.
- 26 I have always been interested in the medical profession. Optometry is a fascinating branch of medicine which directly affects the patient's quality of life.
- 27 I chose optometry because it will allow me to be autonomous and flexible with my schedule, allow a great quality of life, and it is an area of healthcare that greatly interests me. I have also had the opportunity to gain exposure to the profession by working for an optometrist for several years. I know it will be a profession that will keep me interested and happy.
- 28 I began working for an ophthalmology clinic where and optometrist works as well. Being there and being able to interact with patients made me feel so happy. I began to become really interested in optometry as well as ophthalmology and thought this would be the perfect profession for me.

Detail Summary: Academic Program Review

Question: Chose MCO

What was your main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2004

Responses

User ID	Response
1	small class size, instate tuition, definitely NOT location!!!
2	Small class size and therefore more personalized attention.
3	It was instate and had a good reputation. I did not apply elsewhere
4	Cost Family ties nearby
5	In state tuition and small class size.
6	The location and small class size.
7	three words: in state tuition
8	Excellent reputation
9	Small class size
10	*in state tuition *good reputation *close to home *staff was very helpful and friendly
11	locale and prospect of high level of personalized instruction.
12	Location, tuition, reputation
13	Low in state cost
14	My main reason was because it was in Michigan and the loans would not be too high.
15	location
16	I wanted to stay in state and I like the idea of a small

calss size.

17 impressed with faculty and reputation.

18 cost and location (within the state)

19 Cost

20 Small class size. Great teacher to student ratio. In-state tuition.

21 Location.

22 location

Detail Summary: Program Review Survey[1]

Question: Chose MCO

What was you main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2005

Responses

User ID	Response
1	It is close to home and the class sizes are very small. I liked the student/teacher ratio as well as the small town atmosphere.
2	It was the least expensive of all the schools
3	I attended Ferris State University for my undergraduate studies and I wanted to stay in state.
4	I completed my undergraduate work at Ferris, so it was already my home. I liked the idea of the small class size and knew of MCO's good reputation.
5	Low tuition in comparison to other schools. It is the only Optometry school in Michigan, nearest my family.
6	Location & in-state tuition
7	The reputation of MCO as a high quality program was well known to all the people I talked to.
8	Small size, more personable
9	Small class size, challenging curriculum, and challenging to get in. They have an excellent reputation.
10	Small class sizes; In-state tuition
11	The small class size.
12	It was in-state tuition, and I didn't want to move states away from my family.
13	It was in state and closest to my home town.
14	It seemed like a great school. I really wanted a smaller class size.
15	I wanted to stay in MI.
16	Location and reputation
17	Closest school to fiance.
18	in state and small class size
19	i know the school has a good reputation and i did not want to go out of state. i had heard good things about MCO

- 20 small class size
- 21 It's closeset to home, has a great program, small class size, and is in the area I'd like to practice some day.
- 22 small class size, in-state tuition
- 23 I liked the small school and the oppourtunty for one on one interaction with the faculty. It was a big change from undergrad at Michigan State.
- 24 Educational excellence, small size, and finacially affordable.
- 25 Small class size/Financial.
- 26 In-state tuition, small student body, good professors and doctors
- 27 I think MCO is one the best Optometry schools in the US and I also enjoy Michigan.
- 28 It was in my home state of Michigan! I also heard that it was a good school and they accepted me, so I went to MCO.

Detail Summary: Program Review Survey

Question: Chose MCO

What was you main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2006

Responses

User ID	Response
1	In State Tuition
2	The main advantage was the small class size and the enthusiasm of the professors to want the students to succeed.
3	Location (and therefore cost), and having a few summers off to work and study/review.
4	I knew that the availability of staff support and personal attention was going to be very beneficial. Also, in-state tuition was a factor.
5	It is located close to family and friends
6	The small class size
7	It was in state and therefore cheaper.
8	The instructor to student ratio is the best. I would not have been happy anywhere else. Our professors and administrative faculty really care about us.
9	While the small class size, excellent teachers, and good reputaion all played a role in my choice of MCO, the main factor was the town surrounding the college. I am a small town girl - always have been, always will be - I thrive in cozy atmospheres but am afraid and uncomfortable in cities. While Big Rapids is a little large for my taste, it is a better fit for me than any other city with an optometry school.
10	I liked the idea of having a small class size which allows more individual attention from professors. The one on one attention has really helped me in my success thus far.
11	Less amount of time to graduate and affordable.
12	The overiding factor was the in-state tuition.
13	I did my undergrad here. I also researched about it and found it to be one of the best schools in terms of class size, individual attention, overall it was the best option for me.

