



Setting Expectations

1. Identify a training plan starting with basic technician work-up skills and concepts.
2. Provide reasons why accurate history taking is a vital part of the exam.
3. Develop clinical efficiencies and quality assurance methods for new technicians onboarding into your clinic.
4. Determine ways new technicians should demonstrate professionalism.

Expectations #1: Technician Work-up Skills

- Identify a training plan, start with basic technician work-up skills /concepts
- Provide overview of work-up/clinical processes
- Review job description, skill evaluation form to set expectations on what, by when, to what degree they will need to understand ophthalmology work-ups
- Enable critical thinking skills



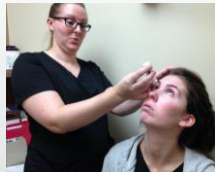
Technician Work-up Skills (BASIC)

- Vision: Distance, Near, Pinholes, Low Vision (CF, HM, LP, NLP)
- Basic EOM exam, Cover Tests, Alignment Tests
- Confrontation Visual Fields
- Pupillary Assessment
- Check Angles
- Check IOP
- Dilate



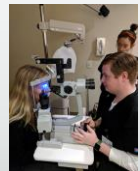
Technician Work-up Skills (BASIC)

- Neutralize glasses (lensometer)
- Amsler Grid evaluation
- Instillation of eye medications
- Tonometry
- Stereopsis, Color vision assessments



Add More Advanced Skills as Appropriate

- Workshops for:
 - Slit lamp and checking angles
 - Applanation tonometry
 - Keratometry
 - Manifest refractions
 - OCT
 - Visual Fields
 - Pachymetry
 - ECC
 - ... etc.



Ophthalmic Skills Workshops

- Provide initial introduction to skills to:
 - Minimize training time spent in clinic
 - Maximize comprehension of skills and concepts before performing in clinic
 - Slit lamp
 - Applanation Tonometry
 - Manual Keratometry
 - Refractometry
 - Ocular Motility



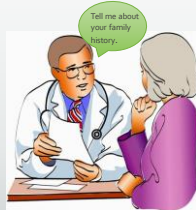
Not Just the How-To, But Also the Underlining Concepts

- Important to understand WHAT are you measuring and WHY.
- WHAT is normal? WHAT is abnormal?
- If you find an abnormal reading should you do more? Less? Something different? WHY?
- HOW do you document the results?
- THINK about what part of the eye is affected, HOW might this affect the work up?
- WHY do we want to know?



Expectation #2: Accurate History Taking

- Provide reasons why accurate history taking is a vital part of the exam.
- Process for capturing good history
 - CC and HPI, Medical/Ocular/Family/Social History
- Record and reconcile current systemic and ophthalmic medications



Explain the Importance of History Taking

- All patient complaints should be addressed
- Doctor can efficiently diagnosis and create a treatment plan
- Bill at appropriate levels
- Correlate ophthalmic problem with what questions to ask and tests to perform
- Modify process based on patient's report of symptoms



EHR Training

- HIPAA and use of medical records
- Compliance training
- Introduce to EHR system and how to navigate
- Explain common work-up for various types of exams
- Identify corresponding fields to enter data
- Proper Documentation: History, medications, MIPS/MU, exam results, diagnostic testing/imaging, referrals/ communications, eRx, etc.



Access to Records from other Doctors/Labs, etc.

- Reference external information:
 - Doctor referral letters
 - Labs, MRI/X-rays, other pertinent results from outside practices
 - Emergency Department reports
 - Nursing home chart notes



Expectation #3: Clinical Efficiency

- Develop clinical efficiencies related to new technicians onboarding into your clinic.



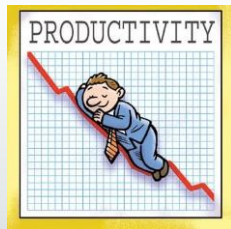
Staffing Your Clinics with New Technicians

- Brand new... just observing, no substantial help
- New... observing/learning... may assist with getting Tonopen or Eye Care, other supplies
- Starting to try... does basic work-up skills, but needs lots of help ... Then ...
- Starting to really get it... doing better on their own, and finally...
- Signed off and ready to work independently



Clinical Efficiency

- Training takes time
- Best techs while training, slow way down
- Find extra help if possible
- Appreciate the trainer, but also recognize and thank the staff who have to pick up slack to keep up with schedule



Expectation #5: Quality Assurance

- Develop quality assurance methods as related to new technicians onboarding into your clinic.



