Military optometry: A survey of optometric practice

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Abstract
A survey was conducted of military optometrists; 471 surveys sent, 366 returned, and 5 undelivered, representing an overall response of 77.7 percent. Questions probed the scope of practice currently performed, and examined the professional and personal satisfaction of military life. The Army, Navy, and Air Force are the only branches of uniformed military service that commission optometrists. Graphs are presented comparing inter and intra comparisons of these three branches. The opportunity for personal comment was included in the survey. Some of these comments are presented.

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MILITARY OPTOMETRY
A SURVEY OF OPTOMETRIC PRACTICE

By

RONALD C. TUTT
LAWRENCE I. HITTLE

A thesis submitted to the faculty of the
College of Optometry
Pacific University
Forest Grove, Oregon
for the degree of
Doctor of Optometry
May, 1988

Adviser: Dr. A. Richard Reinke
BIOGRAPHY OF AUTHORS

Ronald C. Tutt:

Awarded Associate of Science (May, 1977) and Bachelor of Science (December, 1977) in Nuclear Medicine Technology from the University of Nebraska - Medical Center in Omaha, Nebraska. Will Receive Doctor of Optometry (May, 1988) from Pacific University College of Optometry.

Accepted commission in United States Air Force. Will spend initial tour as an optometrist at Randolf Air Force Base in San Antonio, Texas.

Lawrence I. Hittle:

Undergraduate studies completed at Saint Cloud State University, Saint Cloud, Minnesota. Transferred to Pacific University College of Optometry, Forest Grove, Oregon. Received Bachelor of Visual Science and will receive a Doctor of Optometry Degree.

Accepted commission in the United States Air Force. Will serve initial tour at Bolling Air Force Base, Washington, DC.
ABSTRACT

A survey was conducted of military optometrists; 471 surveys sent, 366 returned, and 5 undelivered, representing an overall response of 77.7 percent. Questions probed the scope of practice currently performed, and examined the professional and personal satisfaction of military life. The Army, Navy, and Air Force are the only branches of uniformed military service that commission optometrists. Graphs are presented comparing inter and intra comparisons of these three branches. The opportunity for personal comment was included in the survey. Some of these comments are presented.

INTRODUCTION

Today's graduating optometry students have available to them a variety of practice opportunities. This study of military optometry hopefully will provide information in one of these areas.

We found little objective information available to evaluate the various branches. Particularly, comparing each branch. This survey's intent was to gain an uncensored view into opinions of the military optometrists. We feel the responses obtained were representative of the current morale and views in each branch of service. The goal of the thesis was to gather information and present it in such a manner that graduates interested in the military can readily determine if the armed forces is an option for them.

Overall, our response was very good with 77.7 percent returned. We heard from 90 percent of the Army optometrists, 78 percent of the Air Force optometrists and 68 percent of the Navy optometrists. A current roster provided by each branch helped reduce the number of letters that were unable to be delivered (1 percent of surveys sent). It should be noted that the information presented is based on returned responses. It may not represent military optometry as a whole.

The data obtained from the three page survey was compiled and is presented on the following pages. A copy of the survey can be found in the appendix of this paper.

(¥) A Survey of the Optometric Practice in the Armed Force Thesis; Colby, David P. and Schlafiman, Rick J. Pacific University College of Optometry February 1980
Authors:
Ronald C. Tutt:
Lawrence I. Hittle:

Thesis Advisor:
Dr. A. Richard Reinke:

Acknowledgments

We would like to thank Dr. A. Richard Reinke for his counsel and guidance through the completion in this project. We also wish to thank those who took the time to respond to our survey.

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METHODS

A survey letter was constructed to request information regarding personal background, scope and mode of practice, personal and professional relationships with respect to satisfaction in military life. A copy of this form is located in the appendix.

We asked basic questions regarding background of each individual, progressing to information about the scope of practice and ended with inquiries about personal views of military life. We included a question about spouse and family satisfaction because we felt this aspect may be a reflection of the overall satisfaction of the optometrist toward the military.

Listings of military optometrists and their current locations was obtained from each respective branch. There were 471 letters sent (136 Army, 197 Air Force, 133 Navy) and 366 letters returned (122 Army, 154 Air Force, 90 Navy). This represented a response from the Army, Air Force, and Navy of 90 percent, 78 percent, and 68 percent respectively. Five letters were not able to be delivered, 1 percent.

Efforts were made to insure each respondent would have anonymity, allowing them to answer as honestly as possible. We also provided space for additional comments on almost every question. Hopefully, this would allow each person to further express their feelings accurately. These additional comments are found beginning on page 25.
RESULTS

(1) Branch of Service:

Response overall to the survey was 77.7%. Of the 471 letters sent (136 Army, 197 Air Force, 133 Navy), 366 letters were returned (122 Army, 154 Air Force, 90 Navy). This represented a response from the Army, Air Force, and Navy of 90%, 78%, and 68% respectively. Only five letters were unable to be delivered (1%).

(2) Current Rank:

Distribution of Rank per Branch

<table>
<thead>
<tr>
<th>rank</th>
<th>Army</th>
<th>Air Force</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1</td>
<td>2nd Lieutenant</td>
<td>2nd Lieutenant</td>
<td>Ensign</td>
</tr>
<tr>
<td>O2</td>
<td>1st Lieutenant</td>
<td>1st Lieutenant</td>
<td>Lieutenant Junior Grade</td>
</tr>
<tr>
<td>O3</td>
<td>Captain</td>
<td>Captain</td>
<td>Lieutenant</td>
</tr>
<tr>
<td>O4</td>
<td>Major</td>
<td>Major</td>
<td>Lieutenant Commander</td>
</tr>
<tr>
<td>O5</td>
<td>Lieutenant Colonel</td>
<td>Lieutenant Colonel</td>
<td>Commander</td>
</tr>
<tr>
<td>O6</td>
<td>Colonel</td>
<td>Colonel</td>
<td>Captain</td>
</tr>
</tbody>
</table>

Page 6
The results graphed represent the distribution of the respondents not the rank structure of each branch. As listed in the above table, officer rank ranges from O1 to O6. There are four ranks higher than O6 (General/Admiral ratings). Since we received no replies from a rank higher than O6 we did not include these ranks in the table. All branches commission optometrists starting at rank O3, except the Air Force currently commissions optometry graduates as O2's if they did not have a four year undergraduate degree prior to optometry school.

Generally, there is a uniform step-like decrease in the rank distribution from O3 to O6, corresponding with decreasing number of slots available in higher ranks. This was noted by our survey in all branches except the Army, which shows an almost equal distribution between O4's and O5's. These findings may not reflect the true distribution of rank since not all optometrists contacted responded to our survey.

