Train the Trainer: Specialized Training for Ophthalmic Technician Educators

MC05 | Nov. 3, 8 a.m. – 2 p.m.

Moscone Center, San Francisco

American Academy of Ophthalmic Professionals™ (AAOP™)

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AAO 2023 | November 3-6, 2023 | San Francisco, CA
Moscone Center

Friday Intensive Class (MCO5)
Train the Trainer:
Specialized Training for Ophthalmic Technician Educators

Senior Instructor:
Amy Jost, COMT, MEd, CCRC, CTC, CEP, (F)ATPO, (F)KATPO

Co-instructors:
Russell Collins, JD, COT
Sergina Flaherty, COMT, OSC, CTC, (F)ATPO
Matthew Parker, Ph.D., DSc., CLSSMBB, PMP, CTC, COMT, (F)ATPO
Veronica Plessinger, BA, COMT
Jacqueline Pullos, COMT, OSC, CTC, (F)ATPO
Rhonda Ullom, COMT, FCLSA, OSC, OCS, OCSR

AAOP™ 2023 | Train the Trainer Presenters

Amy Jost, COMT, MEd, CCRC, CTC, CEP, (F)ATPO, (F)KATPO
Senior Instructor

Amy Jost is the National Training Manager of Clinical Education at EyeCare Partners (ECP). In this role, she is a trainer and consultant focusing on building technician training programs at ECP practices, promoting continuing education and certification and trainer development. Ms. Jost has been in ophthalmology for 27 years, most of those years filling various clinical, surgical, training, and research roles at Cincinnati Eye Institute. She is a past president and fellow of the Association of Ophthalmic Personnel in Ophthalmology (ATPO), which transformed into the American Academy of Ophthalmic Professionals (AAOP). She has shared her knowledge with others through more than 260 presentations at local, regional, national, and international meetings. Her combined passion for ophthalmology and training resulted in the creation of a collaborative textbook titled, *Train the Trainer: Ophthalmic Training Strategies that Work!*

Russell Collins, JD, COT
Co-instructor

Russ Collins is a Certified Ophthalmic Technician (COT), practice administrator, and technician trainer at CVP Physicians Dayton, EyeCare Partners, in Dayton, Ohio. He obtained his undergraduate degree at Kentucky Christian University majoring in theology and education and his Juris Doctor at the University of Kentucky. He has been active in ophthalmology for 23 years serving in many roles including technician, clinic lead in multiple ophthalmic subspecialties, technician training, management, and practice administration. He has been an active member and served on multiple committees with Association of Technical Personnel in Ophthalmology (ATPO), now known as the American Academy of Ophthalmic Professionals (AAOP). Mr. Collins has presented on multiple technician topics at the state and national level. His passion lies in technician training and development.

Sergina Flaherty, COMT, OSC, CTC, (F)ATPO
Co-instructor

Sergina Flaherty is a Certified Ophthalmic Medical Technologist at Stone Oak Ophthalmology in San Antonio, Texas. Ms. Flaherty is an internationally recognized speaker, author, and trainer in the eye care industry. As owner of Ophthalmic Seminars of San Antonio, she conducts instructional seminars providing education to ophthalmic assistants and technicians and encourages IJCAHPO certification at all levels. Ms. Flaherty is a past president of the Association of Technical Personnel in Ophthalmology (ATPO), now known as the American Academy of Ophthalmic Professionals (AAOP).

Professor M. Parker, Ph.D., DSc., CLSSMBB, PMP, CTC, COMT, (F)ATPO
Co-instructor

Professor Matthew Parker has served in ophthalmic healthcare for over 35 years. Dr. Parker is the Founder and Chief Executive of PACT Matters, LLC, an ophthalmic medical consulting firm specializing in service-specific continuous improvement, Six Sigma coaching, team dynamics, managing change, education, and development. After graduating from the Academy of Health Sciences, Fort Sam Houston, Texas, Dr. Parker continued his quest for academic excellence while educating others. He credits his professional development to the many military ophthalmologists and their willingness to educate technicians. Dr. Parker became a certified lean specialist in 2017 and continues to teach and develop medical best practices in the United States, Nigeria, Australia and New Zealand.

Veronica Plessinger, BA, COMT
Co-instructor

Veronica Plessinger is currently the clinical director at Eye Care Associates, Inc., in Youngstown, Ohio. She has served on the board of directors at ATPO and its various committees for many years. She is a member of the Train The Trainer faculty and lectures at state and national meetings on various topics. Ms. Plessinger started her ophthalmic career working in optical sales for Pearle Vision in 2005, then became a tech for Tri-State Ophthalmology in Ashland, Kentucky from 2006-2011. In 2010, she served as Vice President for the Kentucky chapter of ATPO (KATPO) and was a valued member of the board. In 2011, she began at Eye Care Associates in Youngstown, Ohio, and from 2016-2021, she was also the clinical lab instructor for Mercy College of Ohio's Ophthalmic Technology program. She currently serves on the AAOP Planning Committee and OOS Planning Committees. She has a true passion and love for everything "eye" whether it is teaching, teaching or leading.

Jacqueline Pullos, COMT, OSC, CTC, (F)ATPO
Co-instructor

Jacqueline Pullos is a consultant with Eye Tech Training, specializing in staff training and education for allied ophthalmic professionals. A graduate of The American Institute of Medical and Dental Technology (now Joyce University), Jacqueline has over 35 years of experience as an ophthalmic technician, and over 20 years of formal training experience. Prior to her career as a consultant, Jacqueline was the technician staff educator for Moran Eye Center at the University of Utah, where she designed, developed, and delivered training programs for technicians as well as a preceptor training program. She has taught numerous courses and workshops for IJCAHPO and ATPO at the local, state, and national levels, and has been involved in training ophthalmic technicians and nurses in South Sudan, Cameroon, Tanzania, and Micronesia with Moran Global Outreach and Orbis International. Jacque has written a number of articles regarding technician training and is a co-author of *Train the Trainer: Ophthalmic Training Strategies that Work!*

Rhonda Ullom, COMT, FCLSA, OSC, OCS, OCSR
Co-instructor

Rhonda Ullom has been in the field of ophthalmology for over four decades. She began her career as a surgical technician for a small private practice in West Texas. Everywhere her career has taken her, Ms. Ullom has tried to serve on local and state boards, teach courses for the different organizations, do mission and charity work and always elevate those AOP around her. She loves the field of ophthalmic technology and considers it an honor and privilege to contribute to it. Ms. Ullom is the CEO of BottomLine Ophthalmic Consultants, LLC and does ophthalmic consulting, training, and program development.

PRESENTATION SLIDES

Session 1

AMY JOST, COMT, MED, CCRC, CTC, CEP, (F)ATPO, (F)KATPO

TRAIN THE TRAINER

Specialized Training for Ophthalmic Technician Educators

American Academy
of
Ophthalmic Professionals

Train the Trainer:
Ophthalmic Training Strategies that Work!

