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Introducing IO: Interprofessional Optometry

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Interprofessional Optometry

An Open Access Journal

Introducing IO: Interprofessional Optometry



Welcome to the first journal for interprofessional care specifically for optometry. Although this term has appeared in the literature for almost 35 years (Edlow and Edmonds, 1983), to our knowledge, this is the first interprofessional optometry journal to appear.

Interprofessional care is often confused with interdisciplinary care. Serial interdisciplinary care is currently the norm in the United States. At the hub is the PCP, who triages and makes referrals to secondary and tertiary specialists. The patient returns to the PCP when new problems arise – or old problems are unresolved.

Conversely, interprofessionalism puts the patient at the center. It is similar to interprofessional education. The National Center for Interprofessional Practice and Education uses the following definition for the latter: “two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centered health care.”

Clinically, interprofessional care can be interpreted as having the patient seen by more than one profession at the same visit. These professionals could then consult in a live, face-to-face fashion while the patient is still at this longer visit, in order to optimize coordination. For example, interprofessional diabetes care can include pharmacy, dental hygiene, OT, PT, PA, professional psychology, and optometry (Timpone, 2012).

At Marshall B. Ketchum University, they describe interprofessional clinical education with the following, very informative diagram, where the patient replaces the PCP at the center.



Patient-Centered Interprofessional Health Care

https://optometryadmissions.com/about_scco/interprofessional-education-at-mbku/

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This inaugural issue of Interprofessional Optometry includes three original contributions. Dr. Taub's manuscript concerning measuring contrast sensitivity with continuous text has implications for education as well as vision care. Dr. Besada explored OCT technology with effects of focal retinal nerve fiber loss—something only visible to eye care professionals—on pupillary function, a frequent triage point for primary care practitioners. Last but not least, Dr. Hussey has shared with us how flicker occlusion may be changing the way we treat amblyopia. Could this be an unusual (if not unprecedented) interprofessional collaboration between engineering and optometry?

Welcome to IO!

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