(3) **Years in Service**:

![Average Number of Years in Service](image)

All new graduates enter the military as O3's, except as noted above regarding the Air Force. Some respondents did not indicate how much service time was accumulated by prior enlistments and/or prior commissions. The table below lists further information:

<table>
<thead>
<tr>
<th>Years in Service</th>
<th>Army</th>
<th>Air Force</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2</td>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>O3</td>
<td>14.00</td>
<td>4.80</td>
<td>0.50</td>
</tr>
<tr>
<td>O4</td>
<td>21.00</td>
<td>12.70</td>
<td>3.00</td>
</tr>
<tr>
<td>O5</td>
<td>27.00</td>
<td>19.50</td>
<td>15.00</td>
</tr>
<tr>
<td>O6</td>
<td>27.00</td>
<td>25.00</td>
<td>23.00</td>
</tr>
</tbody>
</table>
(4a) School of Optometry Attended:

The colleges contributing the greatest number of optometrists to the Armed Forces are SCO with 16.94%, PCO with 13.61%, and PUCO with 12.50%. Contributing the fewest are UAB with 3.06%, FSCO with 2.78% and SUNY with 1.11%.

(4b) Graduation Year:
A peak was demonstrated in 1983. This may be due to many factors, one of which may be the last of the graduates making use of the HPSP (health profession scholarship program, all branches terminated entry into this program by 1979), and that this group is nearing the end of their initial tour obligations. If a repeat survey would be done a year later one might expect the 1983 peak to drop and follow the general trend as this group ends their obligation.

(5) Did You Practice as a Civilian?

The survey showed overall 25.1% of the respondents had experience in civilian practices. Some worked prior to service. Others left the military to work in civilian practices and then returned to the service. As the following graph demonstrates, most practiced in a private setting. Some of the respondents indicated they had worked in two or more of these settings. We determined that 84.2% of these respondents indicated they were satisfied with military service.

The above table shows the distribution of civilian experience prior to service. The majority of respondents had worked in private settings.
(6) Are You on an Initial Obligation Tour?

As demonstrated in the graph above, responses indicated that the Air Force and the Navy contain relatively the same percent of personnel on initial tour. The Army shows approximately 10% more personnel on initial tour.

(7) Are You Planning To Leave, Extend, or Retire?
(7a) What are the Plans of Those still on their First Tour of Duty?

This graph represents only those on their first tour of duty. Some respondents indicated plans to "retire", these were included with plans to extend. Of those responding with plans to leave, the Army shows greater than 64% (23% higher than the Navy and 41% higher than the Air Force). Of those responding with plans to extend, the Air Force shows the highest with 48% (22% higher than the Army and 24% higher than the Navy). Of those responding undecided, the Navy reported 34%, the Air Force 29%, and the Army 9%.
What are the Plans of Those Who Extended Beyond the Initial Tour?

This graph demonstrates that in all branches the respondents planning to retire are approximately the same. The Navy showed a high percentage (62.3%) wanting to extend. In the Army and the Air Force, majority was split between extending and undecided. The Army leaned more toward extension (47.8%), while the Air Force more toward undecided (52.0%). This is markedly changed from those on their initial tour.

What Professional Associations Do You Belong to?

The main associations mentioned were AFOS (Armed Forces Optometric Society), AOA (American Optometric Association), AAO (American Academy of Optometry), and OEP (Optometric Extension Program). Other associations mentioned were various state associations, AMSUS (Association of Military Surgeons of the United States), Aerospace Medical Association, APHA (American Public Health Association), ARVO (Association for Research in Vision and Ophthalmology).
Do You Attend Optometric Conventions and Continuing Education?

Almost all respondents indicated they attend conventions once or twice a year. Many stated that they mainly attended military seminars. The number of conventions each attended depended on available funds and convention locations.

Have/ Are You Taking Advantage of Military Education Benefits?

This graph shows the Army having the largest group of HPSP (Health Profession Scholarship Program) users. All branches reported similar use of in service education, encompassing military conventions to service sponsored graduate programs. There are few after service benefits for education purposes, this is demonstrated in the last portion of the graph.
Responses indicated that the Army and the Air Force places the majority of
their personnel in hospital clinic settings, while the Navy has about equal amounts
in hospital clinics and free standing clinics. All branches have a small number of
optometrists who rotate routinely between hospital clinics and free standing
clinics. Researchers are about equal in all branches. The "other" category is made
up mostly of optometrists in administrative positions.

(12) Do You Practice:

In this graph, all branches appear to have similar distributions. It should be
noted the categories in each branch seem to account for more than 100% of the
personnel. This is due to representation presented. The respondents who
indicated working "alone" were separated from those who did not. In the
remaining categories we did not separate those who worked in a single category
from those who worked in two or more. For example, one may work with another
optometrist and/or an ophthalmologist and/or assistants.
(13) Do You Feel You Have a Good Working Relationship with:

<table>
<thead>
<tr>
<th></th>
<th>Army</th>
<th>Air Force</th>
<th>Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.P.</td>
<td>97.8</td>
<td>98</td>
<td>96.6</td>
</tr>
<tr>
<td>Ophthal.</td>
<td>92.6</td>
<td>94.2</td>
<td>87.1</td>
</tr>
<tr>
<td>Higher O.D.</td>
<td>98.7</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

"Yes" Responses

All branches indicated the majority have good relationships with the general medicine practitioners they work with; ophthalmology is slightly lower. Comments indicated some conflicts were the result of inter "eye care practitioner" concept of duty. Nearly all indicated satisfaction with their ranking optometrist.

(14) Please Check Services Offered at Your Current Practice:

(14a) Services Provided during "Normal Duty" Hours:

Scope of Practice "ON DUTY"

The above graph represents percent of respondents that perform listed services, not the amount of time spent performing them. Refractions are performed by more than 90% of the optometrists in all branches. Contact lens are fit by approximately 80% of the optometrists in all branches, however, comments indicated contact lens fitting makes up for a small amount of work performed. Not displayed on the graph are services involving pathology diagnosis and treatment. Please refer to "comments" at the end of this thesis regarding scope provided.
Comments indicated that use of military facilities during off duty hours was restricted and that some optometrists were not able to practice during off duty hours at civilian practices due to regulations and/or lack of opportunities. However, those who did work used this time to maintain skill levels in areas not utilized during the course of their normal duty. This is reflected in "zero" number of responses to time spent doing refractions.

