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A survey of practicing optometrists concerning the dispensing and adjusting of eyewear

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A survey of practicing optometrists concerning the dispensing and adjusting of eyewear

Abstract

A survey of practicing optometrists concerning the dispensing and adjusting of eyewear

Degree Type

Thesis

Degree Name

Master of Science in Vision Science

Committee Chair

Norman S. Stern

Subject Categories

Optometry

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PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

A SURVEY OF PRACTICING
OPTOMETRISTS CONCERNING THE DISPENSING
AND ADJUSTING OF EYEWEAR

A THESIS PRESENTED TO
THE FACULTY OF THE COLLEGE OF OPTOMETRY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF OPTOMETRY

by

Laurel Gillette Mannen

Randy E. Waddell

February 1979

Advisor: Norman S. Stern

Accepted by the Faculty of the College of
Optometry, Pacific University, in partial
fulfillment of the requirements for the
Doctor of Optometry degree.

A handwritten signature in black ink, appearing to be 'WAL', written above a horizontal line.

Advisor

ACKNOWLEDGEMENTS

The authors wish to express their appreciation for the willing assistance rendered by the optometrists who participated in the survey. We are particularly grateful to Dr. Norman Stern whose guidance and help enabled the work to be carried to completion.

We wish to thank Phi Theta Upsilon Optometric Fraternity for financial aid granted to us which made it possible to enlarge the scope of this survey.

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PURPOSE

This study was designed to determine the attitudes of practicing optometrists toward the dispensing and adjusting of eyewear. The optometrists' attitudes will be compared by year of graduation, by state and population of community practicing in, and by member versus non-member of the state optometric association. We wish to determine if and how these attitudes vary and to discover the present role of dispensing of eyeglasses in optometry.

The study also included questions concerning the practice management aspects of dispensing and adjusting. These questions were included to help gain useful information for the beginning optometrist.

INTRODUCTION

As the field of optometry broadens its scope to include many new and exciting areas, how does the optometric profession feel about one of the original duties, the dispensing of spectacles?

Evidence indicates, after a review of the recent literature, that the profession is heading away from the dispensing service; leaving assistants with the job of dispensing and also non-dispensing practices developing. Lois J. Catarria, O.D., states that the non-dispensing optometrist, who can free himself from this time-consuming job can enjoy the pure practice of optometry at its highest professional level. "Finally he can enjoy much greater financial reward for less time spent in a more professional atmosphere."¹ The lack of formal instruction in the aspects of ophthalmic dispensing in our optometry curriculum and the recent Federal Trade Commission ruling concerning the selling of eyewear may be pushing the profession toward the non-dispensing role. Refer to Appendix A for a summary of the F.T.C. ruling.

¹Lois J. Catarria, "Dispense with Dispensing," Optometric Management, 11(6):98, June 1975.

This project is an effort to compare these findings with the feelings of practicing optometrists to determine the importance of dispensing to our profession. If indeed the path of optometry is leading away from dispensing, this study can be used as a guide in developing a plan for eyecare that will most effectively deliver to our patients the best and most efficient care.

PROCEDURE

The area selected for the survey was the Pacific Northwest, including Idaho, Oregon, and Washington. The names and addresses of optometrists, both state optometric association members and non-members, were selected at random from the computer center of Pacific University. Each name and address was checked against the 1978 Blue Book of Optometry to reduce the number of undeliverable letters. A total of three hundred letters were sent. Each correspondence contained a cover letter, a copy of the two-page survey, and a self-addressed stamped envelope for the convenience of those responding. Each questionnaire was coded according to state membership by placing a small colored dot on the return envelope. The cover letter explained who we are and the purpose of our survey. A copy of the cover letter and questionnaire have been included in the Appendix.

Initial questions of the survey were year of graduation and population of the area in which the optometrist is practicing. These were included so that comparisons could be drawn once the results were tabulated. The survey questions were renumbered for convenience in compiling and presenting the results.

RESULTS AND DISCUSSION

A total of 210 surveys were returned, for a 70% response rate. Of these, 201 were usable. The rate of usable return results from each state are displayed in the following table.

TABLE I

	# Sent	# Received	Percentage
Oregon members	61	42	69%
Oregon non-members	67	37	55%
Washington members	100	76	76%
Washington non-members	25	12	48%
Idaho members	22	17	77%
Idaho non-members	25	17	68%
Total	300	201	67%

The questionnaire results are given in graphical form. They have been divided into two categories, first "The Importance of Dispensing," second "Training and Education in Dispensing." Each question regarding the importance of dispensing was tabulated and graphed three times according to the responder's year of graduation, state and membership in the state optometric association, and thirdly, population of community. Questions concerning training and education were also run through the same tabulation procedure but results were not found to significantly vary. Because of

this, these findings are presented in one histogram per question for all the optometrists surveyed.

Question number four was omitted in our results because it did not obtain any significant information.

Question 13 was also omitted because the information gathered was so similar to that of question three.

The Importance of Dispensing

#1 - Does your office provide dispensing services? If so, who does them?

When comparing answers to this question, we found that many earlier graduates do their own dispensing. Later graduates, however, have assistants doing their dispensing. Later graduates also indicate a slight increase in referring elsewhere for dispensing services. In Oregon, OOA members prefer doing their own dispensing, while non-OOA members have assistants doing their dispensing. In both Washington and Idaho, however, the reverse is true. It is also interesting to note that in Washington, all non-WOA members prefer to do their own dispensing. It can also be concluded that doctors in larger cities do less dispensing than those in smaller cities.

#2 - How important is the dispensing of spectacles to your practice?

It is clearly evident from our results that the more recent graduates place less importance on dispensing than earlier graduates. In all three states, Oregon, Washington, and Idaho, non-members felt that dispensing was more important than members. We also found dispensing to be more important in smaller cities (under 10,000) than in larger cities.

#3 - Are dispensing skills important for the optometrist to possess?

The results of our survey clearly show that dispensing skills are very important to have. Ninety percent of the optometrists graduating in the 1960's feel that possession of skills is important, while ninety-eight percent of the optometrists graduating in the 1970's feel that dispensing skills are important. Both state optometric association members and non-members feel that dispensing skills are needed. Only in cities with populations exceeding 50,000 were there optometrists who feel that dispensing skills are unnecessary. This may be due to the greater number of commercial dispensaries in these cities.

#4 - Should the optometrist who provides eyeglasses be regarded as slightly less professional?

Approximately six percent of optometrists polled feel that the optometrist who dispenses is less professional. Differences between state members and non-members are of particular interest. In all three states, non-members were the ones who felt that it was less professional to provide eyeglasses. This is the opposite of what one would think if he considers non-members as leaning more toward commercialism. No real trend was noted as far as population was

concerned. However, again the majority of optometrists felt that dispensing of eyeglasses was not less professional.

#5 - What effect will the recent F.T.C. ruling on advertising have on the dispensing of eyewear in your office?

Ten percent of those optometrists graduating in the 1960's felt that the F.T.C. ruling would have an effect compared to 18 percent of those graduating in the 1970's. These findings were consistent for both members and non-members of state associations where up to 19% felt the F.T.C. ruling would affect their practice. It was clear that optometrists in larger cities expected more of an effect. Again, this indicates the increasing significance of commercial dispensaries in the larger cities.

#6 - What percentage of your patients are apt to go elsewhere to receive their eyewear?

For optometrists graduating in all different years, less than 25% was estimated as the percentage of patients apt to go elsewhere for their eyewear. Members and non-members of the state associations were affected about equally. Practices in larger cities show a trend toward greater exercise of the patient's option to go elsewhere.

#7 - From the patient's viewpoint, who do you feel they prefer to have dispense and adjust their glasses?

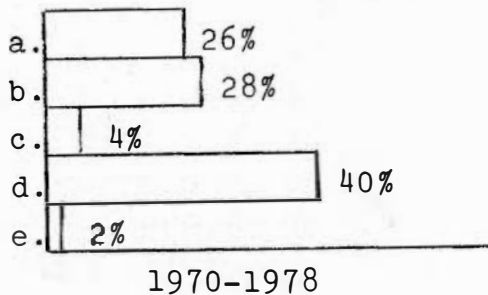
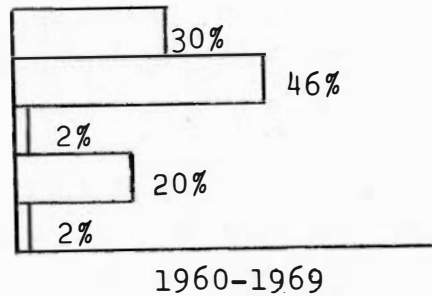
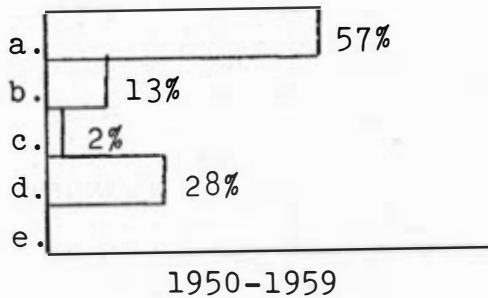
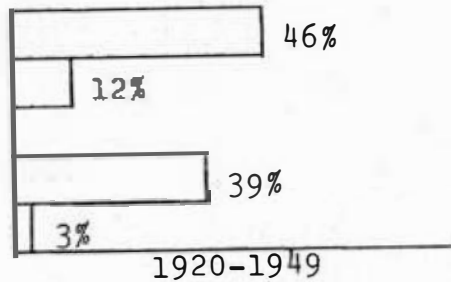
Optometrists who graduated prior to 1960 seem to feel that people prefer the doctor to dispense their glasses. This is also true of optometrists graduating later, but to a lesser extent. A larger percentage of doctors graduating between 1960-1978 feel that assistants can handle the dispensing duties. These trends were consistent for both members and non-members. In larger cities, it appears that the assistant is more readily accepted for the dispensing duties than in smaller cities.

