Three Key Questions for Managing Your Techs

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I often hear that managing the technical staff is different from managing the rest of the employees. It is a consistent theme whether the practice is that of a solo practitioner or it is a large practice with multiple satellite locations spanning several states.

Several factors contribute to this situation:

- The structure of the clinical hierarchy might be breeding isolation. When techs work in a "pod," often for specific providers, they may become isolated from the rest of the clinic processes. This is in sharp contrast to those practices that pool their technicians to work up patients for all doctors.
- The nature of the technician–physician relationship might be disrupting the expected chain of command in the clinical hierarchy. Technicians work closely with the doctors, more so than any other group of staff. Consequently, techs tend to ask the physicians for advice and also for the doctors to circumvent their supervisors when something needs to be corrected. Because the doctors are perceived as the "boss," staff members do as they are asked.
- Physical plant and/or leadership structures (or lack thereof) at satellite locations might have different expectations. Often, satellite locations operate differently from the main office. Remote locations frequently began their existence as an independent practitioner's office. The physician and staff were absorbed by the new owner, yet the previous processes (and often identity) were maintained during and after the transition.
- Clinical staff may travel from location to location as a dedicated team, reinforcing the "chain of command" issues cited above.

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Who Is Managing the Techs?

If you are finding that technicians in your practice seem to require different "handling" techniques than other employees, the first question to ask is, "Who is managing the techs?"

Ideally, and of course depending on the size of the practice and the number of staff, you should have a clinical supervisor or lead technician in place to perform this function. No matter the person's title, the job description should clearly reflect the expectations that person must meet. Historically, this leader has always been a technician, often promoted from within because of her clinical skills, not her leadership abilities. Yet many practices are recruiting these managers from other disciplines with similar work flows (physical therapy,

radiology, dental assisting) and then teaching them the workflow in an ophthalmology office. Leaders who are driven to excel will learn the ophthalmology-specific skills over time to be able to better manage the clinical staff.

How Are Techs Being Managed?

The supervisor needs to manage techs with fairness. Those who have risen to the supervisory position because they are excellent techs might be expected to lead by example. The risk with this approach is that the peer is now the leader. The newly promoted tech may have favorite staff and preferred providers; the key, however is to treat everyone equally and fairly, even at the risk of disappointing friends in need of favors.

To accomplish this, the tech must sense the clinic's "big picture" mission along with its everyday goal of providing quality care to all patients for all doctors. The difficulty is to convey this message consistently to all staff. This is best done by establishing protocols and then requiring everyone to use them.

Techs promoted from within often prefer to remain in the work-up pool rather than supervise others. This tends to leave staff members waiting for patients and the leader scrambling at the end of the day to complete her administrative tasks. If the supervisor is a tech herself, she should shadow her staff to ensure that they understand the skills, and reinforce consistent practices and workflow efficiencies so that all patients have a high-quality experience. The supervisor should be the last person added to the roster of work-up techs, to provide her with the balance to manage her staff and perform her administrative functions.

To Whom Does the Lead Tech Report?

In the clinical area, this can seem to be multiple people, but generally speaking, the clinical manager will report directly to the practice administrator. Clinical leads in satellite offices should report to the clinical manager.

Because of the close working relationship between technicians and their doctors, the reporting structure is often overlooked or omitted until "after the fact." The oversight or omission might be clinical in nature—a procedure might have been performed before authorization was obtained or an ophthalmologist might overlook or forgive behaviors that would not be tolerated in other areas of the practice. (This is most precarious when the behaviors overlooked belong to the clinical leader.)

It is the practice manager's responsibility to make certain that all staff and all doctors understand the proper reporting structure of the practice. When the reporting structure is circumvented, it is the manager's responsibility to let the parties know that this behavior will not be tolerated. It may take several attempts, but eventually, the doctors will devote themselves to practicing medicine and let the administrators use their talents and staff to manage the technical staff. AE

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Industry Launches American Refractive Surgery Council

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On October 7, 2010, a group of major ophthalmic industry organizations announced the launch of the American Refractive Surgery Council, a cooperative working group that will address public and market education and support research involving laser- and lens-based refractive technologies.

Part of the Council's mission will be to address confusion about the safety and effectiveness of these technologies, as reported in the media. The ARSC's Board of Directors is composed of representatives from the three founding companies (Alcon, Abbott Medical Optics, and Bausch + Lomb) and the American Society of Cataract and Refractive Surgery (ASCRS). Richard Lindstrom, MD, will represent ASCRS. ASCRS appointments to the ARSC's subcommittees include Eric Donnenfeld, MD (Refractive Laser Subcommittee), and David Chang, MD (Refractive Intraocular Lens Subcommittee).