**15 How Many Patients Do You See During an Average: Day, Week**

The number of patients seen varied with the type of duty station and the type of patient. Training bases typically saw the most patients. Hospital clinics are usually scheduled and controlled. Comments indicated time spent on each patient was similar and ancillary help was used extensively to deal with the high volume of patients. Comments also indicated that some optometrists felt patient care was not compromised however, many felt they were pushed for "quantity" not for "quality".

Page 15
(15b) How Many Patients Seen (per Week)?

This graph was included to show the average number of patients seen per week as reported. Some respondents indicated they worked more than 40 hours per week. So simple multiplication of patients per day was deemed inappropriate.

(16) What Patient Population Do You Serve?

This patient distribution shows the Air Force having a more equal distribution of population. The Army and the Navy optometrists see more active duty, with the Navy demonstrating the highest percentage. These percentages will fluctuate as the O.D. to patient ratio increases or decreases. To fully interpret this data, the ratio of optometrists to potential patients would be needed for each branch. This ratio, unfortunately, was not gathered in this survey. The primary responsibility of care is always in favor of active duty. Dependents and retired are seen on a "slot available" basis.
(17) Do You Have Extra Duties?

Samples of "Extra Duties" were given by our respondents. Overall, the Army responded with 78.3 percent saying "yes", the Air Force with 46.1 percent and the Navy at 52.1 percent. This responses can be examined in the comments section (page 25). Responses to this question indicated for most, time spent on "extra duty" detracted from their service experience. Some however, felt it was good to have other areas to expand their responsibilities and their knowledge. As one response stated, extra duties should be looked upon as "adding interest to your work life".

(18) Do You Have Personal Time Off During the Week?

This question resulted in a wide range of responses. The meaning of "personal time off" ranged from an afternoon off occasionally to anything other than normal duty time. The graph represents those who indicated time available during the normal work week. Many responded they could have personal time as needed provided they gave adequate notice. For examples, see "additional comments", page 25.
(19) Do You Work Off Base With Civilian Optometrists?

The low percentages on this graph reflects the earlier graph of "off duty" services provided (14b, page 15). Few work off base. Comments indicated that some were restricted from working off base by, regulations, ranking officers, local optometrist, or by choice. Contact lens lead the list of off base experiences that were sought.

(20) Do You Feel Treated as Professional by Colleagues and Enlisted?

This graph reflects that most military optometrists felt they were viewed as professionals. Most commented that the respect was earned, just as it is in civilian life. Some comments stated the respect (professional treatment) was due to the rank of military optometrists.
(21) If Married, Is Your Spouse/Family Satisfied with the Military?

Overall, most families were content with military life. Some of the comments stated dissatisfaction with moving and the medical care provided to dependants. Others listed the security, time for family, medical care and the moving as assets.

(22) Is the Military Optometry Program What You Expected?

Most military optometrists felt their expectations were accurate. Some commented it was better than expected, while others felt it was worse. Many suggested to those looking toward entering the service that they should thoroughly investigate each branch and military life in general prior to signing up. Suggestions included visiting the base and/or talking to military officers. Most respondents indicated they would happily discuss the military benefits and drawbacks with anyone want to find out more.
(23) Are You Satisfied with the Military?

Most who are in the military are satisfied. Although many commented they enjoyed their service time, they often included "except for the promotion potential and the relatively low income", compared to civilian practice.

(24) Would You Encourage Other O.D.'s to Join?

Most did not want to use the word "encourage", rather they preferred to support a person's choice to join. But, in terms of the question, most would "encourage" others to join, particularly for the initial three year tour. The experience gained was cited as the influential factor.

(25) Any Further Comments?

These comments can be found starting on page 25.
SUMMARY

The foundation of this survey is based on the responses from the survey. Since we did not attain 100 percent response from all branches nor equal response from each, the results from this survey should be viewed in perspective. The percentages presented, represent only those who returned the survey. This cannot be strictly extrapolated to the entire military optometric program. The remaining personnel could alter the results derived. This survey produced a high return rate from the Army with 90 percent, a moderate return from the Air Force with 78 percent, and a somewhat low return from the Navy with 68 percent. Of these there is a good distribution of rank which is similar across all branches except for the Army, the number of O4's was lower than represented by the Air Force and Navy respondents. For the purpose of this survey and the resulting presentation, it was assumed that a representative sample was attained.

Average years in service for each rank is very close between branches for the O3 and O4 level. At the O5 level, each branch tends to split with the Army showing the highest average years in service, the Air Force next and the Navy showing the lowest average. Moving to the O6 level this difference increases.

Of the colleges contributing optometrists to the military, Southern College of Optometry, Pennsylvania College of Optometry, Illinois College of Optometry and Pacific University College of Optometry account for more than 50 percent. State University of New York, Ferris State College of Optometry, University of Alabama, and University of California - Berkeley account for only about 10 percent of the military optometrists.

As with any business, there are only a few higher positions available in the military. This will certainly limit the number of promotions available and to complicate this further, optometrists not only compete with each other but also with other health care professionals and administrators. In the Air Force, competition is more limited than the other two, due to the separation of medical practitioners from administrators. In Army and Navy, optometrists are part of Medical Science Corps, which includes 21 other service provider.

About 25 percent of the respondents have worked in civilian practices. Of those 70 percent or more in each branch had worked in a private setting.
Future plans of those respondents on initial tour and of those beyond differed considerably. Of the respondents on initial tour, the Army revealed the highest percent planning to leave the service (64%), the Navy was second highest (41%). The Air Force respondents were primarily planning to extend (48%). Looking at those beyond the initial tour, the Navy and the Army showed the highest percentage planning to extend (62% and 48% respectively). The Air Force were mostly undecided about their future plans (52%).

The AFOS organization draws about 82 percent of the respondents, followed by AOA at 67 percent. Various other organization were mentioned, but the percent membership by each branch was very low.

Almost all respondents routinely had continuing education. they attended conventions, seminars or both. Many met their continuing education requirements by use of military conventions. Military education was utilized by 40 percent of the respondents. Few reported plans to use military benefits after service (there are not many programs available after service).

Approximately 60 percent of optometrists work in hospital settings. Another third were placed in clinics. There were only a few who routinely rotated between hospital and clinic settings.

Multi-optometrists settings were the most common mode of practice in all branches (68%). Over one third routinely worked with ophthalmology and/or technicians. On the average, 91 percent or more of the respondents reported good relationships with the medical physicians and ranking O.D.'s they worked with. They also indicated they felt they were viewed as professional by those they treated.

The scope of practice in the military revealed 91 percent or more of the respondents performed refractions, 77 percent dealt with contact lens. An area of practice not adequately surveyed was in regard to primary care. Primary care encompasses the diagnosis and treatment of ocular diseases as well as general optometric care. The comments quickly brought our attention to the scope of primary care provided. This varied with the duty station. But for most, full scope optometry is alive and well in the military.