IMPORTANCE OF DISPENSING

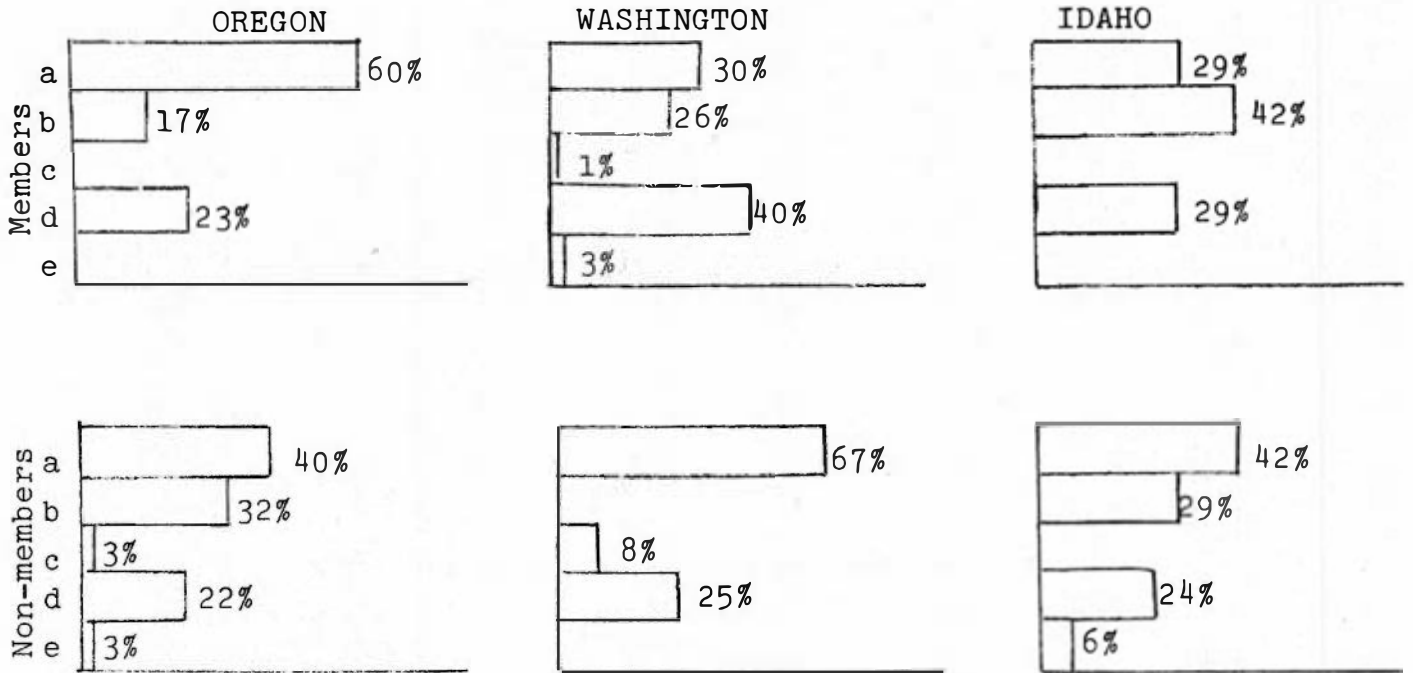
#1 - Does your office provide dispensing services. If so, who does them?

GRADUATION YEAR:

- a. I personally do
- b. Assistant does
- c. Only refer elsewhere
- d. Myself and assistant
- e. Combination myself, assistant, refer.



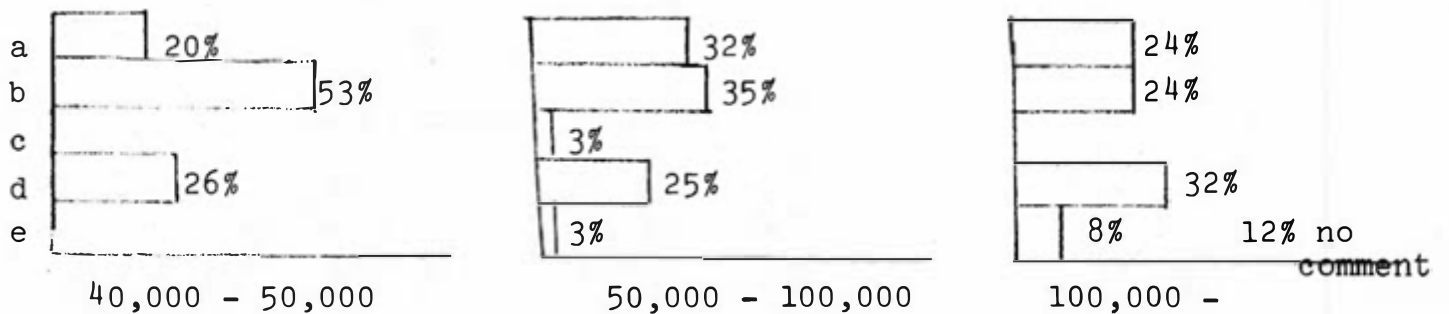
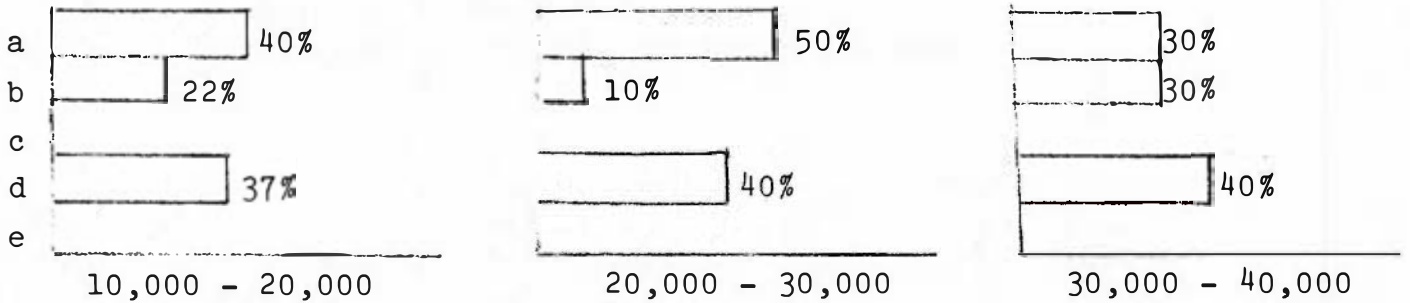
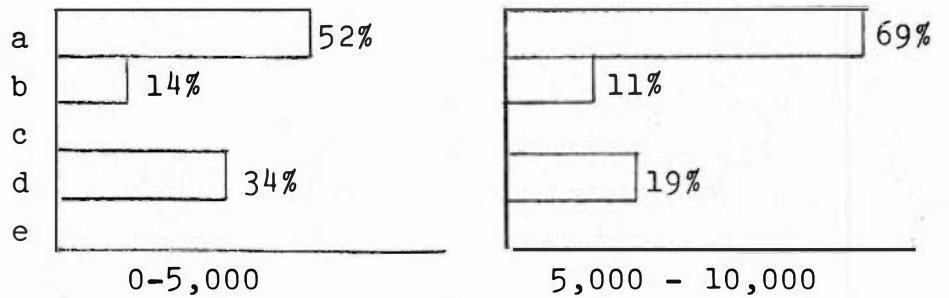
STATE (member state association/non-member)



#1 continued - Does your office provide dispensing services?
If so who does them?

POPULATION OF COMMUNITY

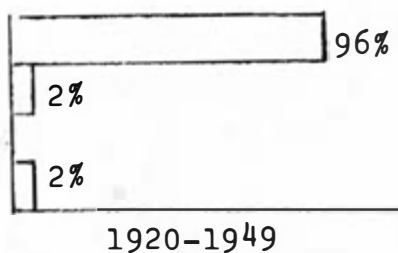
- a. I personally do
- b. Assistant does
- c. Refer elsewhere only
- d. Myself and assistant
- e. combination myself, assistant, refer.



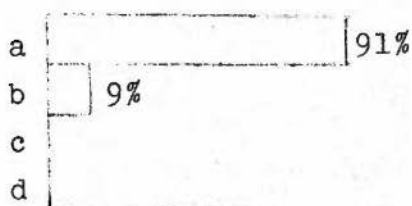
#2 - How important is dispensing of spectacles to your practice?

GRADUATION YEAR

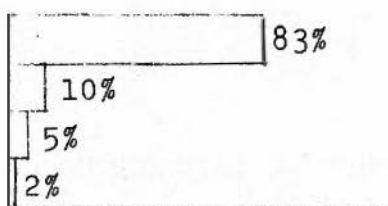
- a. Very important
- b. Somewhat important
- c. Not important
- d. No response



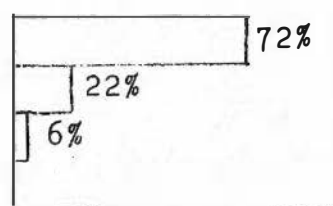
1920-1949



1950-1959



1960-1969

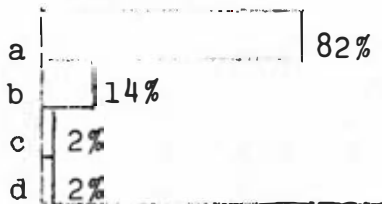


1970-1978

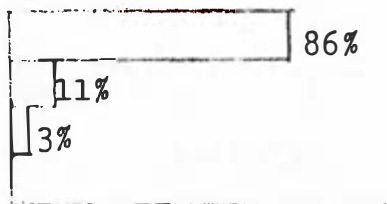
STATE (member of state association/non-member)

OREGON

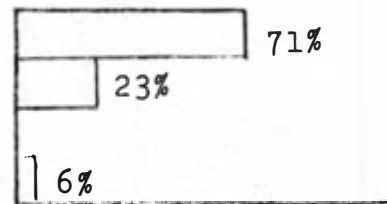
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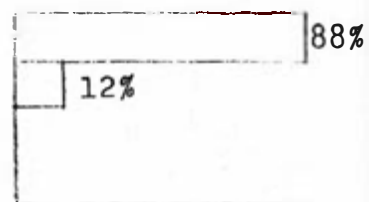
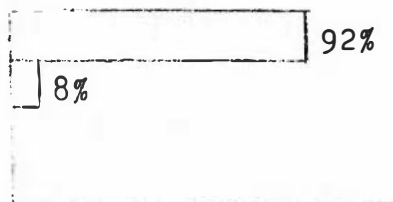
WASHINGTON



