



Detroit Red Wings fans: Dr. Hauswirth's father Gary (left), son Kristian (middle), and Dr. Hauswirth (right) at an NHL game last year.

# Up Close

with SCOTT HAUSWIRTH, OD, FAAO

## What drew you to a career in optometry?

I was drawn to optometry after spending some time volunteering with different health care professionals. I liked the personal interaction with patients in a relatively “clean” environment. At the time, I thought I would gravitate into private practice; however, my career path has been quite different from what I envisioned going into optometry school.

## What is it about dry eye that interests you?

It goes back to helping people. When I started focusing on dry eye, there wasn't much knowledge about the disease process, and it was kind of learn-as-you-go. Most docs in those days were ignoring it completely. I did an immense amount of reading and found that the theories about how and why dry eye occurred and what it really was were changing. To me, that was exciting and remains so now as our knowledge and understanding continues to grow. In addition, the patients I was able to help were incredibly appreciative about finally being taken seriously, as well as feeling better. It was and still is a fun niche to be in.

## You've spoken at numerous conferences. What do you like most about public speaking? How do you prepare for each of your talks?

It still makes me nervous, but I feel like I've had good training and

mentors throughout my career who have shared their knowledge. I like to follow in that tradition by passing on what I've learned and experienced.

I also really enjoy the basic science of things—understanding the foundations of how things work. I enjoy sharing that aspect, and that's also how I prepare, by reviewing the foundational materials. I change my slides frequently—sometimes just before I get on the podium—to include new information I've read. It's a constant process of learning, growing, and sharing.

## How has COVID-19 affected your day-to-day interactions with patients? What about your patients who need long-term care?

I'm at an academic institution, and the entire flow is different now compared to before COVID-19. Patients are escorted pretty much directly into an examination room, and everything with the exception of special testing is performed in that contained space to minimize risk to patients, staff, and physicians. We have been back up to 110% since the end of May.

We also dabbled a bit in virtual health, but I don't have many patients asking for it at this point. And it's been a little difficult to provide because the majority of my patients are ocular surface-oriented. Especially in dry eye, I believe it's difficult to adjust medications and therapies based solely on symptoms.

## Who are your top three favorite bands? How many times have you seen them?

It's too hard to pick the top three. I listen to a lot of music, and the listening rotations change frequently. Maybe the three that I most consistently work into rotation are PJ Harvey, Radiohead, and the Pixies. I've seen PJ three times, Radiohead three times, and the Pixies maybe four or five. I love music, yes, but especially live music. It's so energizing.

## What is a favorite professional memory of yours?

One moment that will always stand out professionally for me was meeting Donald R. Korb, OD, FAAO, at ARVO in 2010. I didn't know him personally at the time. He was asked to join a discussion I was having with another scientist on meibomian gland dysfunction. We had a lively conversation about that particular poster, as well as current therapies. I have to say, I came away a little shell-shocked by the experience, but with a new colleague, mentor, and friend who is still one of the primary thought leaders in dry eye. ■

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