Off duty services were performed by only a small percentage of respondents. Those who were able to arrange this experience apparently used it to maintain skills not routinely utilized in the normal course of duty, primarily contact lens.
All branches saw approximately the same amount of patients in a day. The range was the widest in the Army. Over a week's period, the scale tipped toward the Air Force. The Air Force showed about 10 patients lead over the other two branches.

The Air Force patients are all served about equal. The Army and Navy see a larger percentage of active duty personnel.

Overall, extra duties were common, and expected in all branches. The Navy lead with 90 percent of their optometrists performing extra duties. The Air Force respondents reported 46 percent of them had extra duties.

Personal time off was a difficult question to answer. Responses ranged from an occasional afternoon off to any time beyond duty. Overall, 38 percent reported they had time off from routine duty for personal needs. This was affected by the optometrist's duty station and the number of optometrists available.

Overall, spouses and families were satisfied with military offerings (65%). The Air Force had a slight lead with 78 percent satisfaction. The Navy dependents were least satisfied with 52 percent. The Army responded near the mean at 64.8%.

Most respondents (81%) knew what to expect in the military. A few indicated they were surprised to find life better than expected and some reported their expectations were unfulfilled. Overall, most respondents (81%) were satisfied with the military and would recommend it to others; few wanted to use the word "encourage", see comments.

This survey shows that all branches of service have about the same benefits and drawbacks. The Air Force seems to have a better overall satisfaction among the optometrists who responded. The reason for this was not evaluated by this survey. Suggestions were made by the comments received. Some reported that optometric life was better due to the separation of optometry from Medical Service Corps (MSC) into the Biomedical Science Corps (BSC). Also mentioned was that the Air Force is not as "short staffed" as the other branches. This is reflected in the patients each branch serves. The Army and Navy report a higher percentage of time spent on active duty patients. This may be due to less time available for "non essential" personnel. Perhaps this may be due to the cyclic nature of a business like the military. A survey only views one slice of time. This would be a good area for further research.
The final interpretation remains with the individual who wants to apply to the service. He/she must investigate on their own and make their own choice. Each branch has its own benefits and drawbacks. Our recommendation to those who read this survey as a starting point is to contact the recruiters of each branch and from them contact the military optometrists. Visit a base and learn as much as possible. Then decide what you want in your new career. Perhaps, the military offers you a good choice. As the commercials state: "It's a good place to start".

### SUMMARY TABLE

<table>
<thead>
<tr>
<th>Question</th>
<th>Army Response</th>
<th>Air Force Response</th>
<th>Navy Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans after initial tour (leave)</td>
<td>64.15 %</td>
<td>23.08 %</td>
<td>41.38 %</td>
</tr>
<tr>
<td>Plans after initial tour (extend)</td>
<td>26.42 %</td>
<td>48.08 %</td>
<td>24.13 %</td>
</tr>
<tr>
<td>Plans of those not in initial tour (leave)</td>
<td>7.30 %</td>
<td>6.80 %</td>
<td>13.10 %</td>
</tr>
<tr>
<td>Plans of those not in initial tour (extend)</td>
<td>47.80 %</td>
<td>32.40 %</td>
<td>62.30 %</td>
</tr>
<tr>
<td>Continuing Education/Conventions attended</td>
<td>97.50 %</td>
<td>97.40 %</td>
<td>96.70 %</td>
</tr>
<tr>
<td>Working relationships (General Practitioner)</td>
<td>97.80 %</td>
<td>98.00 %</td>
<td>96.60 %</td>
</tr>
<tr>
<td>Working relationships (Ophthalmologist)</td>
<td>92.60 %</td>
<td>94.20 %</td>
<td>87.10 %</td>
</tr>
<tr>
<td>Working relationships (higher rank O.D.)</td>
<td>98.70 %</td>
<td>100.00 %</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Patients seen per day (average)</td>
<td>16</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Patient Population (active duty)</td>
<td>42.92 %</td>
<td>36.63 %</td>
<td>52.06 %</td>
</tr>
<tr>
<td>Patient Population (dependants)</td>
<td>29.53 %</td>
<td>31.40 %</td>
<td>22.50 %</td>
</tr>
<tr>
<td>Patient Population (retired)</td>
<td>27.55 %</td>
<td>31.97 %</td>
<td>25.44 %</td>
</tr>
<tr>
<td>Extra Duties overall (those responding &quot;yes&quot;)</td>
<td>78.30 %</td>
<td>46.10 %</td>
<td>90.00 %</td>
</tr>
<tr>
<td>Working off base (those responding &quot;yes&quot;)</td>
<td>12.50 %</td>
<td>7.10 %</td>
<td>6.67 %</td>
</tr>
<tr>
<td>Viewed as professional by cohorts</td>
<td>95.10 %</td>
<td>98.70 %</td>
<td>96.70 %</td>
</tr>
<tr>
<td>Spouse/Family satisfaction (those responding &quot;yes&quot;)</td>
<td>64.80 %</td>
<td>73.40 %</td>
<td>52.20 %</td>
</tr>
<tr>
<td>Military as expected (those responding &quot;yes&quot;)</td>
<td>76.70 %</td>
<td>87.70 %</td>
<td>78.90 %</td>
</tr>
<tr>
<td>Satisfied with military (those responding &quot;yes&quot;)</td>
<td>71.70 %</td>
<td>91.60 %</td>
<td>77.80 %</td>
</tr>
<tr>
<td>Encourage others to join (those responding &quot;yes&quot;)</td>
<td>66.70 %</td>
<td>83.10 %</td>
<td>63.30 %</td>
</tr>
</tbody>
</table>
MISCELLANEOUS COMMENTS

Please Note: All the following comments are reproduced verbatim from those received in our survey. They are presented so that the reader may gain further insight. These comments reflect the opinions of the respondents only. Opinions listed may not reflect those of the military optometrists nor the military medical service corps as a whole.

#7 Are You Planning to Leave, Extend, or Retire?

My loan obligations are such that they will require a larger income to repay. The Air Force pay is not bad right out of school, however. (Air Force Captain)

Extend, unless I get a remarkable offer from the civilian section. (Army Captain)

#9 Do You Attend Optometric Conventions / Continuing Education?

It's difficult to go more often than annually (Air Force Captain)

Have never had problem getting time off and funding. (Air Force Captain)

Sent to Pennsylvania Therapeutic Course, Plan to take Pacific University College of Optometry Master of Science in Management Course. (Air Force Major)

Depends on availability of funds. (Air Force Captain)

Air Force requires 35 hours continuing health education annually of which 15 hours must be Category I. (Air Force Lieutenant Colonel)

#10 Have/ Are You taking Advantage of Military Education Benefits?

