AAO Goes to Phoenix!

By Jazzi Junge (III)

Every year, the month of October brings cool fall weather and the reminder that the holidays are just around the corner. However, in Phoenix, Arizona the weather is still warm and the sunshine is abundant. Even in the fall, the sun rises over beautiful desert landscapes with breathtakingly blue skies. This year, the optometry community descended upon beautiful Phoenix to participate in the American Academy of Optometry’s 91st Annual Meeting.

Over 5200 people attended the Academy 2012 Meeting in Phoenix to share in their optometric and scientific community, attending over 250 hours worth of available continuing education. However, one of the most stunning figures is that of student attendance: 900 students in all attended the meeting, and 196 chose to pursue student fellowship in the Academy by fulfilling certain continuing education requirements. After confirming student participation and completion of these requirements, students receive a certificate, a commemorative pin, and free registration to the following year’s Academy Meeting.

In addition to continuing education and paper and poster sessions, students were able to explore the exhibit hall and mingle with exhibitors including vendors in the field. On Friday, students were invited to participate in the Academy Scavenger Hunt. The Scavenger Hunt tasks included taking photographs with award-winning images and a host of other fun activities.

UCRBSO students and faculty traveled to Phoenix in the Fall of 2012 to participate in the 90th Annual Meeting of the American Academy of Optometry. (From left to right) Jeremy Chin (III), Dan Coates (Vision Science), Dr. Susana Chung, Dr. Melanie Akau (Class of 2012), and Jazzi Junge (III). Dr. Chung was presented with the prestigious Glenn A. Fry Lecture Award.
ACADEMY | continued from page 1

winners, matching vendors to their products, and answering detailed questions about new product launches. 92 students participated creating 13 teams and representing 11 schools from across the country. The winning team consisted of students from the Illinois College of Optometry, who were able to not only answer all of the questions and perform all of the tasks correctly, but were also able to finish the tasks faster than any other team!

Students from Berkeley were involved in the Academy 2012 meeting not only as attendees, but also as active participants. Second year student Jeremy Chin and third year students Ashley Craven, Truyet Tran, and Jazzi Junge all showed posters or did presentations regarding their ongoing research on campus. Many former Berkeley students who have since gone on to do residencies attended as well, and some presented on Saturday, the day that residents’ achievements were highlighted. Additionally, UCBSO’s own Dr. Susana Chung was the recipient of the prestigious Glenn A. Fry award, and she was honored in the awards ceremony. She also gave a fascinating honorary lecture on her research in helping patients with central vision loss that was very well received.

Perhaps the highlight of the Academy meeting was the Friday evening festivities. Each school had a reception for its former students and colleagues, and the Berkeley reception was overflowing with attendees. Former and current students and instructors mingled, re-united, caught up, and enjoyed hors d’oeuvres at an extremely well executed event put on by the Development Department’s Kristen Stewart and Sarah Segal. After the reception, attendees headed upstairs to the Academy’s annual Australia Party where students, faculty, doctors, and guests all joined together on the dance floor to dance to the music of a live band comprised of University of Waterloo faculty.

The Academy meeting was fun and informative, and students are encouraged to attend every year! Be sure to keep an eye out for information about the 92nd Annual Academy Meeting in 2013 in Seattle, Washington. Hope to see you all there! ■

Visit from an AAO Board Member

By Ann Chang (II)

We were lucky to have Dr. Jeff Walline, a member of the Board of Directors of the American Academy of Optometry (AAO), visit us on March 21st to give a presentation on the many benefits of joining the Academy. Dr. Walline is an Associate Professor at the Ohio State University College of Optometry and holds enough degrees and honors to fill this article space. He is an Academy Fellow and Diplomate, and recipient of the coveted Golden Retinoscope Award at U.C. Berkeley.

Dr. Walline emphasized that the Academy views optometry students as future leaders in the profession, and truly integrates them into their annual meeting. Students only pay $30 to cover membership for their entire student career, including residency. UC Berkeley’s chapter alone offers many educational panels and hands-on learning experiences to student members, but for those who wish to explore the Academy even further, annual meeting registration for students is only $50. The Academy provides travel fellowships and hotel rooms, and students have the opportunity to attend unlimited CE courses, visit over 250 exhibits, and meet some of the most brilliant optometrists in the world. The Academy even offers a Student Fellowship, which gives students an opportunity to fully explore what the meeting has to offer.

Dr. Walline encourages all optometry students to become Fellows of the AAO after graduation. The Academy’s motto emphasizes lifelong learning, and the annual meeting is truly a place for learning. For a few days every year, the latest research and technology fill a convention center, and professionals come from all over the world to share their knowledge and learn.