IDAHO



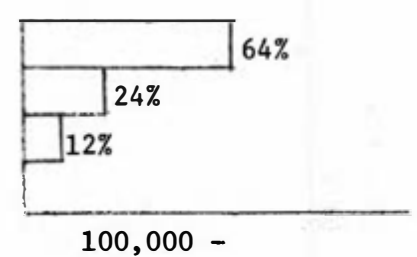
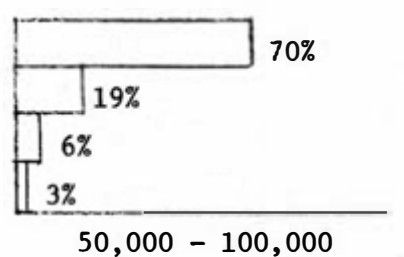
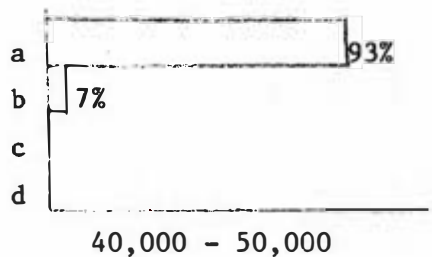
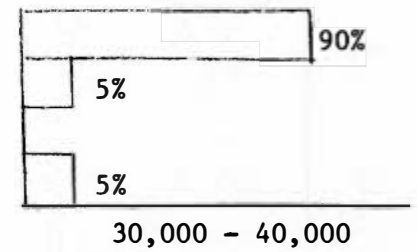
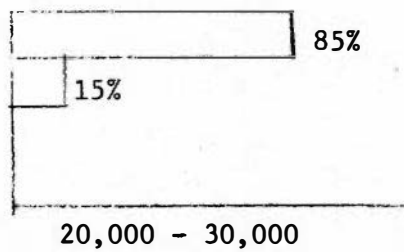
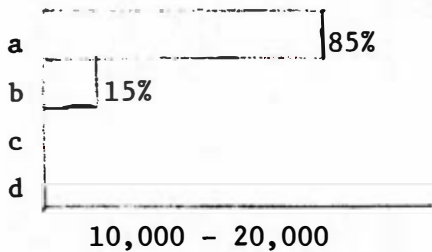
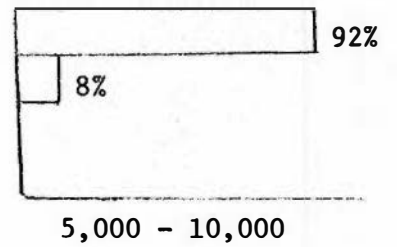
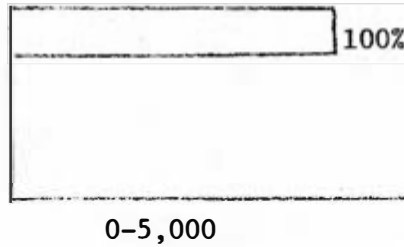
Non-members:



#2 cont'd. - How important is dispensing of spectacles to your practice?
to your practice?

POPULATION OF COMMUNITY

- a. Very important
- b. Somewhat important
- c. Not important
- d. No response



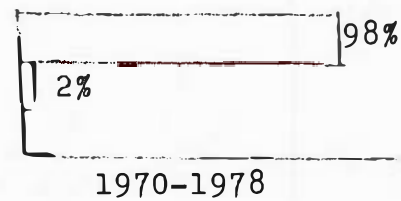
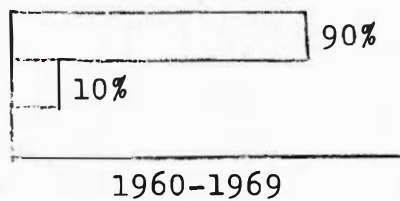
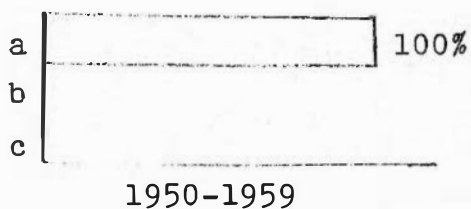
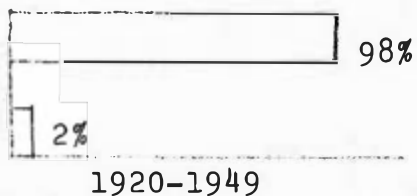
#3 - Are dispensing skills important for the optometrist to possess?

GRADUATION YEAR

a. Yes

b. No

c. No comment



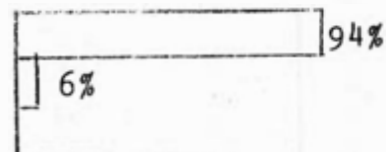
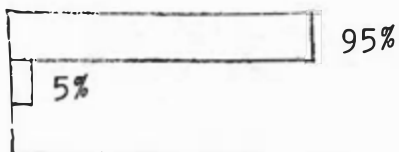
STATE (member state association/non-member)

OREGON

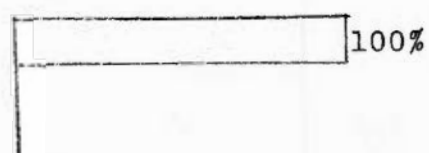
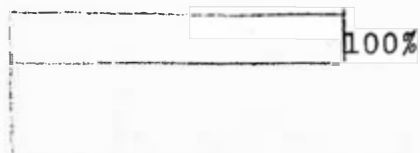
WASHINGTON

IDAHO

Members:



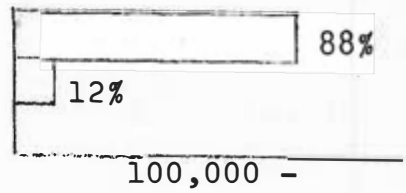
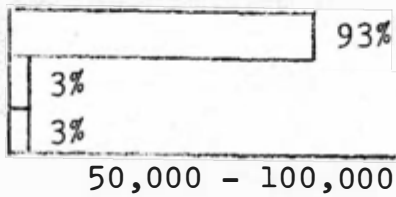
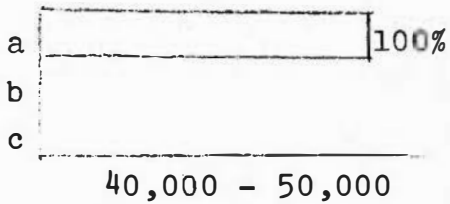
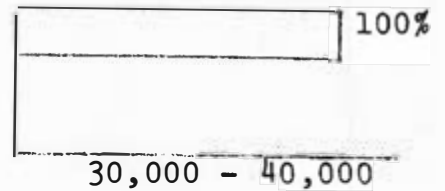
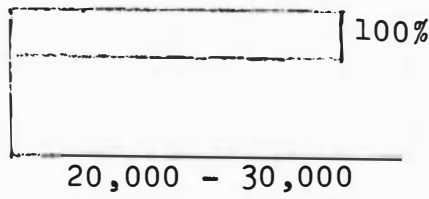
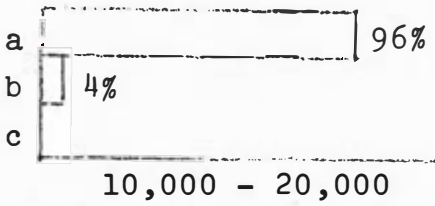
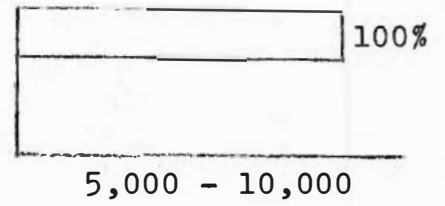
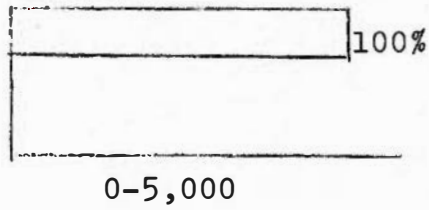
Non-Members:



#3 cont'd. - Are dispensing skills important for the optometrist to possess?

POPULATION OF COMMUNITY

- a. Yes
- b. No
- c. No comment



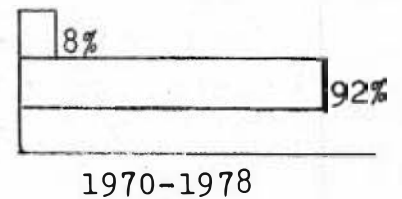
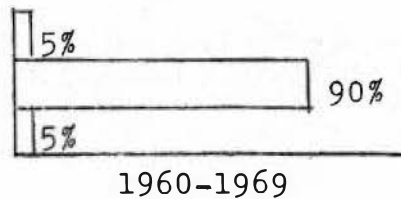
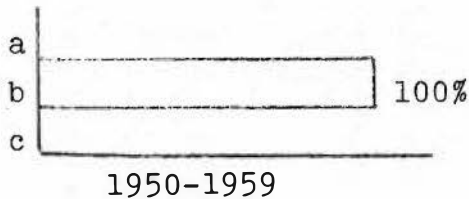
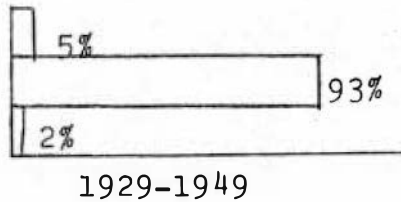
#4 - Should the optometrist who provides eyeglasses be regarded as slightly less professional?

GRADUATION YEAR

a. Yes

b. No

c. No comment



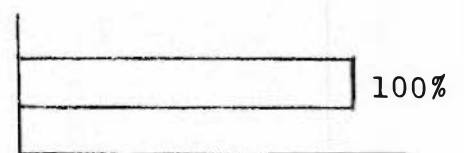
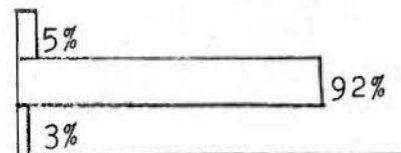
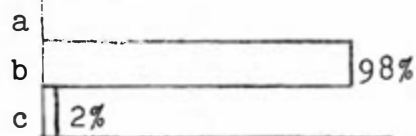
STATE (Member state association/non-member)

OREGON

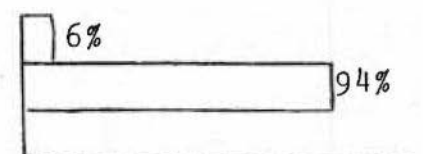
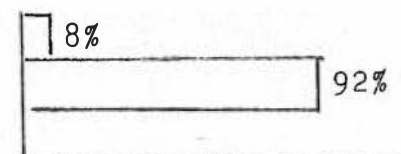
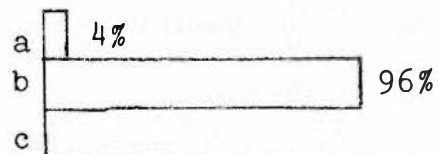
WASHINGTON

IDAHO

Member:



Non-member:



