



Competency Testing = Top-notch Patient Care

Jane Shuman, COE, COT

Have you ever wondered why some of your technicians perform patient workups much faster than others? After all, all technicians are supposed to follow the same protocol for the physician or for all physicians in the practice. Are some technicians better than others, or do a few talk too much? Neither may be true. Perhaps a few of your technicians are more competent at the tasks than others who take shortcuts because they don't fully understand what they are looking for.

Many of us make the assumption that there is only one way to perform each component of the workup examination. Furthermore, once a technician has learned how to perform his or her job, it is easy for that person to work on "auto pilot," creating the potential for the technician to miss key clues about an underlying condition. Although ensuring technicians perform workups in a timely fashion is crucial, comprehension of the process and the premise of that component of the workup are just as important.

Why Perform Competency Testing?

The best way to assure yourself and your physicians that you have a topnotch

staff is to have your lead technician perform competency testing on all your clinical staff. When many practices take this step, they focus on the newer staff or those who have had minimal formal training. However, all staff, even those who are certified at the technician or technologist level, should be observed. It is easy to develop inaccurate shortcuts in the interest of efficient use of time. As a result, technicians can often lose the intent.

Standardizing Care

Before evaluating your staff, the physicians or lead technician should develop one standard for each test. As an example: "Confrontational visual fields are to be performed with the tester keeping open only his or her eye opposite the patient's eye being tested, seated knee to knee." I have observed, from across the exam room, technicians who keep both eyes open. This will change the interpretation of the test because the peripheral field will appear different to the technician and the patient.

This evaluation of your technicians can be as detailed or as simple as you choose. However, it should be performed consistently among all staff and include

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all tests performed by all staff. Staff should be informed that this will be an ongoing, random project, as time allows. If junior technicians understand that no one will be spared, they probably will not feel as though they have been singled out for observation.

Some practices may choose to evaluate only the performance of a procedure. However, it is imperative that the technicians explain what they are looking for and why. Questions to prove comprehension might include “what if . . .” and ask about abnormal findings. For instance, “What does an afferent pupillary defect (APD) indicate? What might that be indicative of? Why is it important that a previously undocumented APD not be dilated?”

An Opportunity to Improve

Those that need improvement in any given area can receive individual instruction as time allows. This should come from one person, however, so all

staff perform components of the workup in similar fashion. Newer assistants tend to question their peers, not their boss, about proper technique. This may be the root of the differences and should be discouraged. One may say it’s okay to perform cover testing without glasses, when in actuality the patient should wear spectacles during this part of the workup. This is how a variation of technique is born.

Perhaps the area in which there is most variation is refraction. Perhaps you have five experienced technicians who have refracted for years, with excellent results. Yet each one’s technique may vary slightly from that of the others. Providing the end point is the same, with the maximum amount of plus sphere, this should probably be allowed. Another way to track which technician has the poorest satisfaction rate is to analyze the “bounce” prescriptions; that is, patients who return to report a problem with their new glasses.

Interaction with Patients

It is interesting to listen to your staff instruct patients on the proper procedure for each component. You may learn that a technician takes it for granted that patients know how to hold the occluder or that their chin belongs in the chin rest and their forehead against the bar when positioned at the slit lamp. It is important to stress to your technicians that they must repeat even the simplest instructions to every patient every time. The directions should become so automatic to every technician that he or she feels like a broken record by the end of the day.

Observing workups also gives you a wonderful opportunity to evaluate your

staff's interpersonal skills. Keeping in mind they will be on their best behavior, you can observe how they address the patients and whether they precede the patient into the examination room, wash their hands properly, and follow infection control standards. Do they listen—and hear—what the patient is saying so they can take a thorough chief complaint?

This can also be an opportunity for reverse observation. The staff person may ask to shadow the lead technician at some point. This is a means of observing the "right" way to perform particular skills, perhaps in a more efficient manner.

The Bottom Line: Great Patient Care

Many supervisors look for work when providers are out of the office. Standardizing workup procedures and testing all staff will help ensure your patients receive the top-notch care they deserve.

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