To learn more about joining the Academy and becoming a Fellow, visit their website at http://www.aaopt.org/. ■

AAO Meeting Photos

Captured by Charlie Ngo (Class of 2012)
A Word from the SAAO Student Liaison

By Linda Ly (III)

Thank you everyone for participating in the SAAO events this year! I would like to give a special thanks to all the board members for all the work they put into the events that strive to promote the art and science of vision care through lifelong learning.

At the national Academy Meeting in Phoenix, Arizona, the American Academy of Optometry continues with the Student Fellowship program. The program is a great way to learn about what the meeting has to offer and encourages students to discover the different modalities of learning through poster sessions, lectures, workshops, symposiums and much more. Those that become student fellows get:

- Registration waived for the next Academy meeting
- Waiver for application fee for Fellowship candidacy
- Student Fellow lapel pin

This year we had seven people from our school that became Student Fellows: Sasha Cross, Jennifer Ho, Jazzi Junge, Monica Liou, Andy Mu, Mimi Phan, and Truyet Tran.

SAAO had many successful events this year including the Residency Panel and the Treasure Hunt. I hope that students will continue to take advantage of these opportunities and continue to be active in SAAO by being members and participating in events or becoming more involved by becoming a part of the SAAO Board. Thanks again and I can’t wait to see what’s in store for next year!

The SAAO would like to congratulate the following Optometry Students who earned the distinction of Student Fellows of the SAAO at Academy Meeting 2012 in Phoenix:

- Sasha Cross (III)
- Jennifer Ho (IV)
- Jazzi Junge (III)
- Monica Liou (III)
- Andy Mu (IV)
- Mimi Phan (IV)
- Truyet Tran (III)

Cow Eye Dissection 2012

Captured by Linda Ly (III)

-3-
Faculty Spotlight: Solving Problems Like Maria

By Rebecca Lee (I)

Around Berkeley Optometry, Dr. Maria Liu is known to have quite a few academic degrees. The Beijing native practiced ophthalmology in China and served as a marketing manager for Alcon in China. She relocated to the United States in 2000 and applied to Pacific University College of Optometry. While waiting for her admission to the OD program, she obtained her MBA “because she was bored.” Her extensive work with myopia as an MD in China prompted her to study the epidemiology of myopia for her MPH degree and conduct research in myopia progression under Dr. Christine Wildsoet for her PhD degree. Last October, Dr. Liu became a Fellow of the American Academy of Optometry at the 2012 Academy Meeting in Phoenix. She accomplished all this before the age of 36.

Currently, Dr. Liu keeps herself busy as an optometry triple threat at UCBSO by seeing patients in the clinic, conducting research on myopia, and teaching Evidence-Based Optometry and Ocular Pharmacology. In her free time, Dr. Liu swims, plays tennis, and plays Xbox, particularly Halo. In Perspectives’ Rebecca Lee sat down with the newly inducted Fellow to discuss her multiple degrees, eye care in China, performing ocular surgery, and her fellowship.

RL: You’re an accomplished individual with many letters after your name, including MD, MPH, OD, MBA, and PhD. What motivates you to keep pursuing higher education?

ML: I grew up in a family where the parents have a very strong influence on their kids. I did what my parents wanted me to do without knowing what I wanted to do. It took me a while to actually get to know what I want to do. Serving patients is one of my highest priority. When I was working back in China as an MD, the medical practice in China focused more on ocular pathology treatment rather than improving the ultimate quality of life for the patient, so a lot of patients still have pretty bad vision after surgery, which can be corrected with specialty devices like custom-design contact lenses, but nobody is interested in doing that because it’s not surgical. I got frustrated in that kind of mindset and workflow, so that’s why I decided to come to US and pursue my OD training, which focuses a lot more on improving the quality of life of the patient.

In terms of PhD, I got exposed to research opportunities while I was doing my OD. I feel like as a practitioner we can actually contribute a lot more to vision science, vision research, by doing clinically relevant research, so that’s why I decided to come back for PhD training.

MPH is a slight side track from my PhD training. I’m interested in understanding myopia, which is a huge epidemiological problem, not only in China or East Asia, but a very critical problem worldwide. So understanding the public health impact of myopia itself, as well as how we can apply those general concepts into other conditions is really a great interest to me.

RL: Out of that group of academic degrees, your MBA seems to stand out. Is it true you got your MBA because you were bored?

ML: The year before I came to the US, I worked for Alcon China as a marketing manager. I enjoyed the business aspect of eye-related products or medical devices. After I came to US while I was waiting on the admission to optometry school, since I didn’t have work visa, I can only go to school or stay at home. I figured learning a little bit more about marketing, about financial management, getting myself cultured to [the] US is better use of time than sitting at home, doing nothing.

