Attending the Academy Meeting

A student’s perspective on AAO's annual gathering

By Dot Nguyen (II)

Attending Academy 2005 and 2006 were unforgettable experiences that were hands-down the best experience of my optometric education thus far. It was a chance for me to get a glimpse of optometric topics that we haven’t been taught yet and to see our professors “teaching” other ODs. My only regret was that I could only be in one place at one time, so I missed a lot of presentations that sounded really cool and interesting.

The highlight of Academy 2005 in San Diego, CA, was getting the chance to hear Mike May, a corneal transplant recipient and presenter at the Low Vision Symposium. In fact, Mr. May’s stirring and frank discussion of his journey from totally blind to low vision inspired me not only to research possible face-recognition technology for the visually impaired but also to invite Mr. May to Berkeley to speak about his life and the wayfinding technologies he’s developed. His story really made for a great way to end our year of SAAO meetings.

The Academy is also a great way to make connections with students and faculty from other schools. We had two student-only socials, where we had the chance to meet and mingle with optometry students from across the country. This year in Denver, CO, at the Student Networking Luncheon, I got a lot of great advice on residencies from the residency program coordinators from SCCO and SUNY, and I was also able to have a long conversation with a former SUNY resident. This is a great way to learn more about the other residency programs away from Berkeley and what they’re looking for, because all the program directors are there and people really want to tell you about their programs.

Saturday night every year is the Australia Party and an effort to raise funds for Optometry Giving Sight, a not-for-profit organization that gives free eye care in undeveloped countries. It’s our chance to loosen up with the docs. If you’ve never seen Drs. Corzine, Fong, Grisham, or Dister dance, you have to go to the Academy! That’s all I’m going to say about that!

The California AAO graciously subsidized our student attendance by paying for hotel rooms for the students for the last few years. Due to their support, Berkeley had (left) Jasmine Wong (III) and Dr. Verdon in front of their poster presentation at this year's Academy meeting. Jasmine was a recipient of the Student Travel Fellowship. (right). Jenny Thatcher (II), Dr. Greer, and Kelly Kao (II), pose with Alcon's Optifree mascot.

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Every summer the National Eye Institute (NEI) provides grants to a select number of students to explore the research side of optometry. The NEI summer program gives students the opportunity to experience what research is really like and determine if it might be the right career path for them. The program includes a weekly seminar that focuses on different aspects of research such as study design, review committees, and ethical considerations. In addition to learning about research, students get to dive into specific aspects of vision and greatly expand their knowledge of those topics.

This past summer I was one of nine students from the class of 2009 to participate in the program. Each student was paired up with a professor, and together decided on a topic to research. There were a variety of topics selected ranging from myopia progression in chicks, to adaptive optics, to finding a mouse gene that causes degeneration in the eye. The broad range of available topics offered something for everyone. I was very interested in the diabetic retinopathy research in Dr. Adams’ lab, so I was excited to join his lab to get the opportunity to learn more about the disease and new techniques to detect it.

In the United States, diabetic retinopathy is the leading cause of blindness among people of working age (25-74). Retinal complications of diabetes include hemorrhages, microaneurysms, macular edema, hard exudates and cotton wool spots. The majority of diabetics will show signs of retinopathy by 10 to 15 years after being diagnosed. Unfortunately the treatment options presently available are limited. Thus, the best way to manage diabetic retinopathy is early detection and intervention.

Dr. Adams’ lab has been conducting research on diabetes at UCBSO since 1978. Electroretinography (ERG) and optical coherence tomography (OCT) are used to detect retinal changes in the early stages of diabetic retinopathy. The project I became involved with focused on adolescents with diabetes. The question that I sought to answer was how retinal thickness differs in adolescents with diabetes compared to adolescents without diabetes. I worked with others members of the lab to gather data that might answer this question. Would we find that retinal thickness is greater in diabetics because of leakage from damaged blood vessels? Would it be thinner because of dehydration caused by hyperosmolality, or is retinal thickness unreliable in detecting early changes in diabetic retinopathy?