- 14 Reputation and interview experience, as well as location.
- 15 In state tuition and small class size
- 16 Cost versus value of education
- 17 Close to home. Cheap.
- 18 MCO has the reputation of producing the best Optometrists in the nation. To be the best, I want to go where they produce the best.
- 19 I began getting eye exams at MCO when I was in fourth grade and have always been impressed by the faculty and students professional care and behavior. I wanted a chance to interact with people I know from the community in a similar fashion, both professionally and as colleagues.
- 20 Too expensive to go out of state.
- 21 The small classroom size. I was very interested in making sure that I could have one on one help from a faculty member if needed. I am not one to usually ask a lot of questions in class, so I wanted to make sure I would feel comfortable going to my professor for help. In order for this to be met, I believe that it is important for the teacher to know me and how I learn and realize that I am always trying my best to succeed. It's too easy to just become a number at some of the larger schools. I really value a smaller learning environment so the professors know if we are all struggling in an area and they can work from there. That way you, as the student, doesn't feel like the one who is lost or slow to catch on to something. I have to know this material and be able to diagnose and treat these conditions for the rest of my professional life.
- 22 Being in state the tuition was much cheaper.
- 23 Cost
- 24 The main reason why I chose MCO was for in-state tuition and convenience.
- 25 My wife's uncle went to MCO and after talking to him about it I decided to attend school at MCO.
- 26 Close to home and tuition fees.
- 27 Low cost
- 28 It is very important to me to be surrounded by people that will challenge me, support me, and who I can look up to. Many of the professors here are extremely demanding yet they are also encouraging. I chose MCO so that my career as an optometrist would be shaped by the professors at this school.
- 29 The small class size, the affordable education, and the location were optimal for me. My grandfather went to ICO, but visited MCO before I came here. He said that this was one of the best schools he had seen with excellent faculty. So, I chose MCO for the reason that I believed it was the best, because of excellent faculty, small class size, location, and price.
- 30 The largest reason for attending MCO was money - tuition and living expenses are significantly lower than the other schools I was looking at.
- 31 In -state tuition, small class size, small teacher to student ratio
- 32 I am from Michigan and I am familiar with the town, plus I heard it was a good school to attend.
- 33 In state tuition, small class size

34

I enjoy Michigan and wanted to stay close to my family. Also, I will probably practice in Michigan and wanted to be exposed to how Michigan optometrists practice. I had also wonderful comments about the school and how MCO graduates are great clinicians. I only applied to MCO because I knew it was worth the wait if I didn't get in my first year.

Detail Summary: Academic Program Review

Question: Chose MCO

What was you main reason for choosing to attend the Michigan College of Optometry?

CLASS OF 2007

Responses

User ID	Response
1	location
2	Location
3	I chose MCO because it is here in Michigan where I am from and also because of the small class size.
4	I eventually want to practice optometry in the states. Being from Canada I thought if I attended an American optometry school, it would put my foot in the door to career opportunities upon graduation. MCO is the closest American school to my home in Toronto. I am very family and friend oriented so I wanted a school that was close by. Once I being interviewed here, my main reason for choosing this school was the fact that it has such a small class size. All the professors already recognize me and know my by name. Also, there is more lab time than any other school I was interviewed at. We have atleast 4 hrs. of scheduled lab time a week and 3 hrs. of lab instruction per week. This extra time is going to make me a very good clinician some day. There is also a very good lab instructor:student ratio. There are about 16 people per lab and 3 instructors. It is very easy to get help on any optometric procedure that is being taught.
5	I have worked with many alumni from MCO and really thought that it sounded like it was the right place for me.
6	I am from Michigan and attended Ferris State University for my undergrad. The quality of the education and dedication of the faculty cemented the decision to

continue my graduate studies here at Ferris.

7 In state tuition fees

8 I was impressed by the faculty as well as the facility. I also liked the fact that the class size was small.

9 I grew up in the area and through my brother and sister-in-law I was able to see just how much they enjoyed MCO, so it made the decision that much easier.

10 Two factors influenced my decision to attend MCO. First was the recommendation of my sister, her thoughts were that the class size was beneficial as was the great degree of clinical experience I would get. Secondly was the cost, as out of state tuition is outrageous.