TTT Agenda for Today:
- Successfully Onboarding Clinical Staff using Industry Guidelines
- Effective Training Principles
- Six Steps of Building Curriculum (interactive sessions)
- Setting Expectations for Clinical Staff
- Teaching Refractions
- Teaching Applanation Tonometry
- Ask the Experts Panel

TTT Faculty

Amy Jost

Russell Collins

Jacqueline Pullos

Rhonda Ullom

Veronica Plessinger

Matthew Parker

Sergina Flaherty

3

TRAIN THE TRAINER

Successful Onboarding Using Industry Guidelines

Amy Jost, MEd, COMT, CCRC

American Academy
of
Ophthalmic Professionals

Amy Jost, MEd, COMT, CCRC, CTC, CEP
National Training Manager, Clinical Education
EyeCare Partners

No Financial Interests

Ideas on Training

- In an environment overwhelmed with staff shortages, hiring and training have become a priority.
- Effective Training is an excellent return on investment:
  - Be intentional
  - Identify needs
  - Create a training strategy
  - Assess for success
  - Evolve as needed

6

**Plant the seed..
Watch it grow..**

Solutions to the Shortage of AOP

Hire and Retain Them
- Define a "perfect candidate"
- Create job descriptions to attract the right candidates
- Recruit good candidates, even without experience
- Hire excellent candidates
- Compensate wisely

Train and Empower Them
- Commit to training
- Identify effective trainers
- Use competency-based training methods
- Evaluations and feedback
- Encourage certification
- Continue to educate

Ideal Characteristics

Technician
- Great first impression (smile, good handshake, professional)
- Positive attitude
- Enjoys working with people
- Good communicator; Listens and responds appropriately
- Wants to learn
- Organized yet flexible
- Dependable

Effective Trainer
- Knowledgeable and Experienced
- Genuine desire to train successfully
- Excellent communicator
- Teaches to competencies
- Available and accessible
- Positive attitude, cheerleader
- Ongoing mentor

Creating Effective Training Strategies

- Set the standards/Define the "perfect scenario"... and work towards it
- Create New Hire Orientation Checklist
- Use the Six Steps of Building Curriculum
- Set expectations for all key stakeholders
- Create standards, processes, and define roles & responsibilities
- Share relevant and timely feedback
- Constantly evolve
- Coach constantly
- Celebrate successes

Example of Technician Training Content

|	
All new staff	→ New Hire Orientation and Onboarding
Experienced	→ Skill Eval, Skills Gap Analysis, Training as needed
No Experience	→ Ophthalmic Concepts (A&P, Pharm, Med Terms/Abbrev) → Ophthalmic Skills (Start Basic, build foundation) → History Taking Training and EHR Documentation → Build critical thinking skills (key to success)
All Techs	→ Regularly scheduled competency evaluations → Encourage certification and CE → Create/Offer CE Events regularly

"

Tell me and I forget, teach me and I may remember, involve me and I learn"

Benjamin Franklin

Tech Training Program (6-8 weeks)

- Choreographed training program building from basic to advanced- level ophthalmic skills
- Use industry guidelines
  - AAO
  - IJCAHPO
  - OPS
  - CLSA
  - CMS
- Use consultants

Advanced

Intermediate

Basic Education
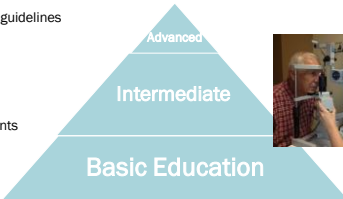
Triad of Tech Training Curriculum

Ophthalmic Concepts
- Anatomy & Physiology
- Refractive Errors & Correction Options
- Common Ocular Conditions
- Ocular & Systemic Pharmacology
- Medical Terms & Abbreviations
- History Taking and Documentation

Ophthalmic Skills
- Lensometry
- Visual Acuity
- Ocular Motility & Alignment
- Pupillary Assessments
- Angles Assessments
- Visual Fields/CVF/ Amsler Grid
- Refractometry/Retinoscopy
- Tonometry
- Diagnostic Testing/Imaging

Excellent Patient Care
- Customer Service
- Effective Communication
- Professionalism
- Compassion/Empathy
- Timeliness/Attendance
- Patient Education & Advocacy
- Managing Difficult Situations

Healthy Growth

Provide water and sunlight, and enough space to grow.

Too much or too little, can hinder growth.

15

Timeline

Weeks 1-2
- Provide an introduction to Ophthalmology
- Identify training plan, trainers, & logistics
- Help them feel welcome and important
- Evaluations & Feedback

Months 2-3
- Solidify the basics
- Introduce additional skills/concepts
- Evaluations & Feedback

- Apply new information in clinic
- Build on foundation
- Critical period for retention
- Evaluations & Feedback

- Perfect skills
- Continue to educate
- Prep for certification
- Evaluations & Feedback

Weeks 3-4

Months 4 and beyond

16

Ophthalmic Skills Workshops & Training Modules

- Observation, hands-on workshops, supervised patient care, ultimately... sign-off
- Lay the foundation, build up skills:
  - Explain refractive errors before Lensometry/Refraction
  - Setting the Phoropter before Refractometry
  - Slit lamp before Applanation Tonometry
- Trusted online training sites
  - AAO, IJCAHPO, OPS, CLSA, BSM Consulting, EyeTec.net, Tim Root OphthoBooks videos, simulators, industry websites, etc.

Build Critical Thinking Skills

Important to understand:
- **WHAT** are you measuring/imaging and **WHY**?
- **WHAT** is normal? **WHAT** is abnormal?
- If you find an abnormal reading should you do **More**? **Less**? **Something different**? **WHY**?
- **HOW** do you document the results?
- Think about what part of the eye is affected, **HOW** might this affect the work up?
  - **WHAT** HPI questions should be asked?
  - **WHAT** Tests should be performed based on patient complaints? Doctors Orders?
  - **WHAT** might be contraindicated?

Evaluations & Feedback

Skills Evaluation
- 2 weeks
- 1 month
- 3 months
- 6 months/ Efficiency Assessed
- 1 year
- Annually

19

Knowledge Assessments
- Verbal quizzes and discussions
- Organic opportunities, teaching moments
- Quizzes and tests
- History Taking
- Terminology/ abbreviations/ vocabulary

Professionalism
- Attendance
- Attitude
- Aptitude
- Adaptations

Certification Expectations

- Independent Study Course on-line exam by around 4-8 months
- Basic level certification between 6-18 months

Resources:
- Library
- On-line resources
- Study groups
- Exam review sessions

Continuing Education Opportunities

- Various CE Events offered every month, some with CE credits
  - Common Conditions, Diagnostic Testing, Pharmacology, Anatomy, Dissection, etc.
- Represent various sub-specialties throughout the year
- Include small group, lectures, hands-on workshops
- Allow new techs to observe in other clinics and in surgery
- Consider attending local/regional/national CE meetings
- Webinars and other on-line teaching content

Summary

Commitment to Training & Education
Be intentional

Recruitment and Interview Processes
Find, hire, and retain the right candidates

Onboarding and Orientation
Help your staff feel welcome and an important part of the team

Training Strategies
Identify needs, commit to training time, and resources

Evaluations and Feedback
Feedback is critical to success

Evolve with Priority Changes
Change is inevitable, keep up with it, and communicate often and effectively

22

Thank you

We hope your time spent in the Train the Trainer sessions is helpful and productive!