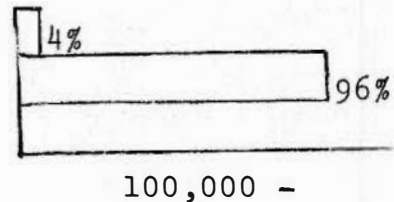
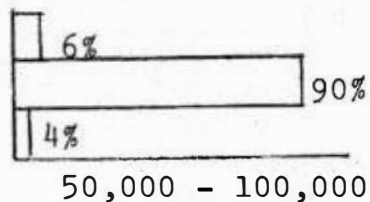
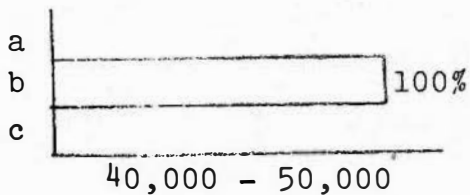
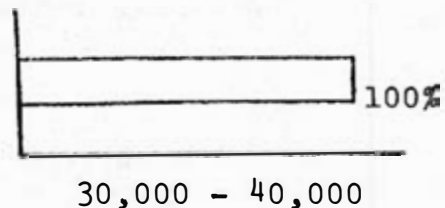
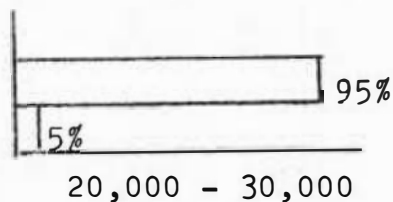
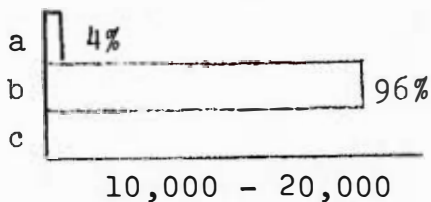
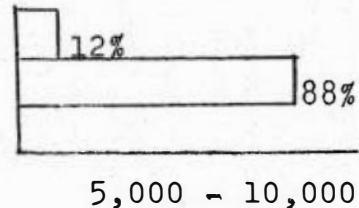
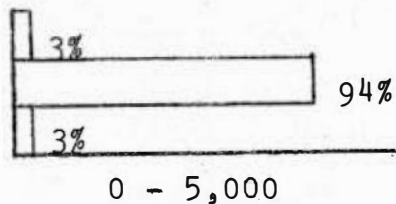
#4 cont'd - Should the optometrist who provides eyeglasses be regarded as slightly less professional?

POPULATION OF COMMUNITY

a. Yes

b. No

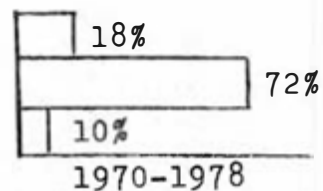
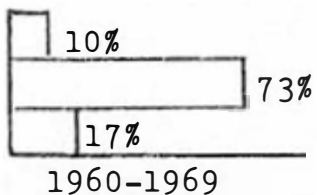
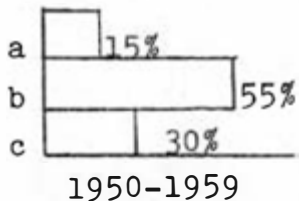
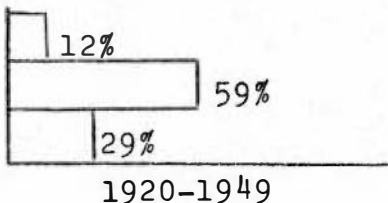
c. No comment



#5 - What effect will the recent F.T.C. ruling on advertising have on the dispensing of eyewear in your office:

GRADUATION YEAR

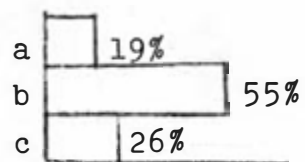
- a. Yes will have an effect
- b. No effect
- c. No comment



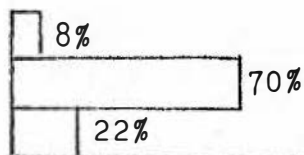
STATE (member state association/non-member)

OREGON

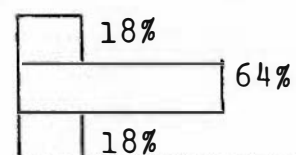
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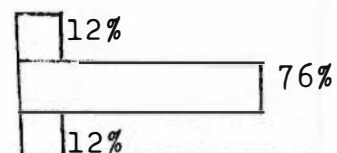
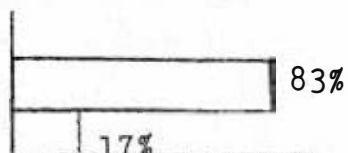
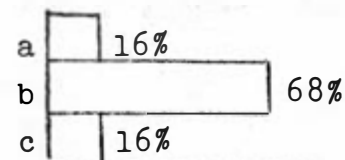
WASHINGTON



IDAHO



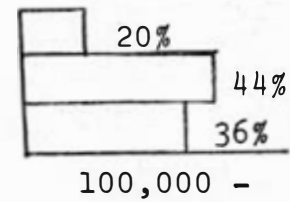
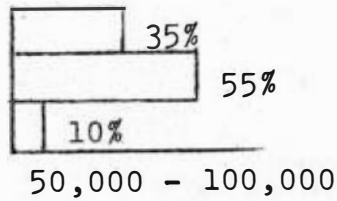
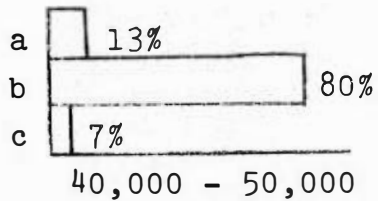
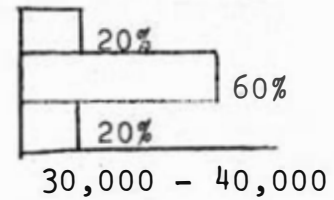
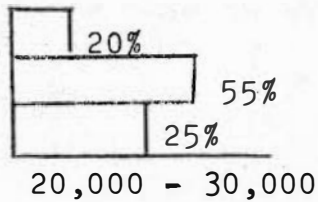
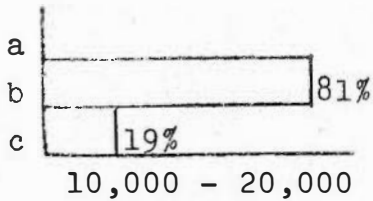
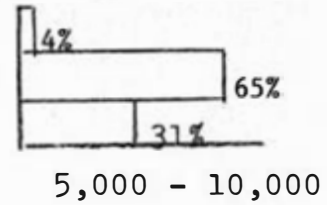
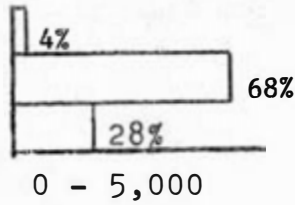
Non-Member:



#5 cont'd. - What effect will the recent F.T.C. ruling on advertising have on the dispensing of eyewear in your office?

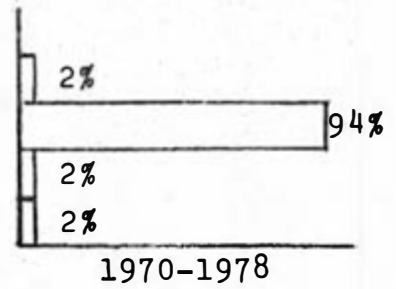
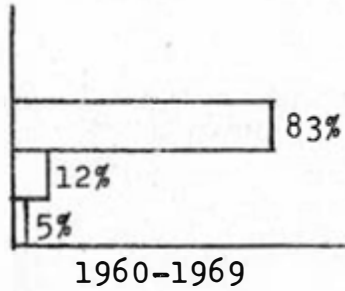
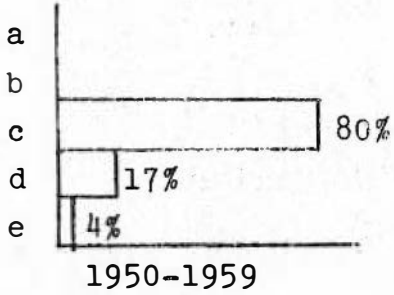
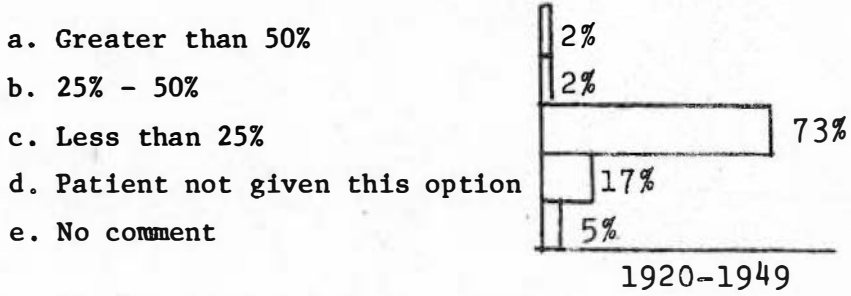
POPULATION OF COMMUNITY

- a. Yes will have effect
- b. No effect
- c. No comment



#6 - What percentage of your patients are apt to go elsewhere to receive their eyewear?

GRADUATION YEAR



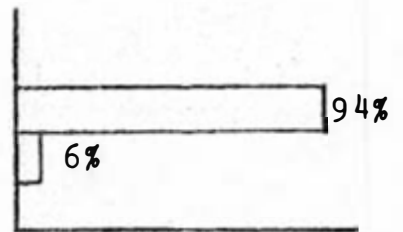
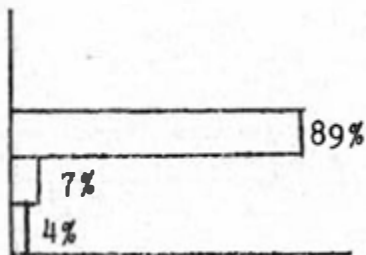
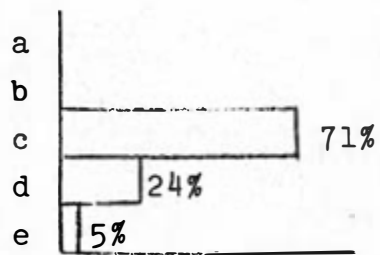
STATE (member state association/non-member)

OREGON

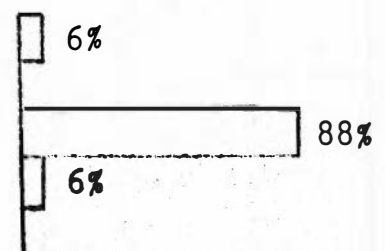
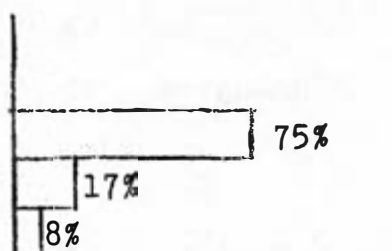
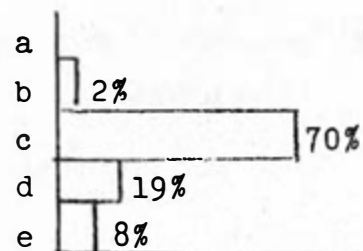
WASHINGTON

IDAHO

Member:



Non-member:



#6 cont'd. - What percentage of your patients are apt to go elsewhere to receive their eyewear?

