



BRIDGING THE GAP: OD AND MD COLLABORATION



Highlights from a recent YoungOD Connect mentoring session.

BY NICHOLAS J. BRUNS, OD, FAAO

I graduated from optometry school in 2015, and my goal ever since has been to get as close to the OR as I can without being the one to actually hold the instruments. I now work in an OD-MD setting, and I wouldn't have it any other way. Times are changing in eye care. I feel it is important to encourage collaboration and bridge the gap between optometry and ophthalmology. Read my story below—perhaps it will inspire you to follow a similar course.

BACKGROUND

What I Thought I Wanted

I originally wanted to go into surgery. I worked in a cardiology

unit as an undergraduate. I loved it and figured that would be my path. Things changed for me when I approached the head of cardiothoracic surgery and asked him how old he was when he finished his training. His response: 36. To a 19-year-old, that's a long time, and I struggled to see how that timeline would mesh with my personal life goals.

Finding the Right Path

Eyeballs had always seemed cool to me, but I had thought optometry was just glasses and contact lenses. Then my uncle, Rick VanDeVelde, OD, a medically minded

optometrist, enlightened me and showed me that this profession has *way* more to offer. When I graduated, I found a large surgical practice in Flint, Michigan, where I worked for 4.5 years. Eventually, because of the demand for medical/surgical glaucoma management, I teamed up with a glaucoma fellowship-trained surgeon, My Le Shaw, MD. Together, we saw a wide range of disease severity—some mild, but plenty of patients with severe glaucoma requiring invasive procedures. I was so fortunate to have a surgeon take me under their wing early on and guide me through these challenging cases while I learned on the fly.

Cha-Cha-Cha-Changes

I loved the practice I was in and all the doctors I worked with, but it was transitioning to private equity, which I wasn't thrilled about. I was introduced to John Vukich, MD, who would soon become my next mentor. Dr. Vukich was looking for an ambitious, medically minded optometrist to open a practice cold with him in Milwaukee, Wisconsin. I visited the city, and it seemed like a good fit. My wife Elyse, also an optometrist, was fully on board with making the move.

Dr. Vukich and I opened the doors of our new practice on January 2, 2020, with a plan to specialize in cataract and refractive surgery, while still offering glaucoma care. Two months later, the world shut down thanks to COVID-19, and Elyse and I found out we were expecting—great timing!

Coincidentally, around the same time, Elyse and I bought our house from a retiring ophthalmologist. He approached me at the end of 2020 to ask if I wanted to buy his practice. My hands were full, but Elyse was very interested and took over a few months later. To recap: We experienced two new jobs, a global pandemic, a new baby, and a new house all in the same year. What a wild ride 2020 was!

PRESENT-DAY PERSPECTIVE

I've been working with MDs my entire career, and I find practicing medically to be an awesome way to practice. I also think it's the way optometrists *should* practice—it's the future of the profession. We have a numbers problem—there's a stagnant number of ophthalmology residents graduating, and there's going to be more of a demand for medical eye

care. We as a profession are poised to step in and bridge the gap.

Dr. Vukich is most happy when he's operating, but that means someone needs to handle perioperative care. That's what I do—I handle everything behind the scenes, including all pre- and postoperative work. The Light Adjustable Lens (LAL/LAL+; RxSight) has been a huge part of our practice. It is refractively driven, and who knows how to refract? Optometrists. It's one of the first things we learn in school. But also, who has a high understanding

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of optics, higher-order aberrations, and the complexity of the visual system? Also optometrists. There's definitely an art to the LAL. It's a big part of my day to day, and I have a major impact on our outcomes. I'm proud to say that I'm one of the most experienced adjusters in the country.

I'm also involved in LASIK and with the EVO ICL (STAAR Surgical). Consider the metrics involved for ICL: anterior chamber depth, white-to-white, and refractive error, to name a few. These factors influence patient candidacy, but outcomes are all heavily influenced by ocular surface health, which is something optometrists are more than capable of assessing, managing, and, if necessary, treating. These are life-changing procedures and being so heavily involved in the patient's journey is incredibly rewarding.

Glaucoma is still a big part of my practice modality. I help decide who is a good candidate for microinvasive glaucoma surgery, or who might want to instead consider selective laser trabeculoplasty. Lasers are becoming more common in the optometric world; keep this in mind when considering your approach to the management of glaucoma and ocular disease.

THERE IS NO “I” IN TEAM

In the early days after graduating from optometry school, I remember thinking surgeons were gods—that they knew everything. But they're just like us ODs—striving to learn and improve every day. It's not “us” versus “them,” but rather “we.” Dr. Vukich has been practicing for ~30 years but often still asks me for my opinion, which is so humbling. He is my right hand, and I am his left hand. We do everything together, including consulting each other for ideas and collaborating on cases. I handle all his postoperative patients—even the complicated cases. If I encounter an issue, I know he's just a phone call away. I would consider Dr. Vukich one of my biggest mentors.

I have two take-home points for those practicing in OD-MD settings. First, get to know your surgeons. It's an important relationship and, depending on how well you nurture yours, one that can serve you and your career well for many years. Second, don't be afraid to take a leap. Being uncomfortable is ok—it fosters growth. ■

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