Amy Jost
AmyJost.COMT@gmail.com

Notes

Enjoy your book, *Train the Trainer, Ophthalmic Training Strategies that Work!*

Session 2

RUSSELL COLLINS, JD, COT

Slide 1

TRAIN THE TRAINER

Effective Training Methods: Adult Learning Principles

Russell Collins, COT, JD
Practice Administrator &
Technician Training
EyeCare Partners

American Academy of Ophthalmic Professionals

Slide 2

FINANCIAL DISCLOSURES & THANK-YOU'S

- I have no financial interests relative to this presentation.
- Products I mention are simply training tools I have found helpful.

Special Thanks:
Contributors to this session: Christine McDonald and Jacqueline Pullos, COMT)

"What's the opposite of 'Eureka!'?"

Slide 3

OBJECTIVES

- Important characteristics and responsibilities to consider when selecting a trainer
- Matching different training styles and learning styles
- Setting training expectations

Slide 4

WHY IS GOOD TRAINING SO IMPORTANT?
Because sometimes you don't know what you don't know!

Slide 5

SELECTING A TRAINER

Slide 6

TRAINER

Fundamental Characteristics
of an Exceptional Trainer

What characteristics should a trainer possess and why are they important?

- Organized
- Flexibility
- Knowledgeable
- Good Communication
- Motivating
- Patience

Welcoming
Inspiring
Sense of Humor
Empathy
Intuitive
Results Focused

Rapport / Teamwork
Knows material
Integrity
Training has purpose
Stay on track
Relatable terms

Effective too!

Roles and Responsibility of Training

- **Create an Environment of Learning**
  - Prepare educational materials
  - Conduct training sessions
  - Set training schedule
  - Conduct evaluations

- **Allow technician trainees to experience what they learn**
  - Conduct training workshops
  - Different mediums and formats
  - Use discussion as a learning method

- **Encourage the trainee**
  - Support and mentor trainees
  - Show empathy
  - Different backgrounds
  - Respect trainees have different learning styles

RESPECT TRAINEES HAVE DIFFERENT LEARNING STYLES

- **Learning Styles:**
  - Trainees learn differently
- **Preference in how information is:**
  - Absorbed
  - Processed
  - Comprehended
  - Retained
- **Depend on:**
  - Cognitive
  - Emotional
  - Environmental
  - Prior experience
- **Understand differences:**
  - Curriculum
  - Activities
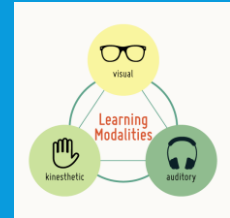
VISUAL LEARNERS

- **Images = Information**
- **Images and decision making**
- **Watch tasks performed**
- **Face to face communication**
  - Short, to the point
  - Look at them when speaking
  - Use pictures, graphs, diagrams
- **Problems solving skills**
  - Deliberate
  - Organized
  - Plan in advance
  - Write it out
- **Under Stress**
  - Blame others

AUDITORY LEARNERS

- **Use sound to learn and perceive the world**
- **Depend on spoken words**
- **Excellent listeners**
- **Like to talk**
  - Use discussion
- **Problem solving skills**
  - Talk it out
  - Weigh pros and cons
- **Distracted by noise**
- **Under stress**
  - Distracted

TACTILE OR KINESTHETIC LEARNERS

- **Use hands/sense of touch**
- **Feel experience**
  - Do task
- **Use hand jesters**
- **Poor listeners**
- **Inattentive/distracted with visual and auditory presentations**
- **Quick to lose interest**
- **Problem solving skills**
  - Attack impulsively
- **Under stress**
  - placate

Learn by **DOING**.

ADDITIONAL TYPES OF LEARNING

Experiential
- Allows opportunity to:
  - Take initiative
  - Be accountable
- Learn through experience
  - Trying
  - Reflecting
- Engage intellectually and creatively

Observational
- Social learning
  - Attention
  - retention
  - production
  - motivation
- Watch task performed, participate in learning
- Gain skill by working with "Masters"

Inquiring
- Comprehend process as a whole
  - Inquire
  - Consult others
  - Evaluate possibilities
  - Finalize learning

Assess Your Training Style

What is your training style?

- **Traditional**
  - Focus is on the trainer
  - The training is content driven
  - Learning is dependent upon listening and observing

- **Collaborative**
  - Trainee and trainer work one-on-one or trainees in groups
  - Learning centers on exploration or application
  - Performing tasks and solving problems

- **Facilitative**
  - Learning is process driven
  - Focus is on the trainee
  - Learning takes place independently

When is each Style Most Appropriate?

- **Traditional**
  - Inexperienced trainees

- **Collaborative**
  - Any and all trainees

- **Facilitative**
  - Experienced or motivated trainees

- **Other Factors to Consider**
  - Training time available
  - Content
  - Skill level as an instructor.
  - Success = flexibility and adaptation

Learning Pyramid

average student retention rates	
	Lecture
10%	Reading
20%	Audiovisual
30%	Demonstration
50%	Discussion
75%	Practice doing
90%	Teach others

Source: National Training Laboratories, Bethel, Maine

MOTIVATING ADULT LEARNERS

- **Create relevant useful learning experiences**
  - Help them understand reasoning (The "Why")
  - Immediately useful and valuable for work being done
  - Focus on practical knowledge and skills
  - Individualize learning

- **Facilitate Exploration**
  - Provide resources and different modalities
  - Provide options and choices that promote self direction
  - Use active learning to engage learners

- **Accommodate group interactions**
  - Provide opportunities for discussion
  - Collaboration and problem solving

- **Add Suspense**
  - Make them want to find out more
  - Provide challenges needing to be solved

Challenging Trainees

In what ways can a trainee be challenging?

- Attention grabber
- Shut down
- Challenger
- Smart Phones

How to handle the challenging trainee?

- Don't get defensive
- Call for a break – don't let it escalate
- Pull trainee aside and speak with them
- Break for an activity (or divide into groups)
- Call on them more frequently (attention grabber)

SETTING EXPECTATIONS

Trainer

- Know strength/weakness
- Recruit help (existing staff)
  - Different skill set
  - Reinforces information
  - Mentorship
- Assess time commitment
- Be prepared

Trainee

- Set expectations
- Discuss expectations
- Time commitment
- Set tangible goals

Keys to Success

- Determine goals and objectives
- Create a formal reproducible training program
- Consider different training and learning styles
- Create an environment of learning
- Train "Why"

3

## TIPS AND TOOLS FOR ADULT LEARNERS

Protocol Manual
New Patient Work-Up

1. Take Patient History (Review Past Medical, Family Medical History, Social History)
2. Perform visual acuity, including pinhole testing
3. Assess pupils
4. Assess EOM including cover test
5. Perform Confrontational Visual Field test
6. Neutralize wearing glasses prescription
7. Perform Retinoscopy and Refraction
8. Assess angles
9. Measure intraocular pressure
10. Dilate eyes

