

Bridging the Gap Between Seasoned and Unseasoned Workers

Jane T. Shuman, COT, COE, OCS

As with most situations in a practice, there are both advantages and disadvantages to staffing your office with newcomers to the field or those who have been in the industry for many years. As the baby boomers reconsider retirement, we find a mature staff working side by side with the younger generation of techs. They both have a lot to offer your patients when they are encouraged to learn from one another.

On the one hand ...

There is no doubt that the technicians with the most seniority know the practice protocols, scheduling nuances, physician preferences, and most importantly, the patients who return regularly. They may even be on a first-name basis, at the patients' request.

This is the staff that remembers what the practice was like before it grew to its present size. They may have helped open the first location when the solo doctor saw a fraction of the average number of patients they examine today. They can attest to the fact that the doctor can refract because they used to watch him refract every patient.

On the other hand ...

The staff that has been added as a result of this growth may not have had the luxury of having been trained during "down" time because these days there is very little of it. Instead, they have learned the components of the work-up and diagnostic testing and been directed to work up patients with an eye on the clock.

[Learning EMR] ... usually breeds collaboration

As a result they may be able to work up at a pace that leaves the more senior technicians working slowly by comparison.

Who is the better technician—the person who can surpass the national benchmarks for work-up times, without much personal interaction, or the one who is extremely thorough and personable, taking twice as long with her patients?

Bridging the divide

Both seasoned and novice technicians bring value to the practice but often are so busy criticizing the others' work habits that they are unable or unwilling to learn from one another. Not only does this affect the morale of the practice, but the patient care can suffer when it becomes tenable. The divide might widen as practices try to adjust to the coming changes.

Change is hard for many people. Yet in this age of healthcare reform and given the current demographic—an aging population in need of eyecare—little remains the same. Documentation requirements are under increased scrutiny, and techs are asked to spend less time with each patient without compromising care and to work up an increasing number of patients each day. The greatest sea change is the transition to an electronic medical record, forcing everyone to give up the security

of the paper chart for the unknown of the computer program.

The most experienced techs may be the most resistant to change. They were key clinical staff when the ophthalmologists saw 25 to 30 patients a day. Over time, that number has doubled, and although there are more coworkers today, the number did not increase proportionally with the additional volume or demands.

Technology's silver lining?

As we hire clinical workers today, we are likely to assess computer literacy, knowing that an electronic medical record is part of our current or future workflow. The introduction of this new technology may be the factor that evens the playing field. Those who are facile with computers may be able to help those who are accustomed to paper charts use the technology more efficiently. Conversely, the techs who have always spent longer-than-average times working with their patients might feel the pressure to reduce work-up times in order to keep the traffic moving.

Most importantly, everyone will be learning the EMR system simultaneously. This usually breeds collaboration, not only during the initial training period, but as upgrades are introduced and the occasional technological hiccup occurs. **AE**



Jane T. Shuman, COT, COE, OCS (857-233-5891, Jshuman@eyetechs.com), is president of Eyetechs Inc., Boston.