To attempt to answer this question I used OCT to measure the retinal thickness of diabetics and normal controls. Optical coherence tomography is a non-invasive imaging technique. A beam of light is flashed into the eye and reflected light is compared to reference light to determine the amount of interference. The amount of interference at each point along the scan corresponds to the thickness at that point. Subjects between the ages of 13 and 21 were recruited to participate. For our study we used 12 radial scans of the central 20 degrees of the retina to gather data for thousands of points within the area most commonly effected in diabetes. I was then able to generate three dimensional representations of each eye using the MATLAB software program.

The project is still on-going as we continue to recruit more subjects to participate. Once all the data has been collected we will use the MATLAB program to compare the average retinal thickness between diabetics and controls. We will also compute standard deviation to determine normal variation in retinal thickness. Moreover, we will be able to compare individual eyes to an normal retina to see if any certain
Getting to Know ... Dr. Whiteside

dr. Whiteside’s thoughts on teaching, residencies, and motorcycles

by Way Yu (II)

WY: Let’s get the easy stuff out of the way. What’s your position at UC Berkeley?
MW: I’m an assistant clinical professor.

WY: Does that mean you teach classes to first years and also in the clinic?
MW: It doesn’t really define what you do, but right now I help teach the first year’s lab course, and then I see you guys again in the third year second semester for the advanced procedures course. I also work with the third and fourth years for primary care and geriatric optometry.

WY: Do you have any particular favorite memories or funny stories of optometry school that you want to share with all of us?
MW: That’s a hard one! I think every one will agree that the first year or two is hard because you can’t exactly see how it all fits together. I remember my first patient… I was so nervous and thinking so hard! The first patient that I saw was a woman who I did a refraction on and I’m sure that it took me some ridiculous amount of time… like half an hour to get through the refraction. At the end I was like, “Guess what? You’re going to have the same prescription as your last glasses!” Imagine having some student spin the dials in front of you for half an hour only to find out that there was no change. She was incredibly patient. Although it took a lot of energy, clinic was the best part of school. In the beginning it was really hard, but it definitely was the pay off for two years of hard work.

WY: Let’s talk about your residency. What did you do it in?
MW: I did it in primary care, which means it’s whatever you make it. I was able to pick whatever I felt that I needed more experience with. I went over to UCSF for one or two days a week and we would fit pediatric aphakes with contact lenses. The typical case was that a newborn with a congenital and the surgeons would take out the cataract and then we’d fit them with contacts as soon as we could after surgery. You’d have these little newborns who you’d have to get a huge soft contact lens on their eye! I also did low vision up in Sacramento.

WY: Were you born in Davis?
MW: I’m a local girl. I was born and raised in Oakland. This was in the 70s and the schools weren’t very good so when I was in 5th or 6th grade we moved up to Santa Rosa. I went to school there and finished up high school then went to school in Davis. Then came back down here. Graduated from Cal, and decided to do a residency.

WY: Is that how you wound up teaching?
MW: Yeah. I was originally going to be a high school biology teacher. When I was at Davis I had a very wise college advisor who said if I wanted to be a biology teacher I should intern. At the time I thought that it was pretty silly (since at 18 I thought that I had everything already figured out) so I signed up for it because I thought it would help me be more qualified when I applied for a credentialing program. It was

Dr. Meredith Whiteside, OD, FAAO
Vital stats

Refractive Error: +0.75 DS
UCBSO Class of: 1997
Famous classmate: Mika Moy
Pets: One dog, Toby (a poodle mix)
Siblings: 2 older brothers

We caught up with Dr. Whiteside just as she was about to head home on her motorcycle.

Dr. Whiteside’s thoughts on teaching, residencies, and motorcycles

see Whiteside, page 4
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References:
SAAO’s Fall meeting a big success
Students packed Room 489 for SAAO’s Fall 2006 meeting to listen to UCBSO’s residents speak about their experiences.

NEI: diabetic retinopathy research

areas of a particular retina fall outside the norm and could represent areas of increased probability of developing retinopathy. OCT has the potential to be a very useful tool for managing diabetic retinopathy, so stay tuned!