FLOW SHEETS
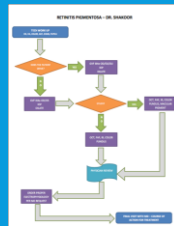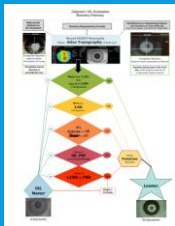
MNEMONIC DEVICES

Learning technique in retaining information
- Short Poem
- Acronym
- Memorable phrase
- Song or Jingle

Layers of the cornea
Every **B**ig **S**trong **D**og **E**ats
- **E**pithelium
- **B**owman's
- **S**troma
- **D**escemet's
- **E**ndothelium

Difference between arteries and veins
Arteries Arrive, Veins Drain

Retinal Detachment 4F's
Floater
Flashes
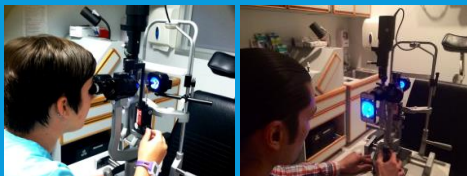**F**ield Loss
Falling Visual Acuity

Layers of the Crystalline Lens
Peanut M&M
- Pea**n**ut = **N**ucleus
- **C**hocolate = **C**ortex
- **C**andy Shell = **C**apsule

TRAINING AIDS WORTH THE INVESTMENT!

RETINOSCOPY/REFRACTOMETRY

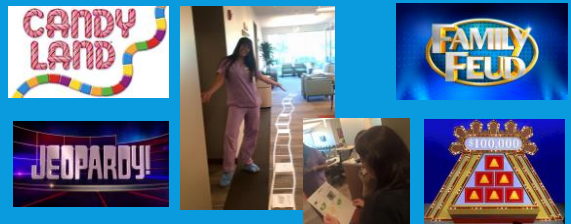## LEARNING ACTIVITIES

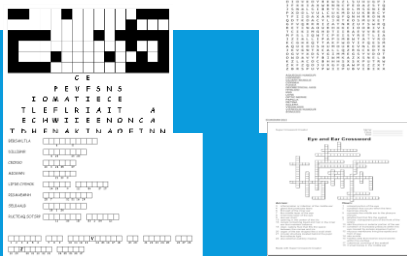## CREATIVE TRAINING AND LEARNING

TRAINERS..........

GAMES

PUZZLES

Beyond teaching your subject, you have the opportunity to inspire confidence and passion in another human being. That kind of teaching changes lives.

"When the student is ready the teacher appears"

Session 3

JACQUELINE PULLOS, COMT, OSC, CTC, (F)ATPO

TRAIN THE TRAINER

SESSION THREE:

BUILDING TRAINING CURRICULUM

Jacqueline Pullos, COMT, OSC, CTC

Clinical Training Consultant

Eye Tech Training

We make training simple and fun!

American Academy
of
Ophthalmic Professionals

Objectives

- Upon completion of this course, the participant will be able to

  - Conduct a training needs assessment
  - Write effective SMART goals
  - Describe the 4 parts of an effective learning objective
  - Use these new skills to create a technician training plan

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TRAINING NEEDS/SKILL GAP ASSESSMENT

- Method of determining training needs:
  - Organizational
  - Individual

- Employee surveys, interviews, observations, and skill assessments; discussions with physicians, supervisors, etc.

FIVE STEPS TO CONDUCTING A NEEDS ASSESSMENT

- **Determine desired outcomes**
  - Big Picture/SMART Goals/Training Objectives

- **Define relevant job behaviors**
  - Core behaviors that support organizational goals
    - Communication: Ability to actively listen, ability to speak clearly and confidently
    - Empathy: Ability to understand another's emotions or point of view
    - Adaptability: Ability to calmly work in a face paced and sometimes stressful environment

- **Identify skill gaps**
  - Difference between current and required skill levels/behaviors = NEEDS

- Training agenda
  - Timelines
  - Prioritize
  - Budget

- Training format
  - Group/Individual
  - Micro/On-demand learning, classroom, spaced learning

TRAINING AND RETENTION

CHANCES OF RETENTION?

- "Sink or Swim"
  - Puts the onus of the outcome on the employee
  - Employee has little to no support system
  - No clear expectations
  - "Win Some/Lose Some"
    - Does this new tech feel valued?
    - What does this say about the organization?

THERE'S GOT TO BE A BETTER WAY...

Image: © Mulaahua | Dreamstime.com - Help

TREAT TRAINING LIKE TRAINING
(YOU NEED A PLAN!)

USING GOALS AND OBJECTIVES TO CREATE A TRAINING PLAN

Goals and objectives help us

– Provide clear expectation of the training outcome

– Design training

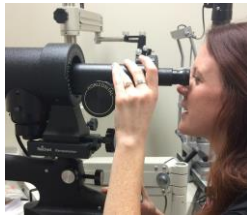– Evaluate skill

– Evaluate the training

GO BIG AND WORK BACKWARDS!

- **BIG PICTURE**
  (IDEAL STATE)

- **SMART GOALS**
  (MOVE US TOWARD "THE BIG PICTURE")

- **OBJECTIVES**
  (HELP US MEET OUR GOALS)

BIG PICTURE

Technicians work in all clinics

Technicians scribe for at least one provider

Technicians float to other locations

SMART GOALS

- Create goals in order to reach the Big Picture

- Effective goals are "SMART"
  - **S**PECIFIC
  - **M**EASURABLE
  - **A**TTAINABLE
  - **R**ELEVANT
  - **T**IME BOUND

S	SPECIFIC	Your goal is direct, detailed, and meaningful.
M	MEASURABLE	Your goal is quantifiable to track progress or success.
A	ATTAINABLE	Your goal is realistic and you have the tools and/or resources to attain it.
R	RELEVANT	Your goal aligns with your company mission.
T	TIME-BASED	Your goal has a deadline.

BIG PICTURE

1. Technicians work in all clinics

SMART GOALS:

Technician will be able to work, supported but without direct supervision:
- in the Comprehensive Ophthalmology clinics at the end of 90 days
- In retina clinics at the end of 6 months
- In neuro-ophthalmology at the end of 12 months
- In oculoplastics at the end of 18 m months

ARE WE READY TO TRAIN?

- Let's break it down a little more…

  – Piece by piece

  – Each piece needs a training list

PIECE ONE - GOAL

Technician will be able to work, supported but without direct supervision in the Comprehensive Ophthalmology clinics at the end of 90 days

CORE SKILLS – COMPREHENSIVE CLINICS

- EMR
- FLOW OF CLINIC
- HISTORY
- VA
- LENSOMETRY
- AUTOREFRACTION
- REFRACTOMETRY
- MOTILITY
- CONFRONTATION VISUAL FIELDS
- AMSLER
- BAT/PAM
- PUPIL EVALUATION
- BASIC SLIT LAMP
- TONOMETRY
- ADMINISTER TOPICAL MEDICATIONS
- CORNEAL TOPOGRAPHY
- HUMPHREY VISUAL FIELDS

PIECE TWO - LEARNING OBJECTIVES

- Each skill or "lesson" needs a set of learning objectives

- Learning Objectives are statements which describe what the learner is expected to achieve as a result of instruction.