11 In-state tuition.

12 Good repore with the Dean of students, faculty and staff throughout the admissions process. In-state tuition

13 Cost

14 One of the main reasons was because I am originally from Michigan, so I wanted to stay close to my family. However, when I visited here, I felt very welcomed by the staff, faculty, and other students, so this aided in my decision as well.

15 It is in my home state.

16 MCO has the one of the smallest class sizes and is in state (for tuition).

17 In-State tuition.

18 I chose MCO because I didn't want to move too far away from my family in Detroit. Also, in-state tuition is a lot cheaper!

19 location and cost, as well as a small class size

20 I attended Ferris and I liked the students, faculty and the location. It is close enough so I can go home if I want on weekends, the school is not too huge, and plus in-state tuition saves a lot of money.

21 cost (by far the least expensive) and then low student to faculty ratio

22 The small classes that allow us to get more attention from instructors than other schools

23 Location

24 location

25 I liked the idea of the small class sizes. I also liked the area that the college was in.

26 At first, I must admit, it was location. After careful consideration, I discovered that MCO has an excellent reputation. The student to teacher ratio is small, which I have found to be most adventageous during pre-clinic laboratory. The graduation rate is very high. Most of the professors at MCO are experienced O.D.s.

27 I wanted to attend an Optometry school in the state that I plan to practice in. My husband and I have decided that Michigan will always be our home, so I felt it made the most sense to attend a school in Michigan. I also felt very welcomed when I came for a visit and interview. Although the building itself is not as impressive as other Optometry schools, I felt like the faculty and staff made up for it in attitude, attention, and personality.

28 I really like the small classroom sizes. Everything seems a

lot more personal and I really like that. The professors actually get to know you better and you are able to interact more on a one to one basis. The school also has a very good reputation.

Detail Summary: Academic Program Review

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2004

Responses

User ID	Response
1	<p>Both? Increased- I see a lot of potential for a future in this career. I am SATISFIED with what I do daily, but not EXCITED. I don't think that this is b/c of my education, I think my outlook and personal goals have changed. Otherwise, I think optometry has a lot to offer a woman. I am hoping to get into some form of specialty optometry and I think more ODs should specialize. If we referred our patients to specialists in our own profession for specialty services, we wouldn't have to depend so much on MDs. The education and new information is definitely interesting to me. I have enjoyed my schooling, but also know that I could be happy doing several other things as well.</p> <p>Decreased- I don't know that I am suited to be in a dark room all day without sunshine. I came into this really looking forward to pediatrics and don't really care for it at all now. The hours aren't quite what I was expecting (nights/weekends) now that corporate/commercial optometry is forcing the private practitioner to stay open longer and later to facilitate the working individuals. I don't think that optometrists make as much money as they should for the amount of time that they put into schooling and loans. I am disappointed that we are not viewed as a more medical discipline. These issues aren't due to my schooling, but instead just having a better understanding of the field.</p>
2	<p>Increased. I never could have imagined all that was</p>

involved until I started school. I guess I just figured I could learn everything there is to know about the eye in four years...boy was I wrong.

- 3 Increased, by far. I am really excited about this as a profession, and am looking forward to graduating and starting to work.
- 4 Increased- I have become knowledgeable and proud of the profession. I am interested and concerned about the direction in which optometry is heading (towards medical eye care and away from CLs, B.V., V.T., Low vision, Workplace vision, etc).
- 5 Increased, they have created an excellent foundation for a career of learning and development.
- 6 Increased, especially related to low vision. Before learning about it, I never thought I would want to become certified.
- 7 Increased tremendously! I can't believe how much more there is to it than "which is better, one or two?" The versatility of the profession is very exciting.
- 8 increased, MCO made me more interested in the profession through their professors
- 9 Increased, I now understand how important our services really are to our patients.
- 10 *increased, because I have been exposed to many concepts that have encouraged to me delve into further research
- 11 Absolutely increased overall as I have gained exposure to what is out there for us to do (various modes of practice, political opportunities, etc.). Unfortunately, however, most of us probably really didn't know what we were getting ourselves into (esp with regard to insurance and billing, etc. - things that are less attractive about the profession).
- 12 I still love optometry. My friends and family members laugh when I notice when their eyes are red or when their vision is blurry and start asking them a million questions. However, I do find myself completely burned out and wanting a summer off from working in the optometric field. It's very difficult to get out of bed in the morning to get to my rotation.
- 13 Increased, I didn't realize how rewarding it is to help people and how confident I feel in my ability to do so.
- 14 My interest in optometry has increased in many aspects such as working in primary care, low vision, CLs, and ocular disease. But, in the aspect of Peds and binocular vision it has decreased because I feel I didn't get the proper education in that field of optometry.
- 15 increased. It is a wonderful field, a clean profession, respected to a degree, you can make good money, you get to help people. There is so much to learn about an organ which is only the size of a golf ball.
- 16 Greatly increased...for a short time I was worried that maybe I wouldn't like the clinical side of optometry...but after my fourth year rotations I love it!
- 17 it has increased. I have realized how huge the scope of practice is and the importance of self-learning to keep up with advances.
- 18 increased, the more you know, the more you want to know
- 19 Increased. I have never wanted to be anything other than