Quality Assurance

- New Technicians should be closely supervised during patient care
- Use a log to track skills results as compared to a trained Tech/Doctor: TA, MR, K's, etc.
- Errors in diagnostic or therapeutic medication administration or injury due to an exam procedure may likely constitute a counseling and an incident report.
- Equipment maintenance and repair



Progress Checks and Skill Evaluations

- Set expectations of what skills/concepts new tech will need to master
- Use Clinical SOPs for training and evaluation
- Have skill evaluation forms
- Set expectations on timelines for training and evaluations
- Progress checks more frequent, especially early on
- Skill evaluations, more thorough



Refraction Log

Date:	Pt Initials	Refraction OD	Vision:	Refraction OS	Vision:	Comments:
Rechecked by:						
Rechecked by:						
Rechecked by:						
Rechecked by:						
Rechecked by:						
Rechecked by:						

- Constantly track progress
- Use logs to monitor attempts and accuracy

Skill Evaluation

Duty / Responsibility / Comments	Not Performing	Performing	Fully Successful	Trainer Level
1. Patient Exams				
1. Complete a thorough and comprehensive workup including accurate Chief Complaint, HPI, ROS (4+ points), medications and reconciliation, allergies, medical history, social and family history (2+ pts), and ocular history.				
2. Address all current meaningful Use measures/MIPS.				
3. Visual acuity: Including NV, DV, PH, Low Vision measures (CF, HM, LP, NLP)				
4. Set up and maintain exam rooms and perform basic equipment maintenance, calibration, and repair as needed.				
5. Able to perform exams in a timely manner.				
6. Interacts with patients and family professionally.				
Comments: _____				
[] Schedule time for additional training for: VAI/MUC/Calibrations				
2. Pupillary Assessment				
1. Accurately measure pupil shape, size in dim and bright illumination, presence of an APD, and grade reaction.				
2. Explain an afferent pupil defect, direct and consensual responses.				
Comments: _____				

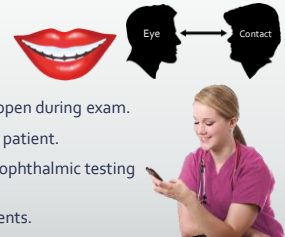
Expectation #4: Professionalism

- Determine ways new technicians should demonstrate professionalism as it relates to ethics.
- Develop a Code of Conduct for your practice.
- Set the expectations early on.
- Do not assume your new staff is in alignment with what you would consider "professionalism".
- Set long-term professional growth expectations.



Set Expectations for Technician Behaviors

- Be professional, courteous, & kind.
- Be prepared.
- Smile and make eye contact.
- Explain who you are & what will happen during exam.
- Effectively communicate with each patient.
- Do not diagnose or share/interpret ophthalmic testing results.
- Limit cell phone use in front of patients.



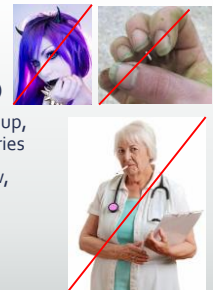
Be Professional, Courtesy, & Kind

- Think about what makes a good visit to the doctor's office?
- Acknowledge the patient's presence
- Address patients and families with respect
- Be on time, explain delays
- Apologize for wait times or other perceived inconveniences
- Inform patients where bathrooms, coffee/water stations are



Perceptions

- Dress appropriately (clean, free of lint and dog/cat hair, non-wrinkled scrubs)
- Modest/professional hair, nails, make-up, jewelry, and other decorative accessories
- Professional conversations (what, how, and to whom are you speaking?)
- Cell phone usage
- No smoking on premises



By the Book... The Employee Handbook, That Is

- Benefits
- Respect for time and attendance (holidays, PTO, EIB, Bereavement)
- Parking, personal belongings, lunch storage
- Employee paychecks
- Preferred communication methods
- Schedules, roles, expectations



The Employee Handbook

- Progressive Discipline
- Illegal activity and consequences
- Weapons/Firearms
- Alcohol/Drugs
- Possession, sale, or use of a controlled substance
- Profanity/abusive language
- Insubordination, failure to follow instructions of manager/doctor
- Falsifying records (charts, time records, applications, etc.)