LEARNING OBJECTIVES

- Provide a destination

- Guide the trainer in the planning and delivery of instruction, as well as the evaluation of the learner's achievement

- Guide the learner – help them focus and set priorities

- Aid in the evaluation process

Objectives

- Upon completion of this course, the participant will be able to

  – Conduct a training needs assessment
  – Write effective SMART goals
  – Describe the 4 parts of an effective learning objective
  – Use these new skills to create a technician training plan

Objective-based training is TEAMWORK!

- The trainer and the learner agree when the objectives are met

- Educator and Learner are partners in training!
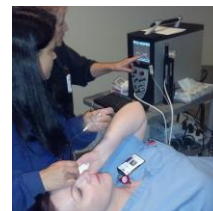
EFFECTIVE LEARNING OBJECTIVES ARE

- Specific

- Measurable

- Contain observable action verbs

- May include conditions

- Include a degree of accuracy

- Realistic/appropriate for the level of t he learner (beginner, intermediate, advanced)

Bloom's Taxonomy

create — Produce new or original work
evaluate — Justify a stand or decision
analyze — Draw connections among ideas
apply — Use information in new situations
understand — Explain ideas or concepts
remember — Recall facts and basic concepts
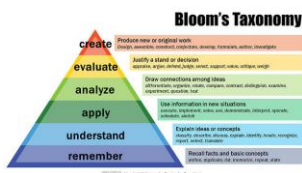
WELL-WRITTEN OBJECTIVES FOCUS ON THE LEARNER

- I'll show you how to write an objective which includes observable action verbs
  Thanks for showing me you know how to do that.

- At the conclusion of this training, the participant will be able to
  – List the 4 parts of an ideal learning objective
  – Write learning objectives that contain an observable action verb
  Thanks for training me, so I can do it, correctly.

WRITING EFFECTIVE LEARNING OBJECTIVES

An effective learning objective includes 4 components, sometimes referred to as the ABCD's of learning objectives:

Audience *(who will receive the training)*
Behavior *(what will the audience know, do, or feel as a result of what they learn, stated as an observable action verb)*
Condition *(special circumstances, if any – special equipment, working in a specific location,* accessing *outside resources, etc.)*
Degree *(what is the performance standard that the audience is expected to meet? 90%, 4 of 5 correct, accurately, within one minute, etc.)*
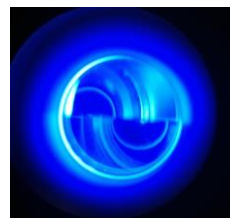
As a result of the training, the (audience)_____ will be able to (behavior stated as an observable action verb)_____ (under the following conditions, if any)_____ (at the following degree of performance)_____

EFFECTIVE LEARNING OBJECTIVES

- **TONOMETRY**

  – At the end of this training, the technician will be able to:

    - Demonstrate how to correctly check the calibration of the Goldmann tonometer
    - Perform proper disinfection of the tonometer tip
    - Measure IOP within 2 mmHg of preceptor
    - Accurately record the results in the EMR
   - Name and discuss 4 factors which may impact tonometry readings

Must objectives always be written?

- They should be written, but not necessarily as formally

- You AND the learner must both know what they are.

A SET OF OBJECTIVES FOR EACH SKILL

- EMR
- FLOW OF CLINIC
- HISTORY
- VA
- LENSOMETRY
- AUTOREFRACTION
- REFRACTOMETRY
- MOTILITY
- CONFRONTATION VISUAL FIELDS
- AMSLER
- BAT/PAM
- PUPIL EVALUATION
- BASIC SLIT LAMP
- TONOMETRY
- ADMINISTER TOPICAL MEDICATIONS
- CORNEAL TOPOGRAPHY
- HUMPHREY VISUAL FIELDS

SUMMARY

- LEARNING OBJECTIVES
  - Describe what the learner is expected to achieve as a result of the training
  - Help us design our training to meet those expectations
  - Help us evaluate the trainee, trainer, and training process
  - Each skill on our skill sheet should have a set of learning objectives (3- 4)

- SMART GOALS
  - Are specific, measurable, attainable

- BIG PICTURE
  - Ideal state
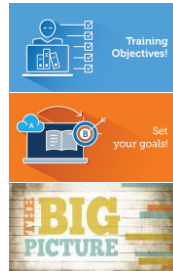
ASSESSMENT + GOALS + OBJECTIVES =
SUCCESS!

Session 4

RHONDA ULLOM, COMT, FCLSA, OSC, OCS, OCSR

TRAIN THE TRAINER

Six Steps to Building Curriculum Steps 4-6

Rhonda Ullom, COMT, FCLSA, OSC, OCS, OCSR
Chair AAOP

American Academy of Ophthalmic Professionals

Step 4: Strategies

How will you achieve the objectives?

What are your teaching methods going to be?

- Lecture
- Videos
- Role modeling
- Patient exam
- Training tools

Small Group Discussion

1. Write the Goal and a couple objectives.

2. List teaching methods you will use to achieve your Objectives & Goal.

Step 5: Implementation
Who, What, When, and Where

Who/what support is in place and/or needed?
- **Internal**: Clinic Trainers, Senior Technicians, Imagers, Doctors
- **Administrative**: Clinic Director, IT, Accounting, Human Resources, or Practice Administrator
- **External**: Industry, Membership Societies, Continuing Education Organizations

What resources are available and/or needed?
- Personnel
- Time (for both the instructor/teacher and   students/learners)
- Funding
- Facilities

MONEY   AND   TIME

A BALANCING ACT

DARIUS FOROUX

Setting Timelines
- When does training start and end?
- When do the different rotations start?
- When are assessments done and by whom?
- When is the initial probation period over?

Weeks 1-2	Months 2-3
• Provide an introduction to Ophthalmology	• Solidify the basics
• Identify training plan, trainers, & logistics	• Introduce additional skills/concepts
• Help them feel welcome and important	• Evaluations & Feedback
• Evaluations & Feedback	

Weeks 3-4	Months 4 and beyond
• Apply new information in clinic	• Perfect skills
• Build on foundation	• Continue to educate
• Critical period for retention	• Prep for certification
• Evaluations & Feedback	• Evaluations & Feedback

Where is training conducted?
- Do you have separate areas for lectures, EMR training, individual and/or group training?
- Do you have a classroom? Break room? Waiting room?
- Do you have a designated eye lane?
- Computers available for practice, training, & assignments?

Small Group Discussion

1. What resources will you need?
2. From whom will you need support?

ASSESSMENT

CHECK   EVALUATE

Step 6: Assessments

- Assess the learner
- Assess the trainer/instructor/teacher
- Assess the training course/program

Assess the Learner

- How do you know if the student learned what was intended?
  - Look at Objectives and test them
- Have a measurable checklist or Rubric for each skill. Both the training and checklist or Rubric must follow standards that have been previously agreed upon.

- Keep in mind that teaching doesn't always equal learning!