RL: Do you have any regrets having gone into ophthalmology in China?

ML: I don’t want to put it as “regrets.” I do miss doing surgery. Frankly speaking, before I started practicing optometry, I didn’t realize how limited the scope of practice of optometry, especially in certain states like California, where we have a pretty strong medical lobby that limits us, even the minor surgical procedures. So I do miss the surgery but I really enjoy helping patients in whichever way we can rather than just focusing on the ocular pathology side.

RL: Other than its primary concern with ocular pathology treatment, how else does eye care in China differ compared to the United States?

ML: The first difference is right now, eye care in China is considered a secondary or tertiary area, where the national insurance won’t cover most of the eye care procedures, including cataract. People are paying out of pocket for most of the eye care, either in medication or procedures. There’s no preventive care in China in the eye area. If you have a patient coming into the hospital with no complaint, just [wanting a] routine checkup, they will consider you out of your mind in China. For the general health, there was no concept of physical checkup in China probably 5-10 years ago. But now people are [starting to realize] the importance of routine check up. So I hope this is going to be a trend for the eye care, but it’s probably going to take a while because there’s no national subsidized coverage in this area.

The second difference is we don’t really have an official optometry education in China. We don’t have this profession. Optometrists in China are considered as refractionists. You’re responsible for getting the prescription for glasses, and the training in this area varies a lot. There’s no regulation requesting the licensure of who can prescribe glasses or contacts. You can get your glasses or contacts from street vendors. In a hospital setting if you’re an MD, because of the intense vigorous training, everybody wants to do surgery. That’s where the money is coming from. That’s how you get the respect from patients. You don’t get the same level of respect by prescribing glasses.

Very, very few ophthalmologists are aware of the full scope of optometry. People are still focusing on pathology treatment. But the major areas that are [absent] in China are specialty contact lenses, low vision, binocular vision. There’s very limited pre- and post-strabismus surgery, vision therapy, and measuring binocularity.

RL: There’s a lot of controversy regarding optometrists performing surgery or laser procedures. Coming from a medical background, do you think that...
optometrists should be able to perform surgical procedures?

ML: The medical professions are fully aware of our competence and capacities of doing those procedures. There's nothing too complicated about the procedures themselves. We're talking about Lasik or laser treatment for retinal problems. I think it's more of a competition for opportunities, competing for patients. They consider that once they release this kind of eligibility or privilege to optometrists, it's going to be very difficult to maintain their prestige, their high margins for service. So I don't think it's an issue of competence, more of a competition and business opportunities.

RL: Since you miss surgery, have you ever considered moving out of California to a state with a wider scope of practice, somewhere ODs can perform surgery?

ML: I do enjoy the diversity of my work here in Berkeley. I'm currently involved in clinical teaching, didactic teaching, as well as research, so I couldn't really find a nice place where it's a [prestigious] school, where obviously being a faculty here means a lot to me. Considering all the aspects together – the diversity, the climate, the job opportunity for my husband – I probably won't consider moving [somewhere else] just because they have a wider scope of practice.

RL: Which job at Berkeley do you like more: teacher, researcher, or clinician?

ML: I like all of them. It's really hard for me to choose which one is better than the other. During my PhD training, I actually taught multiple classes. First of all, I feel like staying in the animal facility the whole day, five days a week, 12 hours a day is really not how I see myself for the rest of my life, so I really enjoy the diversity, the combination for everything. You sometimes get inspiration from doing something else, and that helps – doing research helps with my teaching – teaching helps me generating certain ideas too. There is some sort of synergistic effect of all the different aspects of my job here. So I can't really say which one I like the best.

RL: How did you get started in research, specifically myopia control?

ML: Myopia has always been the area I'm most interested in because I've seen so many in refractive surgery. I saw a lot of high myopia and pathological myopia. Many of them with very serious retinal complications with permanent vision loss, and I fit a lot of ortho-K lenses in China starting from 1997. My empirical experience with ortho-K is that I know they have some effect in controlling the progression. But I'm always interested in understanding the fundamental mechanisms from systematic clinical trials, why they're working. In terms of research opportunities, I was very fortunate to get the first K12 grant from NIH, and I was actually the first K12 trainee at Berkeley. They paid your compensation at the equivalent of faculty level instead of a regular PhD student, so you get a very nice package without the financial burden of committing into long-term research, and you get a very nice support and you get to choose your mentors.

RL: Would you encourage all optometry students to go into research? Do you think that will benefit their clinical practice?