POPULATION OF COMMUNITY

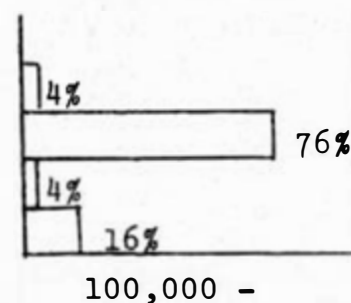
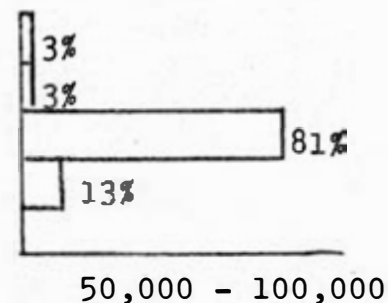
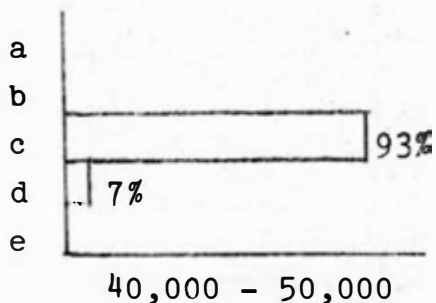
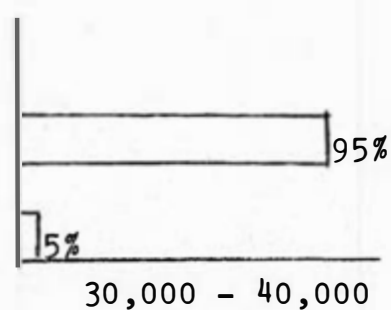
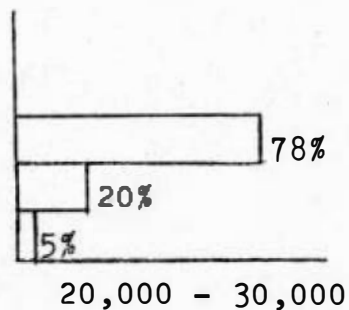
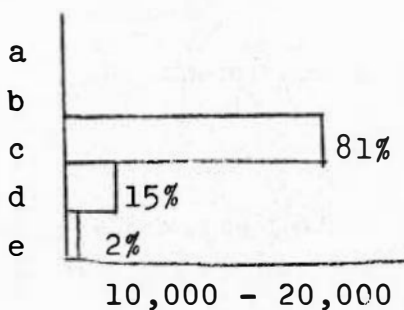
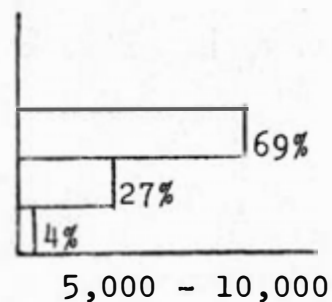
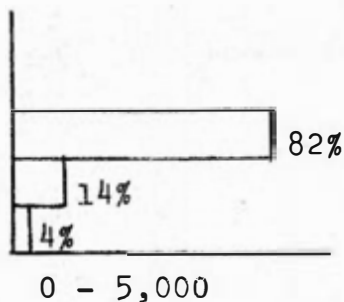
a. Greater than 59%

b. 25 - 50%

c. Less than 25%

d. Patient not given this option

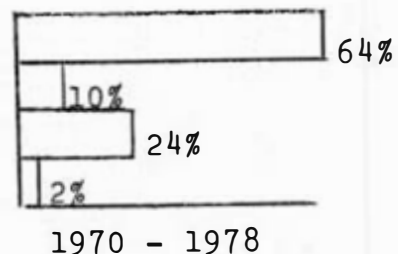
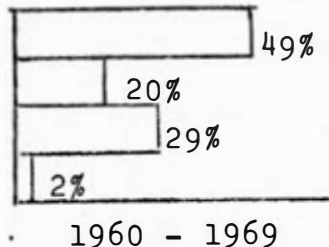
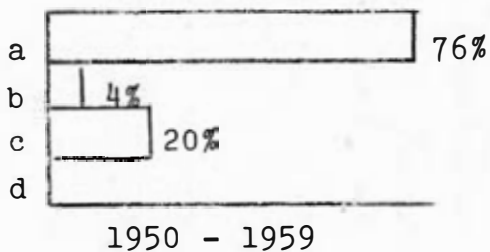
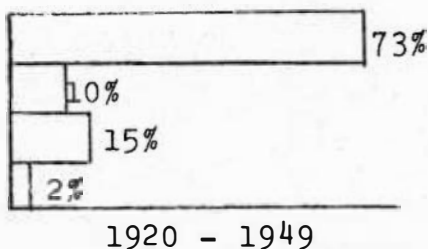
e. No comment



#7 - From the patients' viewpoint, who do you feel they prefer to have dispense and adjust their glasses?

GRADUATION YEAR

- a. Doctor
- b. Assistant
- c. Both
- d. No response



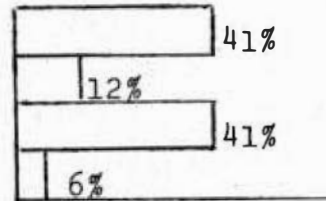
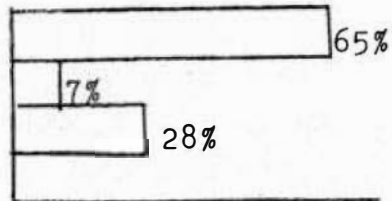
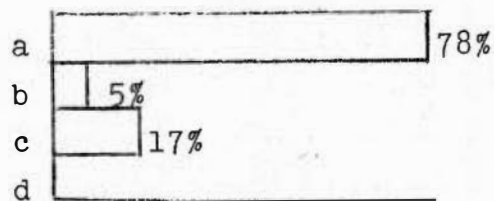
STATE (member state association/non-member)

OREGON

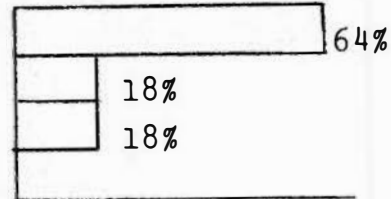
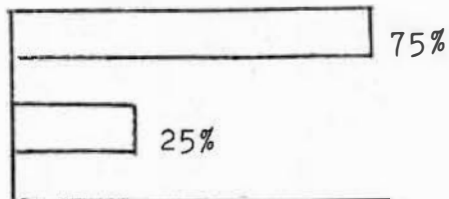
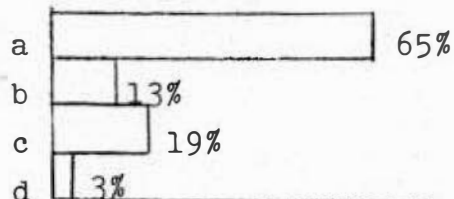
WASHINGTON

IDAHO

Members:

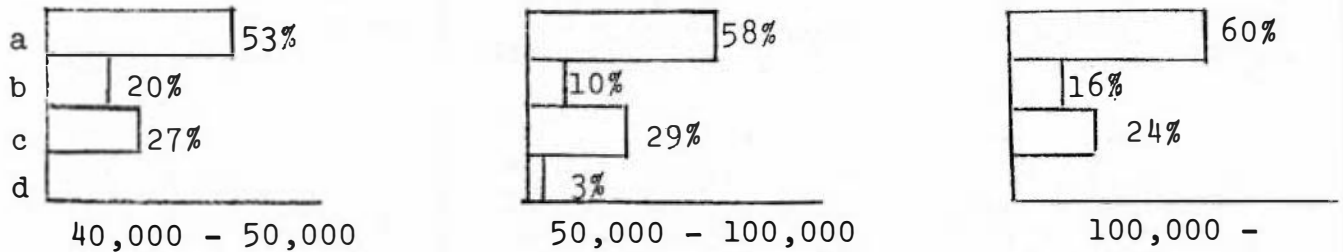
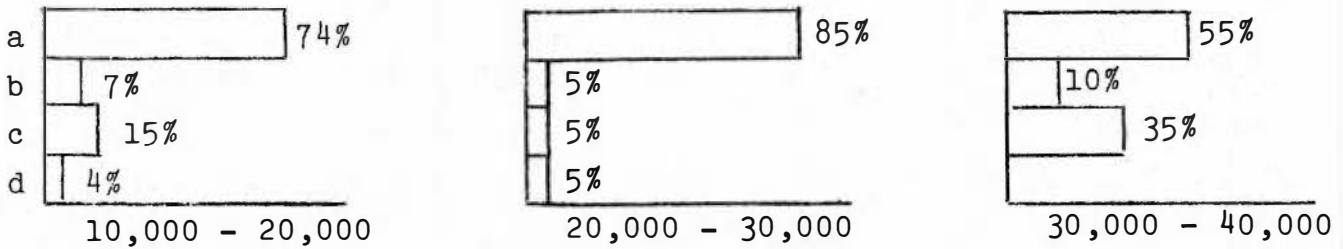
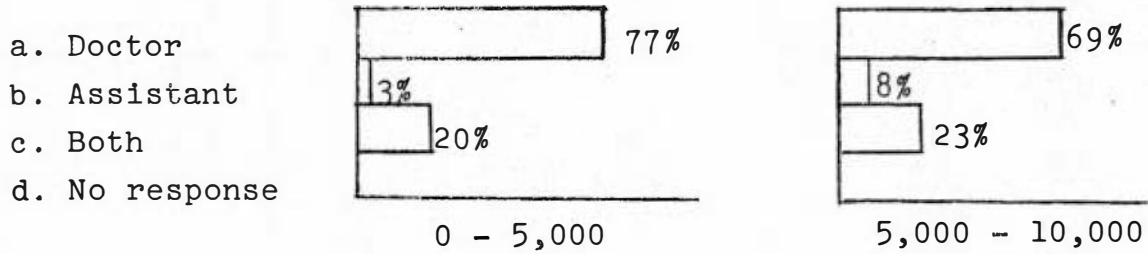


Non-members:



#7 cont'd. - From the patients' viewpoint, who do you feel they prefer to have dispense and adjust their eyeglasses?

POPULATION OF COMMUNITY



Training and Education in Dispensing

#8 - Should specific training in dispensing be provided in an optometrist's education?

The overwhelming conclusion to this question is that most optometrists feel that training in dispensing is important in optometric education.

#9 - What areas in dispensing should be covered in the optometry curriculum?

A variety of responses were given for this question. The most frequent response was the need for training in common adjustments. One interesting note is that patient communication ranked high on the list of educational needs.

#10 - What are the most frequent complaints coming into your office concerning the patients' glasses?

The results on the graph are self-explanatory. Patients complaining that their glasses were too heavy, too tight, or too loose were most frequent.

#11 - If a frame the patient has selected is unbecoming to them?