There are Four Levels of Evaluating Training Effectiveness (Based on Kirkpatrick's Model)

- Level one: **Reaction** of the learner; How is the learner perceiving the process?
- Level two: **Learning** itself; Is the learner gaining the knowledge and skill needed to perform the job effectively and properly?
- Level three: **Behavior**; What/how has the job performance changed because of the training?
- Level four: **Results/Impact**; Are there measurable tangibles like cost reductions, improved quality, increased productivity, improved efficiency?

Assess the Trainer/Instructor/Teacher

Directly assess the trainer's teaching techniques
- Important points stressed
- Difficult concepts repeated
- Appropriate examples provided
- Clinical skills
- Knowledge
- Ability to teach

Obtain learner feedback
- Hands-on Instruction
- Time to practice the skill
- Equipment function and availability
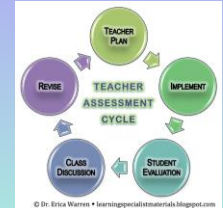
Assess the training course/program

What does a successful program look like?
- This goes back to the beginning? Were the goals and objectives met?
- What were the challenges? Do changes need to be made?
- What changes have occurred in the practice and the marketplace? Has the program been updated to meet these changes?

Small Group Discussion

1. How do you know if the technician learned what was intended?

* Look back at the objectives and test them!

2. What other changes to the course/program or presenter would improve outcomes?

Large Group Discussion

Share Steps 4-6

Collaborative Discussions

Thank you!

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Session 5

VERONICA PLESSINGER, BA, COMT

TRAIN THE TRAINER

SETTING THE EXPECTATION

Veronica Plessinger, BA, COMT

American Academy of Ophthalmic Professionals

Course Objective

Identify clinical staff roles and responsibilities, how to explain the associated training and onboarding expectations, and how to set expectations of commitment and willingness to learn, participate, and practice new skills.

Roles & Responsibilities

Do we have clearly defined roles & responsibilities ?

Do we have job descriptions for all of our roles, that outline all responsibilities ?

Are the roles & job descriptions relevant ?

Commitment

YOURS & YOUR EMPLOYEES

The 3 A's of a successful employee & leader

Aptitude
Attitude
Ambition

Onboarding

Expectation

Training

Pulse Check

Follow Through

Are they meeting the expectations ?

Yes   No

Follow Through

Follow Through

Why ?

Schedule Remediation

Reiterate the expectation

Give a time bound goal

Consequence if not improved/resolved

THANK YOU

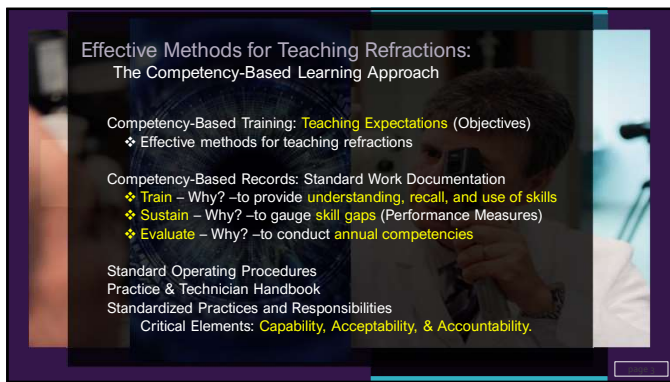*Veronica Plessinger BA, COMT*

vmckenie4@ymail.com

Session 6

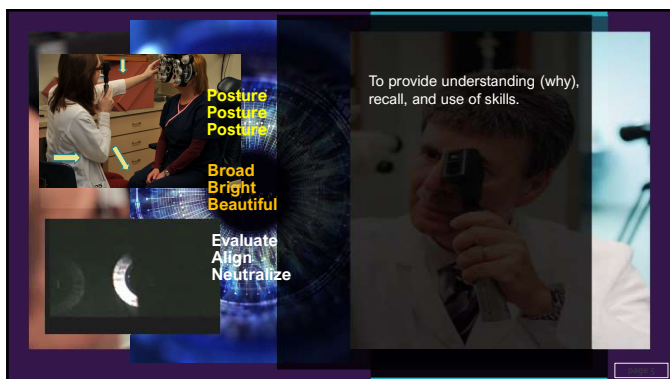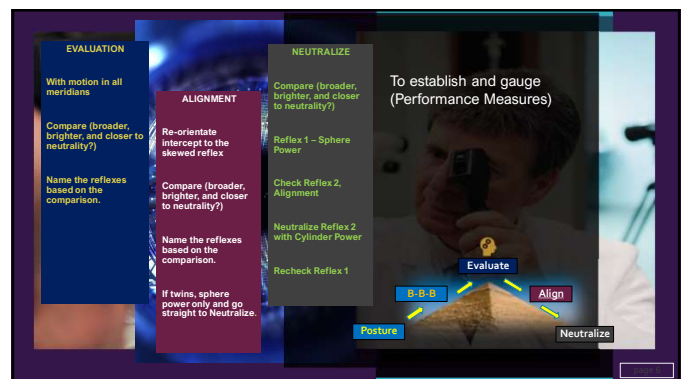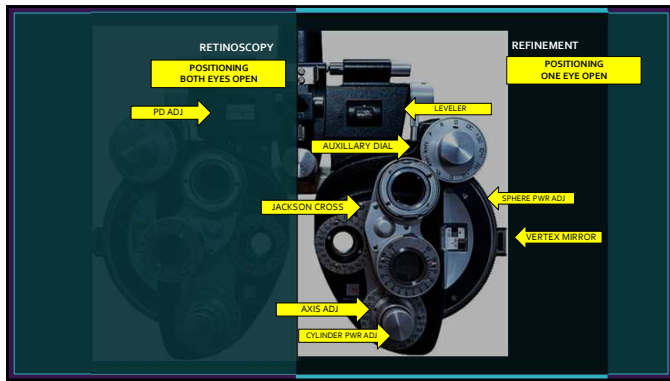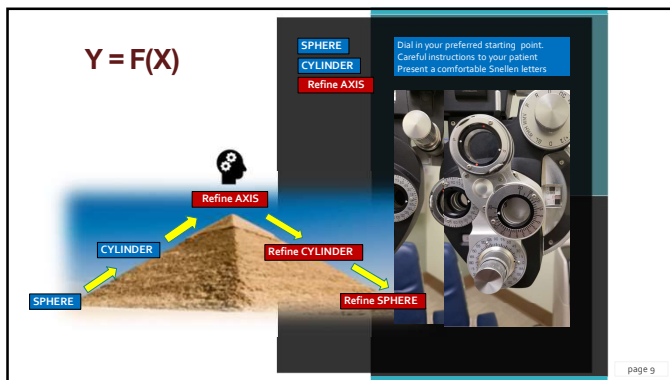PROFESSOR M. PARKER, PH.D., DSC., CLSSMBB, PMP, CTC, COMT, (F)ATPO

Slide 1

TRAIN THE TRAINER

Effective Methods for Teaching Refractions:
The Competency-Based Learning Approach

M. Parker, PhD, DSc., CLSSMBB,
PMP, CTC, COMT

*American Academy
of
Ophthalmic Professionals*

1

Slide 2

DISCLOSURES

M. Parker, PhD, DSc., CLSSMBB, PMP,
CTC, COMT

CEO & Principal Consultant for LEAN
Ophthalmology Training and Certification
PACT MATTERS, LLC

Government Consultant for Practice
Management, Process Improvement &
Ophthalmic Training

*American Academy
of
Ophthalmic Professionals*

2

Slide 3

Effective Methods for Teaching Refractions:
The Competency-Based Learning Approach

Competency-Based Training: Teaching Expectations (Objectives)
❖ Effective methods for teaching refractions

Competency-Based Records: Standard Work Documentation
❖ Train – Why? –to provide understanding, recall, and use of skills
❖ Sustain – Why? –to gauge skill gaps (Performance Measures)
❖ Evaluate – Why? –to conduct annual competencies

Standard Operating Procedures
Practice & Technician Handbook
Standardized Practices and Responsibilities
Critical Elements: Capability, Acceptability, & Accountability.

