

Letters

Empowering Independence in the Visually Impaired

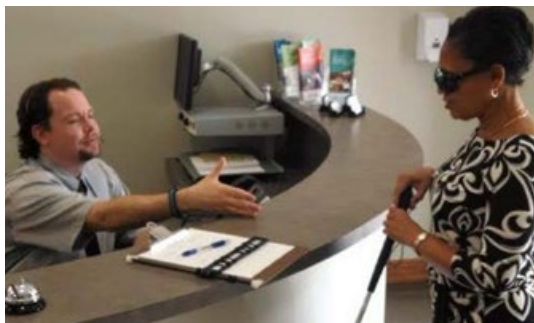
I strongly believe in the Academy's mission to protect patients' sight and empower their lives. One way to do so for our visually impaired patients could be to offer them jobs in our practices. By employing the visually impaired in your office, you are allowing them to participate in the Academy's mission, generate an income, and foster a sense of independence. This could also serve as reassurance for your own visually impaired patients who may fear for their future—those diagnosed with acute or devastating chronic visual loss are often concerned that their impairment will take away from their everyday lives, and seeing a visually impaired employee in the waiting room could help allay their fears. This is exactly what my Academy Leadership Development Program (LDP) 2016 project set out to accomplish.

My LDP project. As the LDP representative for the North American Neuro-Ophthalmology Society (NANOS), I selected a project that would allow me to pursue my passion to

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abilities as a way of dispelling myths about their limitations. I conducted a pilot study by sending a 7-question survey to 643 members of NANOS to identify physicians who would be interested in hiring a visually impaired person in their office or hospital practice. Upon completing the survey, I contacted physicians who expressed interest to further define needs in their practices, which allowed me to select the best offices for the pilot study. The physicians received disability employment consultations to learn about hiring the right candidate for the job, job needs, and tax incentives. A local Lighthouse and/or Vocational Rehabilitation office was contacted to select visually impaired job candidates for a potential hire. Please visit aao.org/about/leadership-development/project-abstracts and click "LDP XVIII, Class of 2016 Project Abstracts" for details on the survey responses.

Ms. V's story. Ms. V is an end-stage glaucoma patient in her mid-40s. She has 20/20 vision in her right eye and 20/300 vision in her left, with constricted 10-2 visual fields bilater-



LOOKING PAST THE DISABILITY. A visually impaired Lighthouse front-desk receptionist welcomes a blind client.

ally and marked optic disc cupping. Ms. V worked as a dry-cleaning technician but was afraid to inform her supervisor about her visual limitations. When she visited our clinic, Ms. V was gently encouraged to contact her local Lighthouse, a nonprofit that helps people with disabilities find suitable employment. She was skeptical but finally did. Her engaging personality and desire to

work led to a job as the organization's front desk receptionist. Ms. V underwent specialized training and learned about the necessary devices attached to her computer and phone, which allowed her to get information on her screen in both tactual and voice commands. She mainly used Job Access With Speech, a computer screen reader program that allows a visually impaired person to read the computer screen via text-to-speech output or via a Braille display terminal.¹ She is an inspiration for all clients who go to this Lighthouse facility to seek services for mobility training, visual rehabilitation, support groups, assistive technology, and more.

We need to look past the visual disability and offer employment to those who can and want to work. I hope my passion to create awareness becomes contagious, as I cannot accomplish it alone.

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1 JAWS for Windows. www.freedomscientific.com. Accessed June 6, 2017.

Incivility and Tardiness

I write in response to Dr. Williams' column "Incivility in the Clinic" (Opinion, July). I actually face this problem daily. It is a constant source of stress to us ophthalmologists, as it distracts us from focusing on diagnosing tough cases in a tertiary referral center. Invariably, my appointments from 8:00 through 9:30 a.m. are late (always "because of traffic"). I end up waiting restlessly for 2 hours, then around 10:00 a.m., I get a rush of patients—some unscheduled, and some late for their appointments. This results in clashes between patients and high levels of stress for the treating physicians, resulting in suboptimal attention to details and inability to deliver the best care needed.

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