Enlisted G.I. Bill used to attend college. (Air Force 1st Lieutenant)

Master of Science in Physiological Optics from University of Houston College of Optometry. (Navy Lieutenant Commander)

I will soon start a Ph.D. program in Physiological Optics sponsored by the Air Force. (Air Force Captain)

Pennsylvania College of Optometry ocular therapy course. (Air Force Captain)

#13 Do You Have Good Working Relationship with G.P., Ophthalmologist, and Ranking O.D.?

Receive referrals from primary care frequently.(Air Force Captain)

There is a definite break or division between medical physician & O.D. in service, But work well together. (Navy Lieutenant Commander)

Ophthalmology maintains a condescending attitude toward optometry, we are definitely considered as nothing more than "over trained" technicians. (Navy Lieutenant Commander)

No money competition to create rift between O.D.'s and medical physicians. (mutual respect). (Army Captain)

One of the "strong" points for military optometry. (Army Captain)
#14 Other Services Provided at Your Current Practice?

We treat pathology when the ophthalmologist is not here. (Navy Lieutenant)

Treatment of anterior segment diseases. (conjunctivitis, corneal abrasions, iritis, contact lens complications, etc.). (Army Captain)

I am called into the hospital for ocular emergencies in absence and/or in conjunction with ophthalmologist. (Navy Lieutenant)

All red eyes, emergency eye problems, glaucoma care, etc. (Navy Lieutenant)

Red eyes, foreign body removals. (Air Force Captain)

I assume "General Refractions" means general optometric care, including as dilated fundus exams; treating external eye diseases, diagnosing eye disease, managing ocular effects of systemic disease and medications for non-ophthalmological physicians. (Air Force Captain)

Screenings for flight surgeons physicals, night vision goggle exam for pilots. (Air Force Captain)

#17 Do You Have Extra Duties?

Extra duties depend on ambitions, desire for involvement. Facilities vary widely; at my facility extra duties are limited. (Air Force Captain)

Library officer, equipment custodian. (Air Force Captain)

Only occasional exercises. (Air Force 1st Lieutenant)

Committee chairman for quality assurance. (Air Force Major)

In an overseas assignment, additional duties are expected. (Air Force Captain)

Command duty officer, team leader - CMD training team, aerospace advisory board, controlled medicines inventories, formal survey board. (Navy Lieutenant Commander)

Officer of the day. (24 hour, on board watch). (Navy Lieutenant)

Officer of the day 1 time per month. (Navy Lieutenant)

Officer of the day 3 times per month. (Army Captain)

Too many! A dozen at last count. (Navy Lieutenant Commander)

Staff duty officer, tax officer, drug and alcohol abuse officer. (Army Captain)

Administrative watch officer, serve on a couple of committees/boards. (Navy Lieutenant)

Watch, optometry division inservice training officer. (Navy Lieutenant)

Administrative watch officer one day/week after working hours. It is a phone watch. (must be able to be reached by phone). (Navy Lieutenant)

We could consider these things as adding interest to our work life. (Navy Lieutenant)

Key custodian, crime prevention officer, monthly AOD. (Army Captain)

I do not object to this duty; I have grown from the experience. (Army Captain)

Totally useless and irrelevant. (Army Captain)

AOD, Financial affairs officer, physical training officer, security officer, energy conservation officer, mail control officer, income tax officer, etc. etc. (Army Captain)
#18 Do You Have Any Personal Time Off During the Week?
For a year we each took one afternoon off every two weeks - stopped by new chief administrator. (Air Force Captain)
If special circumstances arise. (Air Force 1st Lieutenant)
After 4:30 pm. (Air Force Major)
I assume lunch and off duty hours are considered "personal time off during the week". (Air Force Captain)
Work a minimum of 44 hours. There is no personal time off during normal working hours. Some time is used for collateral duties. Liberty can be requested. (Navy Lieutenant Commander)
One half day every other week. (Navy Lieutenant Commander)
Free time from 1700 to 0700, usually. (Navy Lieutenant Commander)
Clinical hours 0730 - 1630 Monday through Friday. (Navy Lieutenant)
Two hours per week for administrative activities. (Army Captain)
One afternoon a week while the clinic is cleaned. (Navy Lieutenant)
I can take personal time- I do not routinely schedule a day or afternoon, etc. "off". (Army Captain)
One day per month is a "down day" if we have met our quota of seeing 1000 patients per month between the three optometrists. Also, 30 days leave per year and government holidays. (Air Force Captain)
Starting January 1987- we will be working four 10 hour days per week with Friday off. (Air Force Captain)

#19 Do You Work Off Base with Civilian Optometrists?
Contact Lens, moonlight to maintain contact lens skills. (Navy Lieutenant)
Too burnt out to seek additional employment. (Navy Lieutenant Commander)
Now getting flack from civilian optometrists in community for military optometrists moonlighting. (Army Captain)

#20 Do You Feel Treated as a Professional?
I am often consulted by other medical physicians. Optometrists at our facility are on-call for ocular emergencies. (Air Force Captain)
Much depends on attitude held by you. If you're a wimp, you're treated as such. (Air Force Captain)
My experience is that you are treated as well as your behavior warrants. (Navy Lieutenant)
By colleagues and enlisted, but not by medical physicians nor health care administrators. (Navy Lieutenant Commander)
Initially - people look at ophthalmology as the only eye care providers. It took approximately seven months to prove otherwise. Now I am treated like any other health care provider. (Navy Lieutenant)
Some medical physicians won't give you the time of day, but that's their individual personality and ego. (Air Force Captain)

You must practice professionally if you expect to be treated professionally. (Air Force Captain)

#21 Is Your Spouse/Family Satisfied with the Military?