3

Slide 4

REFRACTIVE STATES

To provide understanding (why),
recall, and use of skills.

4

Slide 5

Posture
Posture
Posture

Broad
Bright
Beautiful

Evaluate
Align
Neutralize

To provide understanding (why),
recall, and use of skills.

5

Slide 6

EVALUATION

With motion in all
meridians

Compare (broader,
brighter, and closer to
neutrality?)

Name the reflexes
based on the
comparison.

ALIGNMENT

Re-orientate
intercept to the
skewed reflex

Compare (broader,
brighter, and closer
to neutrality?)

Name the reflexes
based on the
comparison.

If twins, sphere
power only and go
straight to Neutralize.

NEUTRALIZE

Compare (broader,
brighter, and closer
to neutrality?)

Reflex 1 – Sphere
Power

Check Reflex 2,
Alignment

Neutralize Reflex 2
with Cylinder Power

Recheck Reflex 1

To establish and gauge
(Performance Measures)

Evaluate

B-B-B   Align

Posture   Neutralize
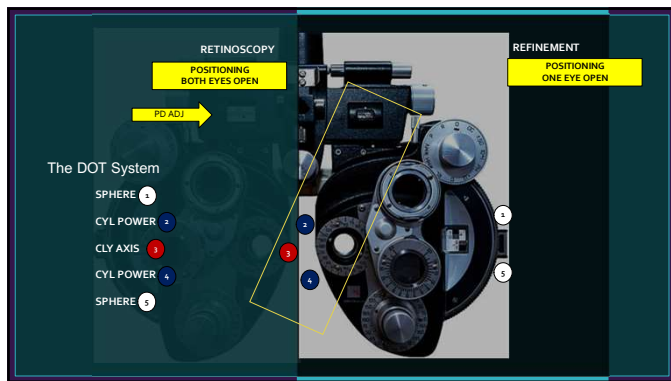
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Session 7

SERGINA FLAHERTY, COMT, OSC, CTC, (F)ATPO

TRAIN THE TRAINER

Fundamental Training Concepts

Presented by:
Sergina M. Flaherty, COMT, OSC CTC
Stone Oak Ophthalmology
Ophthalmic Seminars of San Antonio

American Academy
of
Ophthalmic Professionals

Objectives

Why
Read
How
Practice
Perform

Trainer

Acquisition of knowledge
Practice
Troubleshooting
Passion

Why

PowerPoint presentations:
- History- Details about the subject you are teaching on.
- Definitions- What does the subject mean?
- Manual- How to perform task?
- Outcome- What is normal versus abnormal?

Read

Standard Operating Procedures (SOPs)
Manuals
Periodicals
Publications
Throwaways
Online
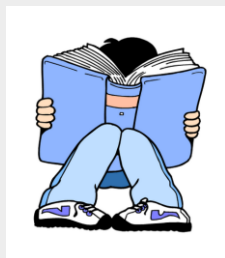
How

Hands-on
Show and Tell
Small bites
Easy terms
Workshops

Practice

Receptionists
Other office staff
Other technicians
With trainer observation

Perform

Pete and Repeat

Example One – Applanation Tonometry

Definition
Aqueous Flow
Glaucoma
Normal IOP
Steps to applanation tonometry
Mires and sources of error
Calibration
Cleaning
Hands-on

Applanation Tonometry

Objectives:

- Discuss purpose of tonometry.
- Discuss Glaucoma.
- Discuss how to perform tonometry.
- Discuss common tonometry errors.
- Discuss tonometry equipment cleaning and maintenance.

Objectives:

- **Define** the purpose of tonometry
- **Explain** glaucoma at a basic level
- **List** the steps of tonometry in order
- **Identify** common tonometry errors
- **Review** tonometry equipment cleaning & maintenance

What is Applanation Tonometry?

- Applanation tonometry measures the amount of force it requires to flatten the standard area of the cornea, which results in a measurement of intraocular pressure.

Aqueous Flow
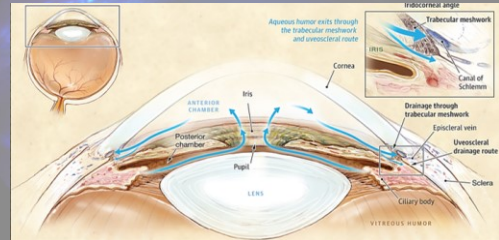
Ciliary body > Pupil > Anterior Chamber > Trabecular Meshwork > Schlemm's Canal

What is Glaucoma?

- Build up of pressure in the eye that results in irreversible optic nerve damage and blindness.
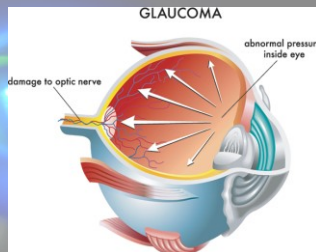

Various Types of Glaucoma

o POAG- Primary Open Angle Glaucoma
o NTG- Normal Tension Glaucoma
o PXE- Psuedoexfoliative Glaucoma
o Traumatic Glaucoma
o Neovascular Glaucoma
o Acute Angle Closure Glaucoma
o Steroid Induced Glaucoma

Normal Intraocular Pressure

- Normal IOP is 10-21 mmHg
- REMEMBER: The threshold for "normal" is different for patients with a diagnosis of Glaucoma, depending on their level of optic nerve damage.
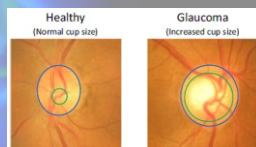
Normal Intraocular Pressure

- EXAMPLE: A patient with a cup to disc of 0.5 may not have further IOP damage with an IOP of 16 mmHg, however patient with a cup to disc of 0.8 may have further damage with that IOP.
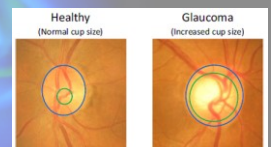
Goldmann Applanation Tonometry Steps

1. Instill anesthetic/fluorescein drop.
2. Position patient at slip lamp.
3. Put tonometer into position (ensuring the prism is rotated to 180 degrees, unless there is more than 3D of corneal astigmatism).
4. Set magnification to low, open the aperture to the brightest setting, and put cobalt blue filter in place.
5. Adjust position of the light source to between 45-60 degrees.
6. Move base of the slit lamp forward (while looking from the side) until you get the tonometer tip close to the patient's eye.
7. Ask the patient to remember to breathe, blink once, and then hold fixation on your ear.
8. Using the joystick, move the prism forward until it touches the patient's eye.
9. Once two half circles (mires) appear, adjust the slit lamp as needed (removing from the eye first) until the mires are equal in size.
10. Turn the force adjustment knob until the mires are in the correct position, with the inner edges touching.
11. Remove the tonometer tip from the eye and record the reading on the force adjustment knob.