Few optometrists would merely go ahead and order the frame the patient has selected if it is unbecoming to them. Rather, the doctor would tell the patient his feelings and/or suggest another frame.

#12 - Where do you do your frame adjusting?

The graph is self-explanatory. An interesting note, however, indicates a preference for doing the adjusting in an area where the patient cannot watch.

#13 - In your beginning optometry career, what special adjustments gave you the most difficulty and what advice could you give the beginning clinician?

See the graph for specific areas which were mentioned. The areas mentioned most often were adjustable nose pads and rimless glasses.

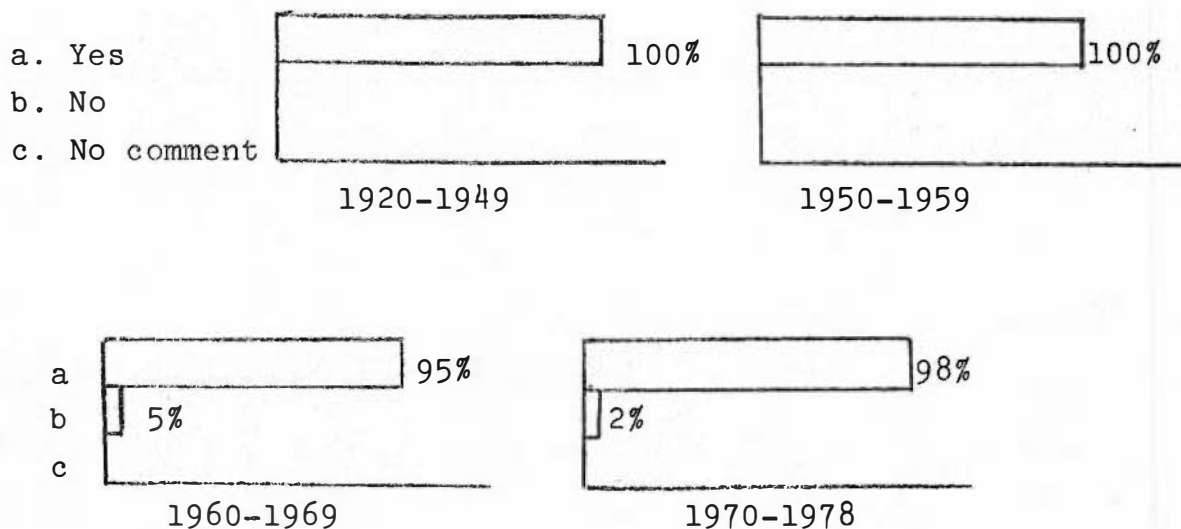
#14 - Which tools do you consider to be essential to the beginning clinician?

Specific dispensing tools felt to be important are listed on the graph.

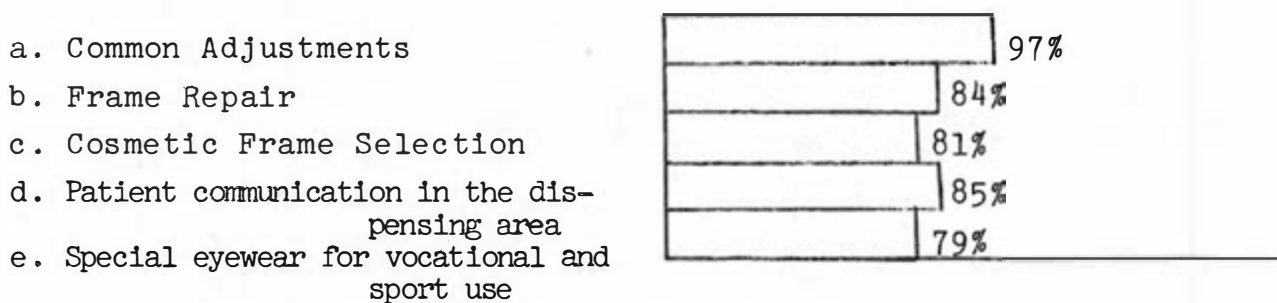
TRAINING AND EDUCATION IN DISPENSING

#8 - Should specific training in dispensing be provided in an optometrist's education?

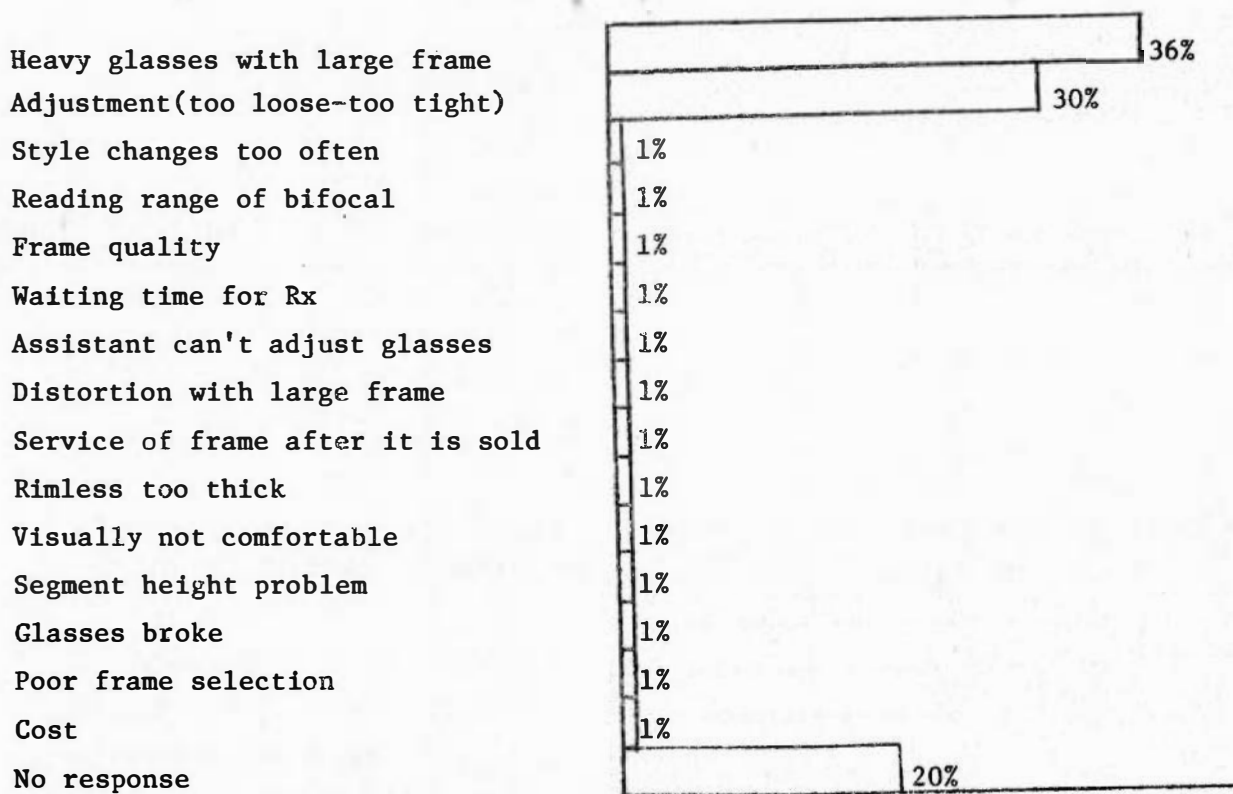
GRADUATION YEAR



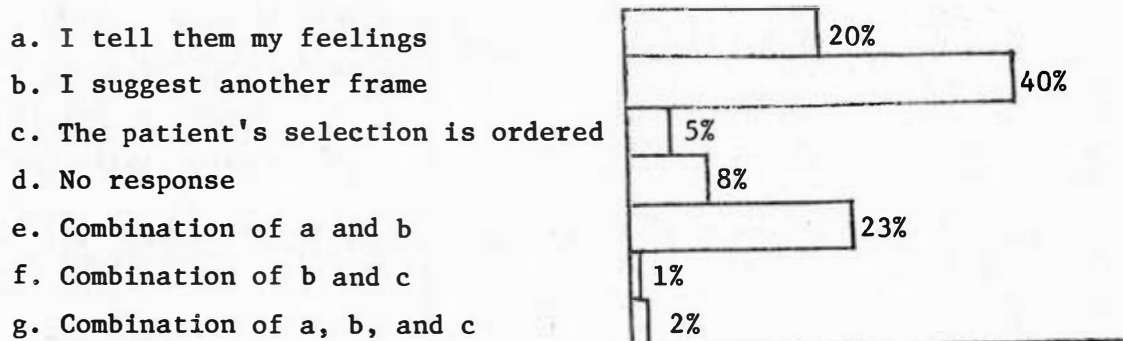
#9 - What areas in dispensing should be covered in optometry curriculum?



#10 - What are the most frequent complaints coming into your office concerning the patient's glasses?

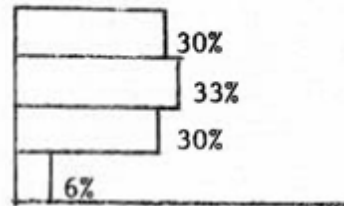


#11 - If a frame the patient has selected is unbecoming to them:



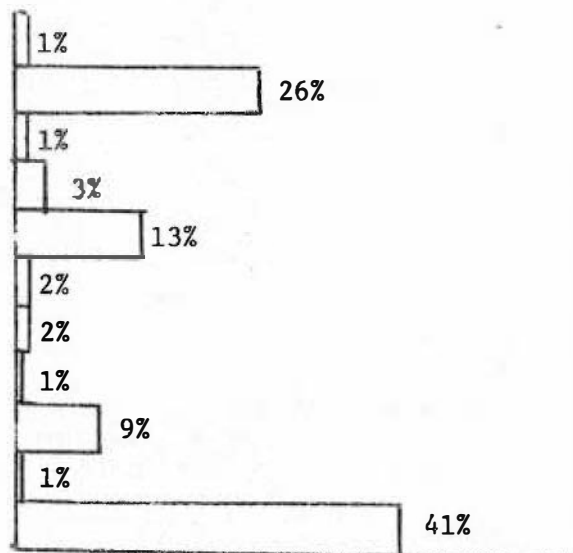
#12 - Where do you do your frame adjusting?