Recently moved on base. Spouse is very happy with military life style. (Air Force Captain)
She wants to get out. (Navy Lieutenant)

The Navy and other branches of military do not really take care of it's people. I do not use military medicine for myself or children - we go to civilian doctors. The quality is poor - speaking from experience! The commissary, post exchange and gas station do not offer any special saving. (Navy Lieutenant Commander)

My spouse is very satisfied with my career in the Navy, but is concerned about how future moves will impact on both of our careers and our ability to work in the same area. (Navy Lieutenant)

Somewhat dissatisfied with the erosion on health care benefits for dependents. (Navy Lieutenant)

Military wives are perhaps more closely-knit than their civilian counterparts. It also seems that a military wife can become extremely involved in her husband's branch of the service, or treat it just as any other job her husband might have. Overall, the people seem very friendly, helpful, and (Navy Lieutenant's wife)

Both wife and children enjoy military life style, especially the travel opportunities. (Air Force Lieutenant Colonel)

My wife enjoys the military life and enjoys the fact that I work five days per week, eight hours per day, home on holidays and weekends, but does not think she would enjoy a career of it. (Air Force Captain)

They enjoy opportunity to experience variety of life styles and cultures. Children's education is broader with far more international perspective. The 30 days leave per year allows for plenty of quality family time. (Air Force Major)

Hates it!! (Army Captain)

Is difficult for spouse to have a career because of moving so often. (Army Captain)

Enjoy the friendly life style and community the Air Force offers. Enjoy traveling around Far East. (Air Force Captain)

Many uncertainties constantly worry the wife, for examples, threat to reduce officer corps strength, uncertainties of promotions, automatic separation from service after failing to be promoted on two boards. (Air Force Major)

"Satisfaction" depends on how much you put into military life style. Many opportunities for spouse and family to "get involved" if taken advantage of. (Air Force Captain)

There is a push to get out and settle in one area. (Air Force Captain)
Great learning experience. You should be able to handle any situation when you get out. (Air Force Captain)

The base I am stationed at is one of the busiest, so our schedule here allows only 20-25 minutes per patient, which is less time than what I expected. It's hard to find time to dilate everyone that needs it without rescheduling them. (Air Force Captain)

It is much better than I expected. The equipment is better than I expected. There is more freedom than I expected (to practice as seen fit). (Air Force Major)

Allows optometry to be full scope in care provided. Very little time for vision training and low vision, but pathology experience is unparalleled. (Air Force Captain)

It is frustrating sometimes when children need vision training. I can't help them and CHAMPUS doesn't cover vision training so the children are often not helped at all, if parents are unwilling to pay for it themselves. (Air Force Captain)

Having realistic and preset expectations about military life highly enhances the military experience and allows one to be satisfied with their decision once initial commitment is over. (Air Force Captain)

The working relationships with the physicians is better than I anticipated. However, the working relationships with health care administrators is much worse. (Navy Lieutenant Commander)

Optometrists are still looked at as a technician. Even though we are officers, we are not treated as equals, not even equal to the dentist. (Navy Lieutenant)

Getting promoted is not a fair proposition. The navy compares clinician with administrators, apples to oranges. I'm one of the most conscientious practitioners, yet I was passed over for promotion even though there's a shortage of optometrist at present. (Navy Lieutenant)

Increasingly we are expected to provide less optometric care and provide fewer services in order that administrative requirements can be satisfied. (Navy Lieutenant Commander)

Yes: good basic clinic experience, decent pay, good benefits. No: officer of the day duty, for example, hospital administrator after hours. (Navy Lieutenant)

Optometry in the military is ranged from purely refractionist to junior ophthalmologist, depending on the commanding officer and duty station. (Navy Lieutenant)

More than I expected because the working relationship with other professionals and enlisted personal are wonderful. I also see enough patients with varied problems that I am challenged. (Air Force Captain)

It is better than I expected. I thought that half an hour would not be enough time for exams, but it is since ancillary personnel takes care of pretests and dispensing. For patient's I want to dilate or follow up on I bring back on another day. (Air Force Captain)

I did not expect so godawful many retirees from la-la land! That is the main reason that this staff job I am currently at is so welcome as a change of pace. (Air Force Major)

I had more experience in my first month than some of my colleagues did in their first year. (Army Captain)
Even better in terms of primary care; but very unhappy with lack of influence in our professional life. An ophthalmologist dictates exactly what we do or do not do, even if we are qualified to do more. There is no recourse if you disagree except to the commander, who is also a physician. (Army Captain)

#23 Are You Satisfied with the Military?

I like the hours (no weekends and holidays) and being able to use therapeutics. Also you learn to be efficient and solve problem cases fast. (Air Force Captain)

I don’t think I will put in 20 years, but I have received the experience I wanted. (Air Force Captain)

Yes and No. Yes, because I knew what it was when I decided to return to the military as a career. No, in worry over promotion and OER. (Air Force Major)

Thirty days leave a year is a big asset. Also can fly on Air Force flights, space available anywhere in the world. (Air Force Captain)

I served three years as an optometrist with the Army. I liked the military but I feel the Air Force is a better choice. (Air Force Captain)

It should become even better now that Air Force Regulation 160-12 has been updated to credential O.D.’s for therapeutics based on education and training - not on an ophthalmologist’s opinion (Air Force Major)

Of course, there are trade-offs - it is a bureaucracy and that has it’s drawbacks. Army optometry in general is placed under medical physicians including ophthalmologist, so that can lead to problems. I have been fortunate. (Army Lieutenant Colonel)

Not satisfied with pay or with demands on such things as productivity. However like being able to live overseas in Europe. Military programs (commissary, health benefits, etc) are super. (Air Force Captain)

I often find the patients are more willing to listen to my recommendations for vision care, because I am not trying to sell them anything. The patients have told me this themselves. (Air Force Captain)

Absolutely no complaints. There seems to be enough diversity and enough opportunity to expand into other fields such as education, research, administration. (Air Force Captain)

A difficult questions to answer. Certain aspects are quite satisfying (prestige, professionalism, vacation time) where as other aspects are dissatisfying (frequent moves, heavy emphasis on performance appraisals for future promotions written by your superiors who are usually "non-O.D.’s" or even worse, "non-clinicians"). (Navy Lieutenant Commander)

The military has reneged on promises of: (1) Respectable pay. (2) Prospect of viable career. (3) Promotion opportunities. (4) Scope of Practice. (Navy Lieutenant Commander)

(1) Afforded me the opportunity for post doctoral education. (2) On the other hand, I feel that I need to get back in to the academic life after six years of limited practice. (Navy Lieutenant Commander)
Professionally - yes; I have been able to practice to the full scope of my ability. However, as an organization - none exists. Right hand doesn't know what the left hand is doing. In some cases health care is compromised to save money with providers assuming full liability in case of unfavorable outcomes. (Navy Lieutenant)

Scope of practice is probably the most far reaching compared to my classmates. Obtaining credentials in drugs now includes some systemics in addition to antibiotics and steroids. It would be very difficult to do mundane refractions full time in another setting. (Army Captain)

(1) Low pay, (2) Many hours or overtime, (3) During military exercises, may work 12 hour shifts in field totally unrelated to optometry, (4) Have no control over technicians- my present technician is not trained. (Air Force Captain)

Like marriage, the military becomes a convenient habit. I have traveled throughout Central America, South America, and Europe and been on the cutting edge of several international events. The frequent changes keep life interesting for me. (Air Force Major)