Goldmann Applanation Tonometry Steps

1. Instill anesthetic/fluorescein eye drop.
2. Position patient at slip lamp.
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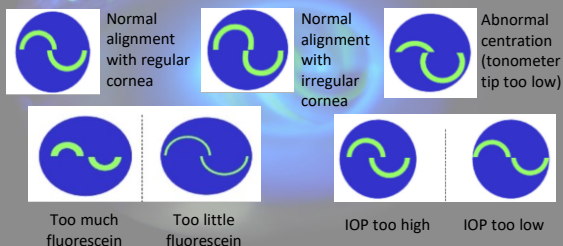4. Set magnification to low, open the aperture to the brightest setting, and put cobalt blue filter in place.

Goldmann Applanation Tonometry Steps

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Goldmann Applanation Tonometry Steps

9. Once two half circles (mires) appear, adjust the slit lamp as needed (removing from the eye first) until the mires are equal in size.
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11. Remove the tonometer tip from the eye and record the reading on the force adjustment knob.

Goldmann Prism Mires: Normal -vs- Abnormal

Normal alignment with regular cornea

Normal alignment with irregular cornea

Abnormal centration (tonometer tip too low)

Too much fluorescein

Too little fluorescein

IOP too high

IOP too low

Goldmann Tonometer: Calibration

- To ensure accuracy, calibration should be checked with bar provided by manufacturer.

- Calibration should be check at 0, 20, and 60 mmHg.
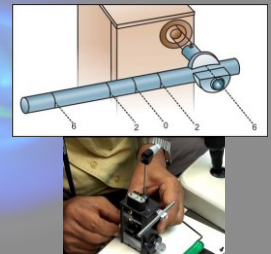
Goldmann Tonometer: Calibration

- Calibration should be checked at intervals per manufacturers instructions.

- If calibration is off, machine should be returned to manufacturer for repair.
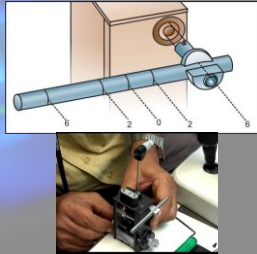
Cleaning and Disinfecting

- One example for disinfecting is as follows:
  - Soak tip in 3% hydrogen peroxide or 1:10 dilution of sodium hypochlorite (bleach) for 5-10 minutes.
  - Rinse for an additional 10-15 minutes with cold water.
  - Pat dry with lint free cloth.
  - Store in a clean, dry container.

Cleaning and Disinfecting

- Refer to use manual for instruction on your machine to avoid wear down of equipment!

- Some manufacturers state that use of alcohol damages tonometer tips.

- Ensure you are following your office's protocol!

Any questions?

Questions?

Discussion

Thank You!

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Text 210-325-1211

APPENDICES

Key Considerations for Building Successful Training Strategies

Shortage of Experienced Techs Everywhere

- Limited number of accredited Ophthalmic Medical Programs, 28 in the US (10 less than 2-3 years ago)
- U.S. BLS is projecting 18% growth from 2020-2030 "Much faster than average growth for all occupations"
- The need for ophthalmic technicians is 6x more than who are available
- Adequate training is a key factor for technician success
- Compensation can also be a challenge for retention
- The shortage is growing. How will you prepare for staffing at your practice?

References:

- Bureau of Labor and Statistics: Ophthalmic Medical Technician https://www.bls.gov/oes/current/oes292057.htm#(3)
- Find a program. International Council of Accreditation for Allied Ophthalmic Education Programs. https://icaccreditation.org/find_a_program/find_a_program.html
- Gallagher, J. 9th Annual Reader Survey. (Salary Snapshot). Ophthalmic Professional. July 1 2023 https://www.ophthalmicprofessional.com/issues/2023/july-august-2023/9th-annual-reader-survey

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Recruit, Hire, and Retain the Right Candidates

- Define a "perfect candidate"
- Create job descriptions to attract the right candidates
- Recruit good candidates, even without experience
- Hire excellent candidates
- Compensate wisely

Train and Empower Them

- Commit to training
- Identify effective trainers
- Use competency-based training methods
- Evaluations and feedback
- Encourage certification
- Continue to educate

Ideal Characteristics of a Technician:

- Great first impression (smile, good handshake, professional)
- Positive attitude
- Enjoys working with people
- Good communicator; Listens and responds appropriately
- Wants to learn
- Organized yet flexible
- Dependable

Ideal Characteristics of an Effective Trainer:

- Knowledgeable and Experienced
- Genuine desire to train successfully
- Excellent communicator
- Teaches to competencies
- Available and accessible
- Positive attitude

Enjoy your book, *Train the Trainer, Ophthalmic Training Strategies that Work!*

2023 Train the Trainer: Ophthalmic Training Strategies that Work!

Creating Effective Training Strategies

- Set the standards/Define the "perfect scenario"… and work towards it
- Create New Hire Orientation Checklist
- Use the Six Steps of Building Curriculum
- Set expectations for all key stakeholders
- Create standards, processes, and define roles & responsibilities
- Share relevant and timely feedback
- Constantly evolve
- Communicate
- Coach constantly
- Celebrate successes

Triad of Ophthalmic Training Curriculum

Ophthalmic Concepts:

- Anatomy & Physiology
- Refractive Errors & Correction Options
- Common Ocular Conditions
- Ocular & Systemic Pharmacology
- Medical Terms & Abbreviations

- History Taking and Documentation

Ophthalmic Skills:

- Lensometry
- Visual Acuity
- Ocular Motility & Alignment
- Pupillary Assessments
- Angles Assessments
- Visual Fields/CVF/ Amsler Grid
- Refractometry/Retinoscopy
- Tonometry
- Diagnostic Testing/Imaging

Excellent Patient Care:

- Customer Service
- Effective Communication
- Professionalism
- Compassion/Empathy
- Timeliness/Attendance
- Patient Education & Advocacy
- Managing Difficult Situations

Evaluations & Feedback

Skills Evaluations

- 2 weeks
- 1 month
- 3 months
- 6 months/ Efficiency Assessed
- 1 year
- Annually
- Certifications

Knowledge Assessments

- Verbal quizzes and discussions
- Organic opportunities, teaching moments
- Quizzes and tests
- History Taking
- Terminology/ abbreviations/ vocabulary
- Certifications

Coaching on Professionalism

- Attendance
- Attitude
- Aptitude
- Adaptations

Enjoy your book, *Train the Trainer, Ophthalmic Training Strategies that Work!*