an optometrist (once setting my sights on said goal). As my career is about to begin, I still cannot imagine doing anything else.

20 Interest in optometry and organized optometry have increased since being a student at MCO. Since at MCO, I have been involved with AOSA as Trustee, have served on a project team with the AOA for 2 years, have gone on a VOSH mission trip to Dominica... My interests in optometry have grown immensely greater than I would have imagined in many aspects of optometry.

21 Increased.

22 Increased, I was not aware of how much I could do with the profession.

Detail Summary: Program Review Survey[1]

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2005

Responses

User ID	Response
1	It has definately increased. I had no idea there would be this much disease involved. When I was picturing optometry I was thinking of the better one or two optometrists vs. the "gatekeeper" for vision care.
2	Increased, I didn't know that much about the profession when I entered the program and I since that time I have learned a lot
3	It has increased. Optometry school has helped me figure out a lot of my visual problems and everything that I have learned has been very interesting.
4	Increased, of course! I have only gained knowledge and further interest to learn more of my profession.
5	Decreased a little, more due to stress of knowledge and liabilites etc...
6	Increased. Coming in to optometry school, I was very uneducated. I had only job shadow experiences with optometry. The challenges and variety of opportunity in this field is really encouraging to me!
7	My Interest in optometry has increased as I learn more and more about care and treatment of the eye.
8	Increased, very excited about practicing optometry.
9	It has definately increased. The more I learn, the more I enjoy it.
10	increased. I came in not knowing much about optometry and learning more certainly increased my interest in the profession
11	Increased, there are several optometric paths that I can pursue once I start practicing.
12	no
13	I would say that it has increased in the aspect of wanting to help people and learn more, but it has decreased as far

as what we have been taught about the political struggles that optometry deals with and the lack of respect we sometimes receive.

14 It has increased. There are many more interesting areas in optometry than I had realized before starting school.

15 The more I have learned, the more my interest has increased. Also, my instructors and clinical faculty seem very enthusiastic about optometry and stimulate my interest.

16 For the most part, it has increased; however, I was unaware of the politics before entering MCO--the politics are depressing.

17 increased. I know more about it now

18 increased, I now understand what we can do as an optometrist and I think my future is very bright

19 my interest has greatly increased. I am very excited to start rotations and use all of my skills. Optometry seems like an ever changing profession and I am excited to be a part of it

20 My interest in the profession increases every year I am in the field, I'm very happy with my decision to pursue this route

21 It has increased. I see even more now how the profession is both growing and lacking in areas. I see where the profession needs to step up and take responsibility. I see areas where I can contribute and areas where I'd not like to be involved.

22 increased, I realize that the profession is constantly changing and expanding its scope of practice

23 It has increased. I learn more every day here at school, and it makes me realize how much I don't know about the profession. I want to continue to learn about the field that is constantly changing.

24 Increased. I am more aware of the difference I can make and the opportunities available.

25 Sometimes I am excited about it, and other times I get a little sick of it. It waxes and wanes I guess. I think that it's difficult for me to be constantly interested in something that I do every day. I am definitely happy about my career choice and look forward to practicing as an optometrist.

26 Increased. It has increased because all the the doctors were extremely helpful and motivating.

27 Increased.

28 My interest in optometry as a profession increased as a result of my educational experience in the college of optometry. I now realize how important it is to be politically involved in organizations to help optometry expand and grow as a profession.

Detail Summary: Program Review Survey

Question: Interest

Has your interest in optometry as a profession increased or decreased as a result of your educational experience in the College of Optometry? Please briefly explain.