ML: I know research isn't for everyone. I hope everyone can do a little bit of research or be passionate about research, but I know some people came [to UCBSO] just to become a clinician, and I have no problem with that. In my mind research is really not about doing experiments. It's keeping a curious mind and always thinking about what we're doing, how we can improve what we're doing. So it's really the research mindset I like our students to carry rather than purely doing research or experiments. If you're not doing research, at least you can appreciate why certain research projects are done and how you can take advantage of that, applying new findings, discoveries, or innovative treatments to your practice.

RL: Let's talk about the most recent letters added to your name: FAAO. What does it mean to you to become a Fellow this year?

ML: The Academy has always been considered a recognition of your expertise, your involvement in academics or optometric teaching. Being a Fellow of AAO has always been one of my goals. You need to have a certain number of publications, and I applied right away. If I see this letter behind someone's name, I know they are intensely involved in either teaching or optometric research, so I just wanted to be one of them.

RL: What were the requirements?

ML: Advanced research training, either Master's or PhD, certain amount of publications, and then the oral exam.

RL: What was the oral exam like?

ML: It's very casual. For the technical part, we had four members of the committee and they mainly talked about my research projects, how that affects myopia control.

ML: It's very casual. For the technical part, we had four members of the committee and they mainly talked about my research projects, how that affects myopia control. We also talked about new findings, applying new findings to their practice, or innovative treatments to your practice.

ML: The Academy has always been considered a recognition of your expertise, your involvement in academics or optometric teaching. Being a Fellow of AAO has always been one of my goals. You need to have a certain number of publications, and I applied right away. If I see this letter behind someone's name, I know they are intensely involved in either teaching or optometric research, so I just wanted to be one of them.

ML: The oral exam was a very nice experience. I think it's more of a discussion rather than just testing you.

RL: You originally went into medicine because your parents told you to. If you do have kids, would you push them towards a certain direction for a career or would you let them choose?

ML: I know it's not the good thing to do, but I think I might put a lot of influence on my kids too. It's just a very subtle balance between giving them freedom, having them explore around versus finding the most efficient path for them so they won't regret wasting so much time in doing something less meaningful. I had a tough childhood, not much time playing around, spending most of the time studying and taking advanced courses. But I appreciate what my parents put me into. I saved one year in primary school, two years in middle school and high school, and I got into the primary school one year younger than most other kids, so I saved four years before going to college. That gave me four more years exploring around after I finished college – I worked for industry, I did my PhD, and I know I enjoy patient care. Maybe I want to do that to my kids, but they're probably not going to be happy about that.

ML: Let me tell you how I want myself to be, what kind of person I want other people
Optometric Residency Panel  
February 6, 2013

By Sarah Kochik  
(III)

An audience of 30 students in their first through third year came to learn, “everything there is to know about optometric residencies” from the experts – a panel of five UCBSO residents, former residents, and faculty. Residency director, Dr. Mika Moy, opened the talk with general information about the residencies available. Salaries range from $30,000 to $37,842 for the typical 40-hour workweek, and students often have the option to defer their loans during this time. There are 11 different types of residencies available: Family Practice Optometry, Primary Eye Care, Cornea and Contact Lenses, Geriatric Optometry, Pediatric Optometry, Low Vision Rehabilitation, Vision Therapy and Rehabilitation, Ocular Disease, Refractive and Ocular Surgery, Community Health Optometry, and Brain Injury Vision Rehabilitation.

• Why do a residency?  
Dr. Aung, who completed her contact lens residency at NECO before joining the UCBSO clinical instructors in Contact Lens Clinic, commented on the importance of being able to teach while completing her residency, since that was a primary motivator for doing a residency. This year’s low vision resident, Dr. Walsh, comments on the opportunity to spend a lot of time with patients and that her personality fits the environment at Berkeley. She also appreciates the opportunity to combine the assessment of patients’ functional vision with the ocular disease portion of her residency, and the continuing to work with current optometry students. Dr. Johnson didn’t feel that he had enough exposure to BV as a student, but he expects it to be a valuable part of his future practice and a residency is a way to gain more confidence with challenging patients. Dr. Kronberg adds that doing a residency puts you on a fast track to becoming a fellow.

• As a Berkeley student, should I consider a residency at Berkeley?  
As Dr. Moy predicted, the first question of the evening was to think. First I want people to like me, rather than “This is a very good researcher, but the personality is horrible.” I want to be someone who either colleagues or students can talk to if they have problems. So I want to be amicable and friendly. I hope they think of me as a funny person rather than a total nerd. That’s how people view scientists anyway. So hardworking, friendly, …I want people to think me as very logical and very passionate.