The NEI summer program was a great learning experience. I particularly enjoyed my project because, in addition to data processing, I was able to work with patients and practice some techniques that I will be using in clinic. It also gave me an idea of what is involved in designing and executing a successful study. I highly recommend applying for the NEI summer research program to students who are interested in research or just looking for something eye-related to do on their summer vacation. For more information check out the NEI summer research section of the Berkeley optometry website.

For more information on residency programs open to optometry students, please visit http://www.orms.org.

Special thanks to the four guest speakers (Ryan Zwelling, Annie Chin, Puja Goel, and Stephanie Ku) for taking the time to speak with SAAO.

Academy: learning outside of school

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the highest student attendance of all the optometry schools in 2005. Because of that, Amy Lee (IV) won free registration to Academy 2006. Hopefully we are also among the top three schools after they tally up the 2006 numbers so another lucky opto can go next year.

The greatest part about attending the Academy as a student is that it reminds us of the big picture and gives us a glimpse of what’s to come in the OD community that we’ll be part of. Sometimes, I get lost in the weeds of studying and bogged down by what’s on the next exam. The Academy helped me remember that all this studying adds up to something. I can’t wait to see what Academy 2007 in Tampa has to offer. And next year’s Academy Meeting is October 24-27, so finals won’t be a problem. See you there!
4th Year Rotation Round-up

Four 4th years take time out of their busy schedules to give us their thoughts on four different externships

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Name: Kuniyoshi Kanai (IV)
Externship site: Kaiser Point West
Location: Sacramento area

1. Why did you choose this particular externship? I took a special rotation (Bascom Palmer) and among the few choices left for my last choice, location (being close to Bay area, being able to easily to move in and out) and the HMO setting made me pick up this place.

2. What type of patients did you typically see? Age 2 to age 100. Mostly primary care. No regular contact lens patients (only special fitting such as keratoconus, post-surgical. In these case, you work with your mentor, you don’t fit by yourself.)

3. What was your daily schedule like? 8am to 6pm, Monday to Friday. You work with a different OD each day. On Saturdays, I occasionally attended seminars for Kaiser docs.

4. What did you like most about the externship? I got to work with 5 ODs in man-to-man setting. Feedback from doctors are more in detail and useful compared to school. I also observed surgeries by 5 MDs (strab, penetrating keratoplasty, oculoplastic, IOL, etc...)

5. What did you like least? Being given 20 to 40mins at most per patient, patient care is so problem-focused. Also, you have to use Kaiser’s computer system, called “Health Connect”. Not hard, but it takes a while to completely master.

6. What advice would you give to other students who are interested in this externship? Don’t be discouraged by being not so fast at the beginning, that’s totally fine. By the end, you’ll be fast for sure, and also you will be a good clinical thinker (you will not be a clinician who does things “just because.”)

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Name: Marisa Chung (IV)
Externship site: VA Puget Sound, American Lake Division
Location: Tacoma, WA

1. Why did you choose this particular externship? Seattle, free room and board (I think this is the only rotation that covers both room and board), and recommendations from previous interns at this location.

2. What type of patients did you typically see? Veterans, who are usually male and over the age of 50. They are great to work with.

3. What was your daily schedule like? Mon-Fri 8-5 (or whenever you get your charts done). Each of us see between 7-10 patients a day. We see pre-ops, post-op cataract surgeries, glaucoma follow-ups, retinopathies, etc.

4. What did you like most about the externship? The people: the doctors and the front staff are all very nice here. It’s a great environment where you can learn a lot, but not feel stressed about it.

5. What did you like least? Paperwork, such as typing IOP histories into the computer, which can take hours if you have patients w/ IOP histories going back into the 1990s. But it’s a necessary evil and since we’re starting computerized IOP flowsheets this year, next year’s interns won’t have to type in as much as we did.

6. What advice would you give to other students who are interested in this externship? It’s a great opportunity to be here. I’m doing a double rotation here and I’m really glad I did that. Come prepared to learn and ask questions. Also, explore the Northwest as much as you can while you’re here.

7. Any other information you’d like to share? There’s a gym on the VA premises, but there’s also a YMCA near where we live that we interns all decided to join. It’s a great place to work out and I recommend joining the Northwest Taekwondo team at the YMCA if you get a chance ;).