- a. Where the patient can observe
- b. In a separate adjusting area out of patient's sight
- c. Combination of a and b
- d. No response

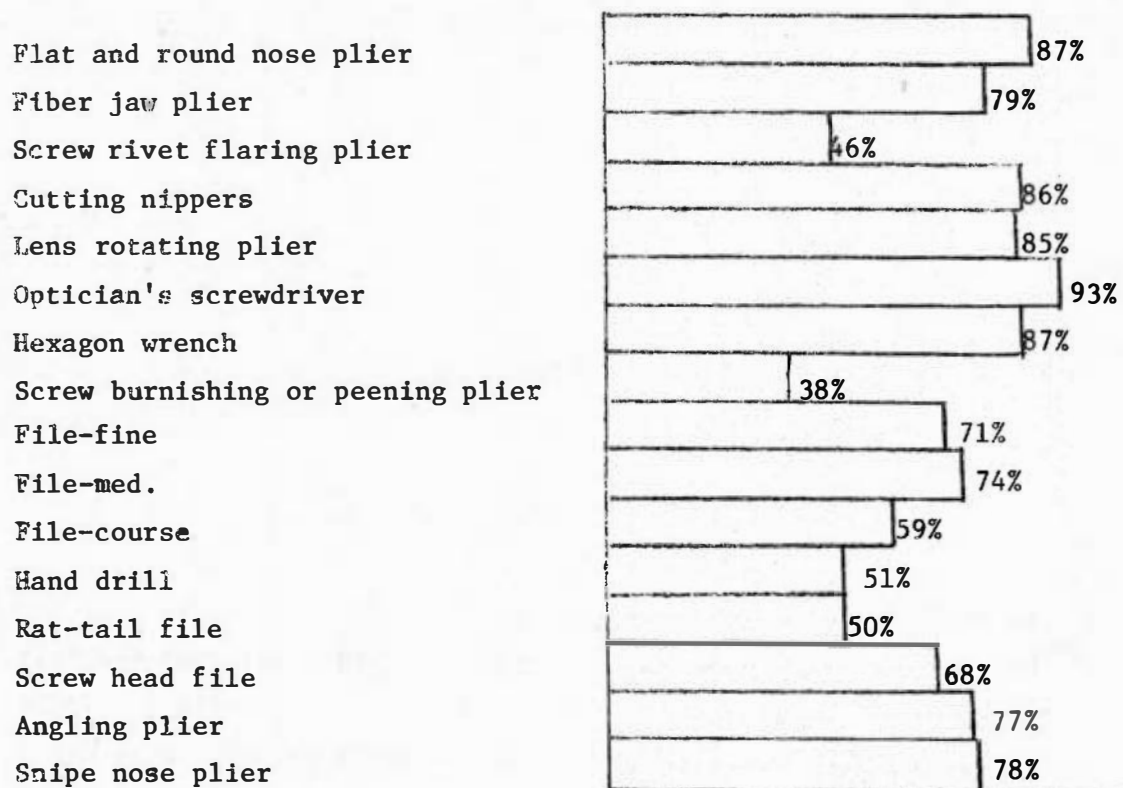


#13 - In your beginning optometry career, what special adjustments gave you the most difficulty and what advice could you give the beginning clinician?

- Train your assistants well
- Rimless glasses and adjustable nose pads
- Proper lens mounting
- Don't allow pressure in front of the ears
- Learn & practice frame adjustment
- Bifocal seg height
- Pantoscopic tilt
- Proper bridge size
- Practice management
- Soldering
- No response



#14 - Which tools do you consider to be essential to the beginning clinician?



SUMMARY AND CONCLUSION

The intent of this study was to determine if there is a trend in optometry to move out of the adjusting and dispensing service. Only a few of those polled responded in this fashion, thus we found only a slight indication of this. The majority of responses and comments led us to believe that optometry still feels that dispensing is a professional service which definitely should be provided in an optometric office. The 70% return ratio of questionnaires is yet another indication of the importance which practicing optometrists place on ophthalmic dispensing.

Although optometry is feeling a push from governmental regulations, lack of academic experience, and other pressures to get out of the dispensing area; the bulk of the profession stands firm in the feeling that dispensing is an integral part of the optometric service. Representative of the practicing optometrists surveyed were the statements of a recent graduate:

"Adjustment and delivery of Rx is the basis upon which a majority of patients judge the professional quality of the doctor and his staff. An ill-fitted Rx is more likely to destroy a patient-doctor relationship than an incomplete exam or a slightly inaccurate prescription - (an unfortunate state of affairs - but nonetheless true). Thus, it is paramount that a doctor know how to adjust."

Even though the assistant often performs adjusting and dispensing services, the doctor should be trained and prepared to give dispensing care. Much time, effort and knowledge, and experience are involved in rendering professional optometric care. An integral part of this optometric care is the specification and dispensing of a prescription for the patient. This last action is possibly not as interesting or exciting, but the value of the Rx is paramount because if it is wrong, all else fails. Wrongness involves both the accurate filling and the wearability of the prescription. Perhaps, this is why those practicing optometrists surveyed believe that the importance of dispensing services should not be short changed.

APPENDIX A

Summary of the Final Federal Trade Commission's ruling on the advertising of ophthalmic goods and services.

Federal Register, Vol.43, No.107, June 2, 1978.

Page 23992-24008.

"The Federal Trade Commission issues a final rule which preempts state laws which either prohibit or burden the advertising of prescription eyewear or eye examinations. The rule also prohibits restrictions on advertising of this type imposed by private groups such as trade associations. Finally, the rule requires that consumers be provided with copies of their prescriptions after they have their eyes examined. The Commission is taking this action because of a staff investigation which highlighted an inadequacy of consumer information disclosure in the retail ophthalmic market. Effective date July 3, 1978.

APPENDIX B

Cover Letter



November 9, 1978

Dear Doctor:

We are asking your cooperation in completing a Pacific University Optometry Graduate Thesis Project. The purpose of our research project is to investigate the current role of dispensing eyeglasses in optometry. We invite you to participate by filling out the enclosed questionnaire and returning it as soon as possible in the self-addressed envelope. A report of the survey will be published and made available to you.

Thank you for your time and consideration.

Respectfully yours,

Laurel A. Gillette

Laurel A. Gillette

Randy E. Waddell

Randy E. Waddell

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Enclosures

APPENDIX C

Questionnaire

PLEASE RESPOND BY CHECKING THE APPROPRIATE ANSWER(S). ANY ADDITIONAL COMMENTS WILL BE APPRECIATED, FEEL FREE TO USE THE REVERSE SIDE TO COMPLETE COMMENTS.

1. What year did you graduate from optometry school? _____
2. What is the population of the town you are practicing in? _____
3. Does your office provide dispensing services?
 I personally do the dispensing
 I have trained personnel who do the dispensing
 I refer elsewhere
Comments:
4. Does your office have more than one O.D.? If so, how many? _____
5. How important is dispensing of spectacles to your practice?
 Very important
 Somewhat important
 Not important
Comments:
6. Are dispensing skills important for the optometrist to possess?
 Yes
 No
Comments:
7. Should specific training in dispensing be provided in an optometrist's education?
 Yes
 No
Comments:
8. If your answer to the above question is yes, what areas should be covered?
 Common adjustments
 Frame repair
 Cosmetic frame selection
 Patient communication in the dispensing area
 Special eyewear for vocational and sport use
 Other _____
Comments:
9. Should the optometrist who provides eyeglasses be regarded as slightly less professional?
 Yes
 No
Comments:
10. From the patient's viewpoint who do you feel they prefer to have dispense and adjust their glasses?
 Doctor
 Assistant
Comments:

IF YOU DO NOT RENDER DISPENSING SERVICES IN YOUR PRACTICE YOU NEED NOT ANSWER THE FOLLOWING QUESTIONS.

11. What effect will the recent F.T.C. ruling on advertising have on the dispensing of eyewear in your office?

Comments:

12. What percentage of your patients are apt to go elsewhere to receive their eyewear?

_____ Greater than 50%

_____ 25-50%

_____ Less than 25%

_____ I do not normally give the patient this option

Comments:

13. Concerning frame selection:

_____ I personally assist the patient

_____ A trained assistant helps the patient

_____ A trained assistant selects frame, frame size, and seg Ht.

_____ After the frame is selected it is ordered upon my approval

_____ Only when a question arises do I intervene before the eye-glasses are ordered

Comments:

14. If the frame a patient has selected is unbecoming to them:

_____ I tell them my feelings

_____ I suggest another frame

_____ The patient's selection is ordered

Comments:

15. What are the most frequent complaints coming into your office concerning the patient's glasses?

16. Where do you do your frame adjusting?

_____ Where the patient can observe

_____ In a separate adjusting area out of the patient's sight

Comments:

17. In your beginning optometry career what special adjustments gave you the most difficulty and what hints could you give to the beginning clinician?

18. Check the following tools which you consider to be essential to the beginning clinician?

_____ Flat and round nose plier

_____ Fiber jaw plier

_____ Screw and rivet flaring plier

_____ Cutting nippers

_____ Lens rotating plier

_____ Optician's screwdriver

_____ Hexagon wrench

_____ Screw burnishing or peening plier

_____ Other

_____ File-fine

_____ File-medium

_____ File-coarse

_____ Hand drill

_____ Rat tail file

_____ Screw head file

_____ Angling plier

_____ Snipe nose plier

IF THERE ARE ANY FURTHER COMMENTS PLEASE USE REVERSE SIDE. THANK YOU.

APPENDIX D

Comments of Those Surveyed

5. How important is dispensing of spectacles to your practice?

"The proof of the pudding is in the eating--I want control over the providing of glasses."

"In the current mode of practice it is very important because this is the service which my patients have come to expect of me."

"I feel refraction is only one half the job."

"Very important, it completes my services."

"The key is that someone has to take the responsibility for what is done, if I do it there is no split responsibility. Otherwise it's a pain in the butt."

"A proper and comfortable fit of the final product is essential."

"The final fitting determines the success of the therapy. Regardless of skill, etc. of the exam. People want to be comfortable with their eyewear just as much as they want clear vision."

"The success of the prescribed lenses will often depend on how they are dispensed."

"I've tried utilizing opticians and assistants--both are capable and can do the job, but patients really

prefer personal attention of the optometrist."

"Failure in any single area of total vision care can jeopardize the entire therapy."

6. Are dispensing skills important for the optometrist to possess?

"In small rural areas I believe yes."

"Not in a day-to-day sense--but from a trouble-shooting point of view."

"If nothing else, for the understanding of the type of problems which can occur from a lack of dispensing skills."

"Yes because he must train most of his technicians himself."

"Yes, a knowledge of dispensing is helpful in evaluating Rx problems."

"Yes--even after 27 years, I order bifocals a bit high or low in these new "Cosmetic" frames and it is hard enough to pay for the mistakes when I do it."

"To be a complete optometrist by my standards."

"Very seldom do we get a complaint due to the change in Rx--most complaints are in misfit glasses."

"Yes--these skills are sorely neglected in optometry curriculars."

"No matter how good the prescription the patient will be unhappy if glasses fit improperly."

"Patients come to my office with new glasses from some other office and say they can't see with them. The Rx was O.K.--the adjustment wasn't. The family now comes to me."

"Very difficult to acquire the skills and very necessary to do a comfortable well fitted Rx."