Smile and Make Eye Contact

- A genuine smile can change everything
- Even Annie said, "You're Never Fully Dressed without a Smile!"
- Eye contact makes a person feel your acknowledge them, respect them, and are paying attention to them.
- Cheers people up if they are scared, nervous, worried, upset



Be Prepared

- Know your schedule
- Know roles of the team for the day
- Have equipment calibrated, medications/instruments/supplies stocked and ready
- Have waiting rooms, exam lanes, and other patient care areas clean and ready
- Treat your patients in your office as you would a guest in your home
 - Welcome them to a warm welcoming environment
 - Show them around and explain what you have planned for them
 - Bring them into the conversation, ask about them and how they're doing (HxT and some timely socializing)



Explain Who You Are & What Will Happen

- "Hi, My name is Amy and I am the technician who will do some preliminary tests and ask you some questions to get you ready to see Dr. Smith."
- Explain steps of the visit:
 - Tech work-up
 - Diagnostic testing
 - See the doctor, discuss options
 - See surgery scheduler
 - Check-out



Why Is It Taking Soooooo Long?!!

- Patients do not like long exams, but setting the expectation helps
- Inform them ahead of time how long to expect realistically... for them and their transportation
- Frame it in a way that makes it sound ultra-convenient:
 - **NOT:** "Yeah, Mrs. Smith, sorry, but your appointment today is probably going to take 2-3 hours today." **UGH!**



It's So Convenient!



- Frame it in a way that makes it sound ultra-convenient:
 - Isn't this better:** "Good morning, Mrs. Smith! So glad to see you here for your cataract evaluation. I am pleased we are able to combine several visits into one for your convenience. It may take a few hours to get through it all, but we'll do all that we can today in one trip for you!" **YAY!**
 - Explain how for other doctor's appointments they may have to go 2-3 times between bloodwork one day, testing another day, see the doctor after that... we try to do all in same day at same location. Putting that into perspective usually makes them feel you are accommodating their schedules.

Effectively Communicate with Each Patient

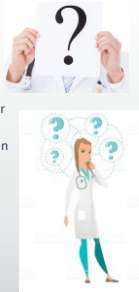
- Speak slowly and spend a small amount of additional time with each patient
- Use the "teach-back-technique": confirm that patients understand by asking them to repeat in their own words what they need to know or do
- Shor or draw pictures: visual images can improve the patient's recall of information
- Create a shame-free environment and encourage questions
- Limit the amount of information provided and repeat it!
- Use plain, non-medical language



As recommended by the AMA.

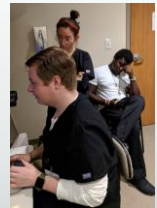
Do Not Diagnose or Interpret Results

- Technicians should never attempt to diagnose the patient, offer treatment options or prognosis without the doctor's interpretation first.
- Explaining what the doctor has said is different then determining on your own
- Some doctors prefer you not share testing results, even seemingly benign results
- Be sure to determine what your doctor/practice is comfortable with technicians discussing with patients and when
- Offer phrases to get them out of telling,
 - A simple, "Dr Smith will discuss your results with you" usually works.
 - If patient asks/insists... "I'm sorry, I am not permitted to share the results, but I assure you that Dr. Smith will discuss your results with you and determine next steps."



Limit Cell Phone Use in Front of Patients

- Set expectation that patient care comes first
- Avoid cell phone usage in front of patients
 - Calls, texts, etc.
 - Turn ringer off
- Explain what you are doing if you must use your cell phone
- Even if you are looking up ophthalmology relate information, it still looks like you are texting your friends



Certification Expectations

- Independent Study Course** on-line exam by around 4-8 months
- OSC Exam** around 6-7 months (or sooner)
- COA** between 6-18 months
- COT, COMT** down the road

Resources:

- Library
- On-line resources
- Study groups
- Exam review sessions



Continuing Education Events

- Various CE Events offered every month, some with IJCAHPO credits
 - Common Conditions, Diagnostic Testing, Pharmacology, Anatomy, Dissection, etc.
- Represent various sub-specialties throughout the year
- Include one-on-one, small group, lectures, and hands-on workshops
- Allow new techs to observe in other clinics and in surgery
- Consider attending local/regional/national CE meetings
- Webinars and other on-line teaching content



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Any Questions?

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