Professional pay should be 200 percent more than what it is. (Army Captain)

Joining the Army was the worst decision I have ever made. (Army Captain)

I'll trade off military oriented drawbacks (ex. AOD) for most civilian oriented drawbacks. I do not care what my overhead is. Some close ex-military friends have traded professionally oriented continuing education time for practice management time. They have become business men! (Army Captain)

The pervading mentality, or lack there of, and the attendant egos are repulsive at best, usually nauseating. (Army Captain)

**#24 Would You Encourage Other O.D.'s to Join?**

I would encourage the Air Force much more than the Army or Navy. Air Force is much more people orientated, promotions rates are better job perceptions better in Air Force (Air Force Major)

Yes and No. If he is willing to travel, then yes for just three years. (Navy Lieutenant)

Only after as much exposure to armed forces optometry as possible. I strongly encourage attendance to an AFOS meeting at either the annual AOA or SECO meetings. Talk to O.D.'s. (Air Force Captain)

At least for a three year initial tour - a great learning experience for the recent graduate. (Navy Lieutenant Commander)

Even though I like being in the navy and enjoy being a Naval Officer, I cannot encourage any optometrist to join the Navy. The possibilities for promotion to Lieutenant Commander is about one in three, for Commander one in nine and Captain is one in nine. (Navy Lieutenant Commander)

Absolutely Not! Not unless they wish to be used, abused and then discarded in favor of newer O.D.'s a few years later who represent cheaper labor that because of their junior rank can be easily controlled. (Navy Lieutenant Commander)

The military is an excellent experience, especially for the newly graduated O.D. but like anything else it is not for everyone. (Navy Lieutenant)
As long as they understand that they are Naval Officers - first and optometrists second, they will have many other duties that have nothing to do with optometry and that promotions are difficult and there is no guarantee of 20 years. (Navy Lieutenant Commander)

Research the military - talk to as many O.D.'s as possible from every branch of service. Research the duty stations available. Know what you want! (Navy Lieutenant)

Yes, at least for one or two assignments. Experience is excellent, see a lot more patients in three years than you do in private practice. (Air Force Lieutenant Colonel)

The three years commitment is not that bad. Your student loans are deferred for three years, there's a steady income, the 300 patients per month load is great experience, and your mistakes do not cost you a dime. (Air Force Captain)

Working conditions, lack of optometric and support personnel, lack of funds for continuing education all detract from encouraging young optometrist's to join. (Army Lieutenant Colonel)

You would be very surprised on how poor the optometry program is in the Army. (Army Captain)

... if you like the idea of getting paid to go "camping" rather than having to plan your vacation. (Army Captain)

Only if able to have education financed through Health Profession Scholarship Program; otherwise, simply accepting a commission is financial and professional suicide. (Army Captain)

I have personally recruited four civilian optometrists to join the Air Force. (Air Force Major)

Promotion and pay would be better if we didn't have so many O.D.'s trying to get into the military. (Air Force Lieutenant Colonel)

If they are a new graduate, it's a good experience because you use therapeutics, gain confidence and efficiency: stability, and you see more pathology than the average civilian practice. Also you don't have any expenses and are guaranteed a job for three years with adequate pay. (Air Force Captain)

It depends on what the O.D.'s expectations are. The military restricts one's activities and movements while opening opportunities that otherwise would be outside one's grasp. (Air Force Major)

I have seen about 9000 patients in the past three years which has been of great value. It is important to realize that you are not your own boss in the military. (Air Force Captain)

Not for the insecure professionals. Must be willing to accept numerous added responsibilities - committees, regulations (quality assurance). (Air Force Captain)

#25 Any Further Comments?

The biggest advantage of military optometry is that you can utilize all your time in the practice of optometry and do not have to worry about bad checks, people not paying bills, malpractice insurance. (Air Force Captain)

Military optometry can be very rewarding. I look at it as an internship learning experience while making more than twice as much money as an intern would. Being at a base with no full time staff ophthalmologist, we treat just about everything, including foreign bodies and iritis if we wish - great experience!! (Air Force Captain)
If you leave area (e.g., away greater than 300 miles) on Saturday or Sunday you must take one of your 30 days vacation. (Air Force Captain)

An engineer with three years in service (1st Lieutenant) gets more pay than a Captain coming in as an optometrist. Four years of professional school is credited only for medical physicians and dentists. (Air Force Captain)

There are some negative aspects of serving in the military. One is on call 24 hours per day, 365 days per year. Of course, one gives up certain personal freedoms and/or rights which one has as a civilian, such as the right to run for and/or support others for political positions, the right to actively challenge governmental policies/decisions without damaging one's career, and there are others which are probably very minor to some, but which may be important to other individuals. (Air Force Captain)

It's not for everyone but it's not bad. Like everything else it has its good points and its bad points. I have to admit that every time we have an exercise I have second thoughts about being in the military. Luckily the exercises are not all that frequent—about three-three day exercises per year. (Air Force Major)

The opportunity to see the world truly exists. But one can quickly become out dated if he does not strive to attend continuing health education courses. Money is not always available for continuing health education at all bases (Type I attendance) and home study or literature reading are a must to maintain knowledge. With few exceptions - Air Force optometry is not a place to develop vision skills. Due to the Army structure, the Army provides the best possibility of being able to develop specialty clinics. (Air Force Major)

Working under an ophthalmologist can be a good or bad experience. Sometimes making this a good experience requires one to put officership and "the mission" above how one feels one should practice optometry in certain areas. (Air Force Captain)

Last weekend I saw four other classmates at a wedding. Only one of them was satisfied with their present job (she was working with two other O.D.'s). One is in an ophthalmology clinic and she's over worked/stressed out; one is only working part-time (can't find a good full time position) and is considering opening her own practice. The military gives you that time after graduation to decide what type of practice/specialty you want to pursue. It's less stress than civilian practice because you don't have any expenses, can defer your student loans for three years, gain confidence. (Air Force Captain)

I am very happy with the opportunities made available to me by the Air Force. I have been given the freedom to practice my profession in the way I choose. I enjoy the interaction with other health care providers and enjoy being included in the decision making process - comparing my military experience to that obtained by "moonlighting", I definitely prefer military practice. (Air Force Captain)

It is my opinion that the military optometrist are treated as "step-children" by the AOA and the general optometry population. The possibilities for promotions and therefore, the opportunities for a military career are poor at best. There doesn't seem to be any support from the AOA concerning problems in the Military. (Navy Lieutenant Commander)
Disadvantages; Military Optometry is basically refraction not offering any challenge to expand and refine other interests such as vision training & low vision. Advantages; Practice in an interdisciplinary setting thus constantly being exposed to the medical community and seeing patients (pathology) that you would not otherwise see in a private practice. (Navy Lieutenant)