"This skill is much too important to be left to people simply interested in selling glasses as merchandise. One can conduct the most thorough exam, make the most exacting diagnosis and write the very best Rx--but the final vital step is to position the lenses accurately and comfortably before the eyes. The eyewear must be designed with many factors in mind."

"Your biggest competition is a skilled dispenser not another O.D."

"Total care of the patient is what (one of the things) that separates us from the ophthalmologist."

7. Should specific training in dispensing be provided in an optometrist's education?

"P.U. has failed miserably in this in recent years."

"As long as 60% of O.D.'s are solo."

"I feel we should derive our feelings of pride and accomplishment from the total package; of course a "mill" will make more money with an efficient production line."

"As it stands now--yes, in the future I think technicians will do it all."

"Academicians under-estimate its importance."

"High time it began!"

"Yes, I'm not selling him a pair of glasses, but trying to provide him with the ability to see. The glasses are primarily a tool with which I want him to be able to excell in his visual abilities."

8. What areas in dispensing should be covered in optometry curriculum?

"Rx is not useable if patient cannot wear the frames comfortably."

"The public expects the O.D. to speak with expertise in these areas."

"The O.D. will be asked to do the more difficult dispensing in most cases."

"Although I hate dispensing, the Doctor should be well versed in all aspects of it."

9. Should the optometrist who provides eyeglasses be regarded as slightly less professional?

"I can't call myself slightly less professional."

"No! If anything--more--a master optician is a lost art."

"No, is a dentist who fits dentures less of a dentist? If an O.D. has a problem with this, then he has a hang up."

"No, an O.D. who dispenses has the opportunity to check out his work--no guessing."

"It is a necessary service, why leave it to the dispensers who are waiting to submerge the knife even deeper."

"The best Rx in the world is no good if the eyeglasses don't fit. The patient can tolerate a .25 diopter, but not sore ears."

"No. If he charges for services and then uses them to benefit the patient."

"No--definitely more professional--he or she is not just a refractionist, but an architectural-structural engineer."

"At this time dispensing remains a unique service of optometry though in years to come it may disappear from our practices."

"Yes--it's unfortunate but true that a good percentage of an O.D.'s income is derived from his dispensing spectacles. It seems such a waste of an education to involve oneself in this area but until we get ophthalmologists out of refracting and back into medicine we may as well resign ourselves into at least being part time opticians."

"I wish I could be non-dispensing but in Oregon every dollar counts and one-third to one-half of my income

is from dispensing fees."

"The public expects this competency and bases its quality of service on the product as well as the exam."

"We take full responsibility for what we do. A lot of people don't."

"Yes--most of the work I do with frames I feel is pretty menial labor--just working with appliances which I do not equate with the more professional aspects of optometry. I think it is less "doctorlike" but even so it is still a "professional" service."

"Someone please define "professional" for me!"

"No, our profession was based on providing total visual care."

"If done ethically he protects the patient to insure that the Rx is made accurately and of high quality."

"It can enhance your professionalism if done right."

"To me that is part of his function and he should be able to do it well."

"Only if he has the mistaken notion that he is a pseudo-ophthalmologist."

"Professionalism has nothing to do with dispensing. In my area the closest dispensing optician is fifty miles away, so should I make my patients travel that far for glasses?"

"This attitude is pushed by opticians and those doctors of optometry who don't want to follow through on their work to completion."

"If your self-esteem suffers from being related to a retail end product you're not an optometrist but a frustrated medic."

"Much the other way around (assuming you have positive connotation to the word 'professional')."

Certainly not!! The other way around might be considered less professional. Doctors (M.D. or O.D.) who do not provide on site dispensing are short-changing their patient by not following through on their responsibility. If the profit motive is a problem; one can always dispense at cost.

"Yes. Can't get away from it any more--doing exactly the same thing as a commercial dispensary."

11. What effect will the recent F.T.C. ruling on advertising have on the dispensing of eyewear in your office?

"Too early to tell for sure. I feel that the one office complete care method is superior and this would prove more popular in the long run due to its virtue."

"It will have quite an impact. People shopping, loss of man hour productivity."

"None except more paperwork which will increase costs to the patient."

"At first it will hurt--I feel--until patients realize only the original office provides full quality care and concern."

"Our patients are knowledgeable in the importance of vision."

"Not much, the nearest optician is twenty miles away."

"Very little immediate impact but some long term that can be handled by charging more for services and less for material."

"None on dispensing, although we may soon find ourselves advertising."

"Little effect since we try to educate our patients of the benefits of obtaining in office dispensing."

"Disastrous of course--all such assininity creates confusion and distrust in peoples' minds."

"None--we kept our fees the same, we offer a service not a product."

"I believe my patients come to me for professional services not because of prices."

"Absolutely none! I am not going to allow my government to force me to become a pimp for the commercial enterprises who want to prostitute professional visual care. I would rather fight than switch."

13. Concerning frame selection; is the patient assisted by the doctor or the assistant in your office?

"All patients want the best and they presume the doctor is the best."

"Irrelevant as long as the job is done to their satisfaction."

"Depends on how the patients are 'educated'. Basically either so long as good quality work is produced and the line of communication to the doctor is left open."

"A 'special' 5% need the T.L.C. from the doctor, otherwise the assistant does all of it."

"If the doctor starts he will, however, need to continue or make the patients unhappy."

"It is not usually possible to dispense most of the Rx's I would like. There are some which I feel are absolutely necessary and would not delegate."

"Optometry was built on a one-stop service. Professional services and dispensing of the Rx. People like individualized care otherwise they could go to the drugstore."

"My most common complaint from patients coming from other offices is "the doctor seemed to do a good job, but the girl could not make them fit right." Adjusting is a mechanistic art and there are few who would have the motivation to learn it in the smaller practices."

"If the doctor is competent and enjoys dispensing he has no equal."

"Most patients are happy to have the assistant do it unless they have problems with the adjustment."

"Many people feel the assistant just isn't quite as capable as the optometrist. Many request the O.D. to

do the adjusting."

"This depends upon how the situation is handled. Patients are very flexible and can be influenced either way."

"Usually prefer the doctor but will accept a qualified assistant with no objection. Later when rapport is established, the assistant can become preferred to do the adjustment."

"My practice is built around someone else doing the dispensing and adjusting. However, I still have patients who want me to do all of it and will not accept anyone else if it means sitting and waiting until I am free."

"In an office where the assistant is well trained that feeling is felt by the patient and they do not expect dispensing by the doctor."

"No real preference, my assistant, I feel, does a better job than I do."

10. From the patient's viewpoint, who do you feel they prefer to have dispense and adjust their glasses?

"Difficult to answer because we have found that we have probably just as much preference one way as the other. I feel the older age bracket patients prefer the doctor

to supply complete services because this is what they have been accustomed to. Younger patients are quite flexible."

"I've found that although most patients don't expect doctor dispensing, they really appreciate it and seem to feel better about the full services they receive at our clinic."

"As our practice increased it became more and more necessary to rely on technicians for fitting and adjustment services and frame selection. Our patients have shown no noticeable resistance or resentment to this approach. Young graduates would do well to do it themselves as this serves as an outstanding practice builder."

14. If the frame a patient has selected is unbecoming to him?

"I would make suggestions but it's the patient's decision that counts."

"The patient's selection is ordered if the fitting values meet our requirements. If opinions are asked for they are honestly given."

"Cosmetically the patient's wishes are followed-- optically, we hold final word on size, style, etc."

"They are more likely to wear what they like than what I like."

16. Where do you do your frame adjusting?

"Best they not see what is done lest they try it themselves and get into trouble."

"Depends on type of adjustment necessary, but basically where patient can observe. (Because I'm talking to them at the same time.)"

"I'm fitting the patient not an adjusting area."

"Whichever is needed--often bring patient into lab with me."

"Patient response is better if they do not see what is done. Operation goes smoother. We tested this question and found item B much more beneficial."

"Occasionally a frame is fitting very well but the patient doesn't believe--so I then will go to the back."

"I have nothing to hide from my patients. When I was beginning in my practice one doctor told me that the most important thing in optometry is to be truthful with my patients, and I have always tried to be."

17. In your beginning optometry career what special adjustments gave you the most difficulty and what hints could you give to the beginning clinician?

"No real problems. Dr. Margach gave us a good course at P.U. with plenty of supervision and practice.

Hints: (1) practice, (2) learn the basics, (3) use your head--know what affects certain adjustments will have on the fit and on the optics."

"Communication with patients regarding fees, good business management, financial management."

"Being sensitive to the needs of the patient. Listening, understanding and providing services for his special needs."

"None, the training at school was fine."

"Don't touch a frame from the day you open the office. Have an assistant do all eyewear work."

"Nose pads on elderly faces. Do many of them and learn what works, redistribute weight, go to larger pads, push plastic lenses."

"Do the adjustments; destroy and have to replace a patient's frame and you will learn fast."

"Practice the art."

"Remain calm and confident in working with a patient."

General Comments:

"Spend as much time as possible visiting different doctors' offices and observing them in action. I regret not having taken advantage of their ideas and suggestions. I would say most doctors are glad to have students stop by to observe and ask questions."

"I believe dispensing can only be learned from long, hard experience. I also believe you can lose many patients because you can't dispense well!! I don't enjoy it but feel it is necessary."

"I do not believe anyone can be a good optometrist without knowing when a frame is fitting correct and understanding optical centers and P.d.'s. No matter how good the examination and Rx, if the frame doesn't fit the face and the bifocals set right, the patient will not be satisfied with the Rx."

"Just remember that dispensing keeps you close to your patient in many ways. "My doctor of optometry takes care of me personally." So reacts the patient. People don't like to be treated like sheep."

"God made optometry a distinct and great profession. I would love to 'cop out' and only refract, but this would be dishonest to my patients."

"Dispensing is about 10% bending of frames and 90% bending over backward showing concern!"

"I recently employed two new graduates. Their inability to adjust, dispense and handle patients was unbelievable. Their knowledge of practice management was nil and pathetic. New graduates must be taught to do everything in the practice--not just refract."

"I personally do not enjoy frame selection, adjusting, dispensing and repairing as much as other parts of my practice but am keenly aware of their importance and am not about to hand these duties over to someone not capable of doing a good job."

"The more you can offer your patients the better they like it. You'll get more business if you increase the number of services you can deliver. Repairs--especially 'temporary' repairs--are helpful while they are ordering a new pair of glasses from you."

"Personal attention and skillful adjustments and dispensing have been a key factor in building a practice in

a small town. I owe a lot to the importance stressed at P.U. twenty years ago of being able to properly dispense and adjust glasses to the patient."

"Since adjustments are so important to the success of your spectacles, if you are not willing to follow your work through this stage, don't bother to begin."

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