

PROFILE

## Jan Lovie-Kitchin

Leader in low vision

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Jan Lovie-Kitchin retired from her position as Associate Professor in the School of Optometry at the Queensland University of Technology in December 2006, concluding an academic career of some 30 years, during which she provided outstanding leadership in the field of low vision.

When Jan Lovie, as she then was, completed her optometry course at The University of Melbourne in 1972, she probably did not know much about low vision, although she may well have known more than many optometrists. She had been taught by Ian Bailey, who was then on the threshold of his own remarkable career in the field of low vision.<sup>1</sup>

Low vision was a somewhat theoretical subject for Australian optometrists in the early 1970s. Twenty years earlier, Professor Joe Lederer,<sup>2</sup> from the University of New South Wales in Sydney, had designed the Lederer lenses to provide optimal correction when high additions were needed for low vision patients<sup>3,4</sup> and he had aroused our interest in low vision with a series of nation-wide seminars in the 1950s. This was a long time ago and for many years, we had little opportunity to put our knowledge into practice. We referred our patients with 'sick eyes' to ophthalmologists, never to see them again, and when



ophthalmologists could offer no more help, they referred their patients to a blindness agency. At the time, the blindness agencies in Australia assumed their clients were irrevocably blind: they did not have low vision clinics and had nothing to do with optometrists. Australia had not yet followed the example of the Lighthouse for the Blind in the USA, which had established its low vision clinic in the 1950s.

This changed in the year that Jan completed her optometry course. In 1972, the Kooyong Low Vision Clinic was established by the Association for the Blind (now Vision Australia) in co-operation

with the Victorian College of Optometry and the Department of Ophthalmology of The University of Melbourne. Ian Bailey was appointed the first low vision clinician and the opportunity arrived to put into practice all those things that Joe Lederer had told us and which had been reinforced by Norman Bier in his textbook on low vision.<sup>5</sup> Ian Bailey would have passed on to Jan some of that which he had learned in his first year in the Kooyong Low Vision Clinic.

Oblivious at the time to the opportunity for fame that lay in the field of low vision, Jan went into full-time private practice after completing her optometry course. She did so against my advice, which was to develop her obvious talents by undertaking graduate studies. She said she would return to graduate studies later and I said this was unlikely because optometrists get attached to the high income earned in private practice and rarely return to the penury of research training. In addition, I might have said that it was even less likely because she was a woman and few women optometry graduates at the time embarked on graduate studies and research.

I was wrong. In 1974, Jan enrolled for a research masters degree in the Department of Optometry at The University of Melbourne. In that year, Ian Bailey was fired with an enthusiasm for low vision, aroused by his work at the Kooyong Low Vision Clinic. He had applied for and won a research grant from the National Health

and Medical Research Council to study the visual performance and optometric management of patients with age-related maculopathy. He resigned his lectureship in the Department of Optometry and took himself and his research grant to the newly established National Vision Research Institute.<sup>6</sup> Jan chose him as her supervisor and he negotiated a scholarship for her from the Association for the Blind.

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## LOW VISION RESEARCH

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Their research generated the logMAR system for visual acuity charts, which they described in their seminal and greatly cited paper in *American Journal of Optometry and Physiological Optics*.<sup>7</sup> As they say, the rest is history. Both Ian Bailey and Jan Lovie were catapulted to fame as the logMAR system became accepted as the standard scale for visual acuity both in clinical practice and clinical trials.

Since that first paper published in 1976, Jan has written nearly 100 refereed papers, a book on management and rehabilitation in age-related maculopathy<sup>8</sup> and three book chapters. More than three-quarters of her published papers have been to do with low vision. These papers are not a uni-dimensional exploration of some narrow aspect of low vision care; they paint a big picture, covering a diverse range of subjects from the bread and butter of optometric low vision—the assessment of visual impairment, the use of optical aids for low vision and the relationship between visual impairment and reading and mobility—to broader community issues of social and psychological adjustment to low vision and optimum models for the delivery of low vision services. More recently, her work with Dr Beatrix Feigel and Professor Brian Brown has explored retinal function in age-related maculopathy using multifocal electroretinography.

As low vision is so much more prevalent with age, her research has also explored ageing in general, with an emphasis on active ageing, and as so much of low vision work is directed to enabling those with visual impairment to read, it is not surpris-

ing that another aspect of her work has been to do with the process of reading. Her research with Stephen Whittaker from the Pennsylvania College of Optometry on the visual requirements of reading attracted strong grant support from the National Health and Medical Research Council and has been greatly acclaimed. It earned her a PhD degree in 1996 and the main paper from the work<sup>9</sup> was named the outstanding paper of the year in *Optometry and Vision Science* by the awarding of the Garland Clay Award by the American Academy of Optometry.