The military can be a good vehicle to travel and experience different parts of the world. It is a good way to improve optometric abilities after graduating and also get your feet firmly planted financially. Promotions are very difficult making the military a poor risk as a career. If you care in knowing what to expect (with realistic goals) and use the military as a stepping stone it can be very good. (Army Captain)

I would not discourage other O.D.'s from joining but they should be aware of the apparently limited opportunities for advancement as an optometrist in the military and a working environment where success is judged more by the appearance of doing a good job than by the actual work performed. (Army Captain)

When I joined the Navy, I planned on staying for twenty years. When I got to my first duty station, I learned that I would not be promoted no matter how good of an optometrist I was. The current system is trying to weed out the over abundance of high ranking officers (all corps). Optometrists are in the Medical Service Corps along with twenty-one other specialties. The largest specialty is hospital administrators and they comprise a large percentage of the promotion boards. The hospital administrators promote their own first. Optometrist's files are often never even looked at. At the present time, making a career out of the Navy is not possible. My advice to current fourth year students is to consider the Navy as a way to get started in Optometry, but not to expect to retire after twenty years. (Navy Lieutenant)

Depending on where you may be assigned the military would be an excellent way for graduating students to gain some valuable experience. The nicest aspect I am enjoying is not having to deal with "price shoppers" or fighting with corporations to get patients. So far the pro's of military optometry outweigh the con's. Practicing as a civilian I felt many times less professional than I do now. (Air Force Captain)

1. Your treated less than a professional. 2. Cannot practice contact lenses. 3. Your free time is not your own- your a soldier 24 hours a day and they take advantage of it!! (Army Captain)

Promotions, professional pay, Medical Service Corps (not our own corps) appear to be the biggest problems. (Army Major)

I have absolutely no respect for any of the several career optometrists I have met. Incompetence is the rule among non- HPSP (Health Professions Scholarship Program) optometrists in the Army. I am ashamed to be associated with military optometry. The sad part is, incompetent senior officers encourage incompetent junior officers. (Army Captain)

However, as a career, the Army does not offer rewards in excess of the drawbacks. The competitive nature of the system and low promotion opportunity are disadvantages. Every year, good optometrists are forced out of the service after ten or more years because of non- selection for promotion. Job security is very poor. For a person inclined to government service I would recommend the veteran's administration or the public health service. (Army Major)
If optometrists remember that Biomedical Science Corps officers are always "secondary" to the Medical Corps officers they will enjoy the military. Those that can not swallow this or try to change the system will have a very rough time and should consider alternate employment. (Air Force Lieutenant Colonel).

In my opinion, just as with so many of life's circumstances, Navy optometry can only be as much as you make of it. No environment is right for everyone, and the trick is matching the individual to the job - - then it's up to the individual to make the mostly of what's out there. (Navy Lieutenant)
Dear Sir:

We are conducting a survey regarding military optometrists and the scope of services provided. We hope to gain a perspective of how you view a military practice, both professionally and personally. Please complete the following questionnaire as completely as you can, being as open as possible. Your responses will be confidential. Upon completion, return the form in the self-addressed, stamped envelope. A copy of this research survey will be available at Pacific University College of Optometry.

Thank you for your time and consideration.

Ronald C. Tutt
3rd Year Student

Lawrence I. Hittle
3rd Year Student

A. Richard Reinke, O.D.
Advisor, P.U.C.O.

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1. **Branch of Service:**
   - [ ] Army
   - [ ] Air Force
   - [ ] Navy

2. **Current Rank:**

3. **Years in Service:**

4. **School of Optometry attended:**

   Graduation Year:

5. **Did you practice as a civilian:**
   - [ ] yes
   - [ ] no

   If yes, how long:
   - [ ] Private practice
   - [ ] HMO
   - [ ] Commercial

6. **Are you on an initial obligation tour:**
   - [ ] yes
   - [ ] no

7. **Are you planning to:**
   - [ ] Leave after current obligation
   - [ ] Extend tour of duty
   - [ ] Retire from Service

8. **What professional associations do you belong to:**
   - [ ] AFOS
   - [ ] AOA
   - [ ] COVD
   - [ ] OEP
   - [ ] AAO
   - [ ] ARVO
   - [ ] other

9. **Do you attend Optometric conventions/Continuing Education:**
   - [ ] yes
   - [ ] no

   If yes, how often:

   Comment:

10. **Have/are you taking advantage of military education benefits:**
    - [ ] Put through Optometry School.
    - [ ] Additional education, while in service.
    - [ ] Additional education, planned after service.
11. **Are you currently stationed at:**
   ___ hospital ___ clinic ___ other ____________________________

12. **Do you practice:**
   ___ alone ___ with one O.D. ___ with two or more O.D.'s
   ___ with ophthalmologist ___ with optician/technician

13. **Do you feel you have a good working relationship with:**
   M.D. (general practice) ___ yes ___ no Comments: ____________________________
   M.D. (ophthalmologist) ___ yes ___ no Comments: ____________________________
   O.D. (higher rank) ___ yes ___ no Comments: ____________________________

14. **Please check services offered at your current practice:**

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<th>Service</th>
<th>Performed during</th>
<th>Duty hours</th>
<th>Non-Duty hours</th>
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<td>Other (specify)</td>
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15. **How many patients do you see during an average:**
   Day __________________   Week __________________

16. **What patient population do you serve:**
   ___ Active Duty ___ %
   ___ Dependants (Active Duty) ___ %
   ___ Retired ___ %

17. **Do you have extra duties (AOE, SOD, etc):**
   ___ yes ___ no Comments: ____________________________

18. **Do you have any personal time off during the week:**
   ___ yes ___ no Comments: ____________________________

19. **Do you work off base with civilian optometrists:**
   ___ yes ___ no
   If yes, type of practice (s): __________________ Comments: __________________

20. **Do you feel treated as a professional:**
   by colleagues: ___ yes ___ no
   by enlisted: ___ yes ___ no
   Comments: __________________

21. **If married, is your spouse (family) satisfied with the military:**
   ___ yes ___ no
   Comments: __________________

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22. **Is the military optometry program what you expected:** __ yes  __ no
   Comments: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

23. **Are you satisfied with the military:** __ yes  __ no
   Comments: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

24. **Would you encourage other O.D.'s to join:** __ yes  __ no
   Comments: ________________________________________________________________
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   ________________________________________________________________

25. **Any further comments (use back of sheet, if desired):** ________________________________________________________________
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As mentioned before, this survey is confidential and should not be signed.
Thank you for this information and your participation in this research survey.