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Name: Jocelyn Niimi (IV)
Externship site: Bascom Palmer
Location: Miami, FL

1. Why did you choose this particular externship? For the challenge.

2. What type of patients did you typically see? Lots of ocular disease from cornea, retina, glaucoma, lasik post-op, cataract post-op. Also, general optometry eye exams.

3. What was your daily schedule like? It varies every day. You’re in a different clinic every day so it’s difficult to answer this question.

4. What did you like most about the externship? The amount of ocular disease you see, plus going to the lectures that ophthalmology residents attend.

5. What did you like least? Fast pace, overwhelming amount of knowledge in those ophthalmologists’ brain (this wasn’t what I liked the least, but it definitely was something to strive for), and seeing things that you will never be able to treat yourself.

6. What advice would you give to other students who are interested in this externship? Do it even if you might have only the slightest interest! And bring a car!
Rotation Round-up continued

Name: Sanjay Chaudhari (IV)
Externship site: Omni Eye Services
Location: New Jersey

1. Why did you choose this particular externship? I chose this externship because of location (only 40 mins from NYC) and exposure to ocular disease.

2. What type of patients did you typically see? You see ocular disease with all your patients (no contact lenses/refraction). You’re exposed to some strabs, but not much. You’ll get a lot of exposure to diabetic ret, ARMD, post-op cataracts, will also see more rare conditions like RP, melanomas, etc.

3. What was your daily schedule like? We start around 8 or 9 and get out around 4 or 5......the actual day depended on which doc you were working with. For example, with the retinal specialist, you would do 10-14 DFEs. Working with the Glaucoma specialist here is not beneficial at all, he doesn’t let interns do anything.

4. What did you like most about the externship? Best things about this rotation is exposure to ocular disease, the docs are really helpful, and being near NYC.

5. What did you like least? Worst thing about this rotation is having to drive to the different offices (can be an hour or more each way.)

6. What advice would you give to other students who are interested in this externship? I would say choose this rotation if you want a lot of ocular disease. You have to be willing to move far away and drive in unfamiliar areas. But its a great experience if you take advantage of it.

7. Any other information you’d like to share? If you choose this rotation, become cool with the residents because they make the schedules and can hook you up with a really good schedule each week.

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that some of our best students are well rounded and try a lot of different things like attending meetings to get a different perspective on what they are learning in school.

**WY:** What do you do for fun on the weekends?

**MW:** I ride a motorcycle.

**WY:** Wow, do you really? Do you and Dr. Corzine have a motorcycle gang?

**MW:** Ha ha, no. I guess I really have this ying-yang thing going on. Because I drive a Volvo but also ride a motorcycle.

**WY:** Is it a Harley?

**MW:** No, those are kind of expensive. This is my first motorcycle and it’s like when you get your first car as a teenager and you make all your mistakes on it. I’ve had this one for two years. It’s a Honda Rebel. I’m not a heavy duty rider; I more or less drive around here. But I do ride with one of our neighbors who is part of a motorcycle gang.

**WY:** Is it a Harley?

**MW:** Yeah, the jacket but I have a white helmet.

**WY:** And what color is your bike?

**MW:** It’s black.

**WY:** So if we see a female driving a black Honda Rebel with a white helmet, we’ll know it’s you.

**MW:** It’s black.

**WY:** So do you do the full on outfit with the leather jacket and black helmet?

**MW:** Yeah, the jacket but I have a white helmet.

**WY:** What do you do for fun on the weekends?

**MW:** While I think that it’s critical to learn as much didactic (book and classroom) information as possible, it’s important to explore the many aspects of optometry. There are so many aspects of practice, whether it’s learning BV (binocular vision), pediatrics, ocular disease etc— so it’s important to expose yourself to areas and people that you might not necessarily have exposure to at school. Attending meetings such as the Academy and ARVO are great experiences for students. While there are lots of reasons why not to attend— it might not be a good time of the year, you have midterms and finals, there’s a lot of stress and there’s a million reasons not to go— it’s really important to go to. I think