ML: My goal is to be a very good teacher and researcher at this point. No more degrees. The day I submitted my dissertation, my husband was joking, “The law school is right next to your building. Maybe you should go get a J.D.” No, no more degrees. I just want to be a very good teacher, and I want to help patients. I want to not only teach concepts or ideas, but also try to inspire our students and hopefully influence them on a more profound level.
was about the concern of doing a residency at the same school that you attend for optometry. Dr. Moy responded with the question, “why would you not consider going to the best school for your residency just because you went there for optometry school?” and conversely, why would Berkeley dissuade students that come from the best optometry school to attend their program? She even points out several advantages of choosing to do a residency at Berkeley. First, you know the current residents, what they do, and what will be expected of you when you’re in their shoes. Additionally, the faculty here knows you well and knows your skills. This can permit you to have more independence much more quickly. Other advantages: residents are considered graduate students, and therefore qualify for all the same benefits that we receive as optometry students here, including health insurance, discounted gym membership, library privileges etc. Additionally, because you are considered a student, you have the option to participate in further loan deferment, and the money you earn is considered a stipend rather than a salary.

- Can you work while you are a resident?
Most don’t because of the demands of being a resident – most work more than 40hrs per week, however, Dr. Aung worked part time at an office on Saturdays to supplement her income and the high cost of living in Boston

- What about Primary Care Residencies?
Many students ask why you would do a residency in primary care because after all, isn’t that what you’d be doing if you just went to work? In this case, it’s important to really do your research and find out what primary care entails at that site. Often if the residency doesn’t fit into a particular category, then they get termed primary care. For example, there are no anterior segment disease residencies. However, the PC resident at Tang is essentially an ocular disease resident, with an emphasis on anterior segment disease. If it’s unclear, e-mail the residency director for information and for contact information of current residents to find out more.

- What do you look for in residency candidates?
Dr. Moy says that it’s most important that residents have a natural curiosity and desire to learn. NBEO scores are not nearly as important as letters and interviews, because it’s so important that you are a good fit for the program and your mentor.

- When should you start the process?
When it comes to researching programs, all agree the earlier the better! It’s a good idea to ask for letters at the end of 3rd year before you leave for rotations. It’s good if you can have one letter writer from your area of interest, and another from one of your 4th year mentors who knows you well. Dr. Moy explains that optometry now uses ORMatch to match applicants with optometry residency positions. This is the same application that is used for most medical professions. This year, the deadline to apply was February 15th and residents and mentors found out their matches on March 11th. For those who didn’t match, they have exclusive access to a list of open residency positions, and they can apply for any open place. Post-match positions usually fill within days, so it’s a good idea to keep a packet of information ready to send out in the event that you don’t match one of your top choices.

Although there is a lot of conflicting information about the advantages of doing a residency, every panelist is very excited about his or her residency choice. A lot of doctors say that they wish they had chosen to do a residency, and not one of our panelists has ever encountered a resident who regrets having done one.

Visit opted.org, the ASCO website, for a complete list of all residencies. You can also visit http://natmatch.com/or-match for more information and to apply.

A Special Thanks to our Sponsors:

The SAAO would like to thank the following photographers and contributors, for whom this newsletter would not have been possible:

Ann Chang, Jazzi Junge, Sarah Kochik, Rebecca Lee, Linda Ly, Charlie Ngo, and Kevin Tam

Questions or comments? Email saao.inperspective@gmail.com.
Across
1. Excess eyelid skin
3. Abbreviation for the Latin phrase meaning "every bedtime"
5. Loss of accommodation with age
7. Rods and cones (plural)
8. The ___ is composed of the ciliary body, iris, and choroid.
11. Trade name of drug causing bull's eye maculopathy and whorl keratopathy
13. The opposite of miosis
14. Term used for blood in the anterior chamber
15. Thickest layer of the cornea
16. Clinical technique used to measure intraocular pressure
17. Dk/t
18. Ratio calculated by finding the difference between the near and distance phoria, dividing by accommodative demand, and adding pupillary distance

Down
2. ___’s sign is a skin lesion on the tip of the nose, indicating likely ophthalmic involvement from herpes.
4. Refractive error that is associated with short axial lengths
6. ___’s rule predicts what kind of color vision defects will result from diseases of the inner and outer retina.
7. Triangular fibrovascular tissue growth onto the cornea (similar to pinguecula)
9. Clinical technique used to visualize anterior chamber angle structures
10. Opacification of the crystalline lens that can have such associations as aging, diabetes, trauma, and toxicity
11. ___ retinopexy is a surgical means of repairing a retinal detachment which involves injecting a gas bubble into the eye.
12. Symbols that include a circle, square, heart, and house