CLASS OF 2006

Responses

User ID	Response
1	Decreased. I find certain subjects extremely boring and a waste of time: VT, Contact lens, and optics, unfortunately these embody the profession as a whole.
2	My interest in optometry has increased dramatically in these past two years. I grow more fascinated with optometry as I learn more about the profession. In each class, I continue to be influenced by the professors at the Michigan College of Optometry because of the passion they have for optometry. Every minute I spend in the clinic reinforces my drive to be here and I continue to strive to learn everything I can and do the best of my ability. I couldn't imagine doing anything else in the world. I feel too good to know I am right where I am meant to be.
3	Increased, the more knowledge gained and the more clinical experience achieved makes me want to start practicing and helping patients as soon as possible.
4	I believe that my interest has increased since attending. I also believe that we have an excellent staff and faculty. There are 1 or 2 instructors that should NOT be teachers even though they are great clinicians.
5	My interest as a student has increased because I become more aware each day how much impact I can make on people's lives and there are so many things I did not know were involved in the scope of optometry.
6	Increased from learning about the different aspects of the profession from correcting refractive disorders with glasses and contacts to using vision therapy.
7	My interest has increased, I am excited to see many patients and get the most I can out of it.
8	Definitely increased. I have gotten to know so many of the students, instructors and staff very well in the past two years.
9	Increased, schooling has given me a chance to learn more

about optometry; the more I learn, the thirstier I become to learn and grow even more.

10 My interest has increase due to my educational experience at MCO. I can honestly say that there is no other career I could see myself going into at this point. Optometry satisfies every want I would have in a career.

11 Increased. Application of our education in the clinic makes it more interesting.

12 Increased. I'm just beginning to learn what the field optometry is all about and that makes me want to learn even more.

13 Increased because I have learned so much more about the profession that has stimulated my interest in it.

14 Increased with most experiences throughout my education.

15 Teachers make good connections between clinical practice and lecture, plus being in clinic during our second year.

16 Interest has increased, the career field has many diverse opportunities available depending upon your interests.

17 Same.

18 Increased At MCO you get to experience many things early on in your education (ie clinic, VT, etc). This allows you to get excited about an aspect of optometry and allows for planning of your future.

19 My interest has increased more than I could have imagined. As I mentioned earlier, I have a new appreciation for the criticality of my job. I have new appreciation for anatomy and physiology of the human body and that vital outcropping of the brain we call the eye. I enjoy my acquired knowledge and now desire to solidify and expand on it, in order to become a trustworthy clinician.

20 Increased - It is overwhelming the wealth of information of have accrued in the past two years. I am more interested now because I have a much better appreciation for complexity and nature of the eye.

21 My interest has increased. The field of optometry is continuously growing and I want to grow with it. There are so many areas of importance to follow along with (surgeries, VT, CL's, etc).

22 Increased-the faculty are all vey enthusiastic about our profession which rubs off on the students.

23 Increased - My perspective has been expanded as to what is available in the field.

24 My interest has both increased and decreased. Second year was very challenging, and had me wondering at times how I was going to get through it all and in a way decreased my interest. Although, after being in clinic and getting through it all, I have realized how much I really have learned, and it has regained and greatly increased my interest in optometry as a profession.

25 I think that it has increased a lot as a result of my educational experience at MCO.

26 I would say that it as increased knowing that there are great people/professionals like our faculty out there working hard and enjoying life, family, and their work.

27 My interest in optometry has increased, I feel due to the

amount of knowledge I have gained during my time in the curriculum.

- 28 It has increased because I am gaining a better understanding of all the challenges I will face on a daily basis.
- 29 It has most definitely increased. The more I learn about optometry, the more I enjoy it! The MCO experience is wonderful.
- 30 My interest has increased because there are so many facets and details about optometry that I was completely unaware of before I began school here.
- 31 Somewhat decreased, I feel that a lot of our time could be better spent learning much more relevant subjects. Especially the classes that aren't very relevant are things that could be easily be taught in a few weeks if the truly important things were extracted from them.
- 32 Increased in some areas and decreased in others. My experience with Dr Walling has been a terrible one and so i dont feel confident in my disease detection ability. But I feel comfortable with binocular vision.
- 33 I have learned more about opportunities in the field and more about the effectiveness of the services I will provide.
- 34 no.