



It is a busy time of year for an academician. There are capstones, year-end meetings, doctoral hoodings, and commencements, in addition to the normal activities related to the end of every semester. With all that going on, it can be difficult to remember that those graduates are the manifestation of our efforts and the reason we got into optometric education in the first place. At this time when we celebrate their accomplishments, let us also redouble our efforts to assure that we are educating them about how different optometry, and other health professions, will be over the next decade or two. The capabilities advancing technology brings for telemedicine and self-care are the future our graduates will need to embrace. Therefore, I believe that ASCO member institutions have an obligation not just to anticipate that future, but help craft it.

As part of that effort, the ASCO Board of Directors met last month with the AOA Board of Trustees. Early on in the discussion we helped each other overcome some misunderstandings that had developed over the years. We then went on to discuss how ASCO institutions could work with the AOA to research technologies as they develop, and even have a hand in the development of some technologies. It changed the conversation from one of frustration and dismay to one of cooperation and hope.

Another way ASCO is working to coordinate efforts for the profession's future is our work with the AAO to recognize subspecialties within the profession. This work came out of the joint meeting that five organizations — AAO, AOA, ARBO, ASCO, and NBEO — have together about two times every year. They all acknowledged that some subspecialties have existed for years through residency training and certifications of advanced competence through the Academy diplomate program or COVD. Drs. David Heath and Carl Spear are leading the joint task force of Academy and ASCO through pilot work by the Low Vision Rehabilitation group and into the next phase. This is important work as it becomes more evident to more Doctors of Optometry that to supply the best possible care to some patients, it makes sense to seek a consultation from another optometrist.

Of course, many times the best care results from working with other health care professions as part of a patient-centered team. ASCO has been working with the InterProfessional Education Collaborative (IPEC) to advance IPE for several years, and we are also seeing most of our member institutions making great progress on inter-professional patient care (IPP). One collaborative initiative taking place at my home institution, Ferris State University, is our Opioid Task Force. A cooperative work of four colleges, our student health center, campus public safety, the local hospital, and our local healthcare provider network, we have been meeting together for almost a year to develop programs for our students, providers, and the community to address the crisis that affects many families in the area. The collaborative work started when I had read a [CDC report](#), covered last July in *STAT News* that showed that our institution is literally surrounded by counties that prescribe more opioids, per capita, than almost anywhere else in the nation. I passed this on to our College of Pharmacy dean, Dr. Steve Durst, and we agreed that we should be the educational resource to change those prescribing patterns. It has been enlightening and gratifying work to cooperate with pharmacists, nurses, physicians, educators, social workers, and others as we seek ways to address this issue and its tragic consequences for families all over this part of Michigan.

I am certain that others in optometric education are doing similar work. It is the nature of our profession to collaborate with others. Let us make sure that we don't just model that behavior for our students but give them many opportunities to learn about collaborative practice and to experience it. The future of our profession depends upon it!