

“The Importance of My Role on the Eye Care Team”
by Laura Lee Hopkins, COMT

My role on the eye care team is to properly prepare the patient for the physician’s examination by obtaining accurate histories, performing accurate diagnostic testing, and aid in training other assistants. It is imperative in our role as ophthalmic assistants, technicians, and technologists that we train our replacements. There are many opportunities with teachable moments in a practice, three of which are covered in this paper. The mentoring aspect will teach ophthalmic personnel to be accurate and proficient in diagnostic testing during patient assessments. The networking aspect will lead the new assistant to resources available to them from entry level to COMT and solidify the need for obtaining and keeping certification. The third aspect is through altruism. Highlighting these three aspects will support the conclusion that teaching our replacements will increase the Doctor’s confidence in the technician, which will result in excellent patient services and increase productivity within a practice.

Teachable moments are available throughout the screening process, and mentoring is the most effective method to teach entry level ophthalmic assistants. Obtaining a patient history is the example used in this paper; showing how to look for the non-verbal cues and how to efficiently and accurately incorporate them into a concise detailed history and screening. The newly employed ophthalmic assistant is already concerned about efficiency due to the many cutbacks in insurance reimbursements, now making the volume of patients a priority. The entry level ophthalmic assistants need to be guided to look for non-verbal cues as well as the spoken cue. They should look at the demographics before calling the patient and to look at the patient who is called. Did the patient hear you call? (The patient may be hard of hearing – part of your history and something the physician would like to know when they begin to discuss diagnosis and treatment). Did the patient get up quickly or slowly? (Could be arthritis, knee joint surgery, hip surgery, high blood pressure problems, low blood pressure problems.) Does the patient look you in the eye as you lead them back? (Can they see you? Do they look off center? Do they have glasses on? Do they have someone with them?) The ophthalmic assistant can begin to capture some of the history in the short walk back to the exam room. Each step in the screening process of an engaged ophthalmic assistant instills confidence in both the patient and the assistant and the doctor can trust the knowledge is concise, detailed, and accurate. As the confidence of the assistant grows, the volume of patients will grow because each assistant can now screen faster and more accurately. The patient’s perception of the caliber of care now improves, and also increases the quality time with the physician.

The second aspect is leading the assistant down the path of networking that will educate and encourage, thereby resulting in employment retention. Many practices are busy enough that they cannot spare a senior technician to be shadowing an entry level assistant for a full week or two, but knowing as soon as the entry level assistant is producing trustworthy screenings accurately and efficiently, this will begin to increase the number of patients the assistant can screen per day. Encouraging and mentoring the assistant to become a Certified Ophthalmic Assistant (COA) will dramatically improve the practice as shown by the example below from a lecture given by Kenneth E. Woodworth, Jr., COMT, COE, FASOA (at KATPO 2014)¹

VALUE OF CERTIFICATION AT KEI (increase per technician)

- 1 more patient per hour
- 5 more patients per day
- 25 more patients per week
- 1250 more patients per year

Many times OJT (on the job training) omits the history, anatomy, and the thought process behind a diagnostic test is to be performed. By providing and paying for access to courses such as Eyetec.net Ophthalmic Assistant Basic Training, many of these topics are covered in written form along with U-tube videos for a visual example, and at course completion there is a written multiple choice test, so the assistant can see their progress. Courses like these are very affordable for the employer as this particular course costs \$19 for 3 months access to the site (at the writing of this paper). Many other resources such as JCAHPO & ATPO Pocket Guide, Flash Cards, and books on assisting are available for a practice to purchase. Creating a library with a check-out system will work well in most

practices. A quote from the Forum Focus online blog, discusses employee education benefits; “Investing in people only makes sense. Not only will the investment boost your human capital, it will lead to greater productivity, innovation, and success. Continuing to train employees will not only hone old skills, but it encourages the development of new ones.”²

Investing in the entry level assistant is the best career move for a practice as well as the employee. It shows from the beginning the practice recognizes them as a valuable resource in the organization. It shows the organization expects and is willing to help train persons, in order to get excellent patient care services promptly and accurately.

The third area is altruism. Personally, I have found great joy in aiding needy people by handing out reading glasses at local soup kitchens and have found that my co-workers also experience the same joy. But much more is accomplished with this real world community service. The employees become more excited about their job; they are eager to research a condition they may have seen for the first time; they feel more connected to each other building a solid team at the practice and begin to talk positively around the office. The possibilities are endless as to how to incorporate altruism within the office. Some examples are; participating in health fairs by showing disease related videos, collecting funds and participating in eye disease related walks, and even helping the local school system with school vision screenings. Teams for local, national, and international vision aid missions have been created from small practices; all that is needed is a will to do so.

Training our replacements is of importance to any eye care team. Incorporating mentoring, networking, and altruism are a start to building technician confidence. Training them to perform accurately and efficiently is one of the greatest gifts we can give to our practice, the patients, the community, and the world.

¹ Kenneth E. Woodworth, Jr., COMT, COE, FASOA, lecture given at KATPO Feb. 2014 in Lexington, KY.

² Hefferman, Margaret, online article written in Forum Focus, Friday, July 27, 2012, at 8:12 a.m.