

## **“The Importance of My Role on the Eye Care Team” by Maranda Norton**

It was on a Tuesday morning when Paul, a 60 year old male, arrived at our clinic for the first time. He had had herpes simplex virus (HSV), a penetrating keratoplasty (PK) with re-suturing needed, cataract removal, and an attempted posterior endothelial keratoplasty (EK) all in the left eye. Due to a failed graft, a third transplant was anticipated.

His story began in 1999 after rubbing his left eye with a sawdust- and diesel-covered glove at work. He used some drops given to him for 3 days provided by his employer. During this time his eye got very red. After seeing an eye doctor he learned that the drops he was given had been expired and possibly contaminated, therefore, he was referred to a corneal specialist.

After his original PK attempt he had complained of decreasing vision and pain. He was concerned and uneasy about how the events had transpired. He was discouraged and had mixed emotions. Yet he was hopeful the vision in his left eye could be rescued, so he chose to come to our clinic for a second opinion.

He was experiencing blurry vision, light sensitivity, loss of side vision, and double vision. Additionally, his eye was painful, itchy, red, producing excess tears, and had abnormal discharge. These symptoms caused him trouble with driving, reading, cooking, and even watching TV. He frequently depended on assistance from his family.

Over the past year I have been working as one of three ophthalmic assistants for an ophthalmologist who specializes in corneas. The location of our clinic is in a small rural town with an average drive of 4 hours from any major city. We cater to a number of small towns surrounding our valley. Due to the need of quality ophthalmology care in our area, we get a wide spectrum of patient needs. With the help of Paul’s story, I will share the importance of my role as an assistant on our eye care team.

First, I would define a team as a group of individuals who share a common mission. The mission is achieved through the contributions that each member in the clinic has according to their own positions, competence, skills, and knowledge. Regardless of variety of positions in our practice I believe there is an umbrella mission to achieve in our local area; to improve eye health and reduce vision impairment.

As an ophthalmic assistant my part in the mission is to be a supportive role to the physician and ensure quality patient care. During my experience with Paul, I noticed there are at least four ways I can achieve my goal:

- \* Attention given to patient needs through smooth patient flow, quality patient education, necessary emotional support, a pleasant environment, appropriate scheduling, and timely responses.
- \* Acting as a human communication “portal” providing a link between patients, physician(s), support staff, and additional care providers to ensure effective and efficient patient care.
- \* Collect thorough information and data through taking histories, diagnostic testing or imaging, and medical records.
- \* Through efficiency by anticipating needs, coordinate clinical workflow, and maintaining clinical inventory, supplies, and equipment.

During Paul’s time with our clinic I have contributed towards his care through taking his history, gathering records, doing diagnostic imaging, surgical assisting, ordering medications, providing patient education, scheduling appointments, communicating with family members, and being an emotional support. Overall my responsibility is to guide and track a patient through their journey ensuring their care is complete.

Paul has had another corneal transplant (DMEK). He struggled with spikes in his intraocular pressure resulting in a YAG PI, edema, persistent clefting with two anterior chamber air injections, and neovascularization. There were countless hours of driving for multiple visits, use of multiple medications, consistent head positioning, and the constant fear of possible rejection or re-occurring HSV.

Although Paul's vision has improved he is not finished yet. We still see him regularly to check his medications, monitor his sutures, provide options for astigmatism, and to watch for early signs for a third graft rejection. Regardless of the multitude of appointments, Paul is consistently beaming, joking, and thanking the staff for our care. Patients like him and the ability to help him reduce his vision impairment and watching him transform, helps to define the importance of my role as an ophthalmic assistant.