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## CLINICIAN

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At school, Jan decided she would be a teacher but she went to the open day of The University of Melbourne and saw optometry students dissecting eyes. This looked like fun, so she decided to study optometry. It fitted her strength in science and had the appeal of helping people.

Jan found clinical practice enjoyable and satisfying. She enjoyed her year in private practice and kept in touch with clinical work, while pursuing her masters degree by working part-time as a consultant optometrist at the Kooyong Low Vision Clinic and in private practice. When her masters degree was finished, she accepted full-time appointment as a senior optometrist in the Clinic of the Victorian College of Optometry and continued as a consultant optometrist at the Kooyong Low Vision Clinic for a further four years. Mindful that her expertise was now in low vision, Jan completed a Graduate Diploma of Rehabilitation Studies in 1979.

Working as an optometrist in the Victorian College of Optometry involved some teaching but the clarion call to return to teaching came in 1980 with the offer of a lectureship in the School of Optometry at the Queensland Institute of Technology.

This did not entail abandoning clinical work. She was immediately appointed consultant optometrist at the Greenslopes Low Vision Care Clinic in Brisbane, where she accumulated vast experience in low vision care for another 10 years. In 1993,

she decided that the QUT School of Optometry should have its own low vision clinic, within which the so-called 'Kooyong' model of multidisciplinary low vision care could be better established. Jan was the Director of the QUT Vision Rehabilitation Centre for 10 years until 2003.

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## TEACHER

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Jan has been an enthusiastic teacher but soon felt the need to be one who knew how to teach. She became interested in the processes of learning and alternative learning styles and joined the Association for Health Professional Education (ANZAME). She has published several papers in higher education journals. She was an early advocate of problem-based learning and was invited to lead courses on this pedagogical approach in the QUT and other universities. She can also take pride in her post-graduate teaching. She has steered four PhD candidates to a successful conclusion with two more nearing completion, as well as being secondary supervisor of other PhD candidates and supervisor for several masters degree candidates.

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## ORGANISER

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Jan knows her own mind and is firm in her views. She returned to graduate studies in 1974, just as she said she would, contrary to my expectation. She took on graduate studies at a time when it was rare for women to do so: she was the second female higher degree student in optometry at The University of Melbourne. She pursued her academic career full-time; she married Mark Kitchin, who supported her in her career, and had two children in 1980 and 1984. She travelled on sabbatical leave to spend time in other universities and to attend meetings of the International Low Vision Research Group and the International Society for Low Vision Research and Rehabilitation and took on executive office in the former research group. In short, she admirably balanced family life and a demanding career.

Mention should also be made of Jan Lovie-Kitchin's support for this journal.

She was a member of the Editorial Advisory Board of *Clinical and Experimental Optometry* from 1992 to 1995 and rejoined it in 2000 when the board was restructured to make it international. She organised the special issue on low vision published in May 2001 and has recently accepted appointment as an Associate Editor.

Because she knows her own mind and always makes sure she is informed, QUT appointed her to numerous committees and asked her to chair many of them. She chaired the university's human and animal ethics committees and was appointed to committees on 'women in leadership' and on 'university teaching and learning', among many others. She was the person selected by QUT to talk on university teaching, on academic career planning and the brutal rules of the academic rat race and on challenges facing women in academic life.

In 2003, Jan was appointed Assistant Dean in the Faculty of Health responsible for research and research training, having been the Research Adviser for the Faculty in the previous year. QUT is determined that it should rank well as a research university in Australia and has taken a number of bold initiatives to enhance its research performance and push it further up the research rankings. An Assistant Dean for Research carries a heavy responsibility to meet the strategic goals of the university.

The Faculty of Health has more than pulled its weight in promoting research excellence within QUT. It established its Centre for Health Research in 2003 and Jan Lovie-Kitchin was its foundation Director. The centre was created by the amalgamation of centres of research in public health, optometry, nursing and human movement studies, to which has been added a centre for psychology and counselling. The success of the centre has opened the door to even bolder ideas. Under the leadership of the Dean of Health, Professor Ken Bowman, who it might be noted is also an optometrist, the QUT has established an Institute of Health and Biomedical Innovation. This institute will promote collaboration among the best creative minds in Health,

Science and Engineering who are housed, some 400 of them, in a \$70 million building that was completed last year.

Jan Lovie-Kitchin may have decided on early retirement from the QUT but she leaves a lasting legacy of well educated students, a better university and better care for the visually impaired.

However, this is not the end of the story. Jan has been appointed Adjunct Professor at the Queensland University of Technology and will continue to research, write and teach, albeit at her own pace, rather than that set by the university. She will also continue as Associate Editor of *Clinical and Experimental Optometry*. I am sure that the visually impaired will also continue to benefit from her post-retirement work.

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