

On-the-Job Training (OJT) Strategies for Your New Ophthalmic Assistant



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Learning Objectives

Upon completion of this interactive course, the participant will:

- Identify the key elements of a well-designed on-the-job training program for technical staff
- Identify important training skills and tips for trainers to use in OJT
- Apply successful OJT models presented in a case study by a clinic practice

Financial Disclosure

Lynn Anderson is the Executive Director of JCAHPO. She has no other financial interest to disclose.

Definition of OJT

In general, OJT involves assigning a new employee to accompany an experienced employee, either a peer or supervisor, to "learn the ropes" in the actual workplace.

Importance of OJT

- 90% of job knowledge and skills learned through OJT
- Six times more time is spent on OJT than any other training
- Up to 1/3 of new employee's 1st year salary devoted to OJT
- Employees achieve objectives faster through structured OJT than any other method
- The effectiveness of any given training approach depends on two features:
 - The amount of time that elapses between training events,
 - The match between training setting and job setting

Types of OJT

- Unstructured OJT
- Structured OJT

This presentation focuses on Structured OJT

Unstructured OJT

- "Follow Joe or Jane around" – not necessarily knowledgeable about training techniques and requirements or willing to train others
- No written materials to serve as a guide
- Performance outcomes undefined – impossible to tell when competency is reached
- May occur away from the work area
- Unsystematic and unplanned – job knowledge is acquired through impromptu explanations or demonstrations

Unstructured OJT Degenerating Buddy System

Example: Employee forgets to explain a seldom used but important safety feature to the new ophthalmic assistant

- Shortcuts develop before solid base is established
- Details omitted
- Mistakes perpetuated & often not corrected
- Inconsistencies in information given

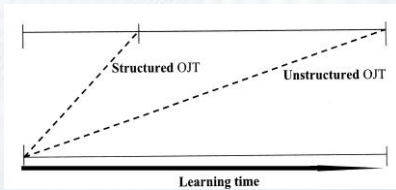
Definition of Structured OJT

One-on-one training that occurs at or near the actual work setting and is delivered by a designated trainer who follows specific written guidelines; provides observable and measurable performance objectives and is delivered in an orderly and systematic manner.

ASTD Press

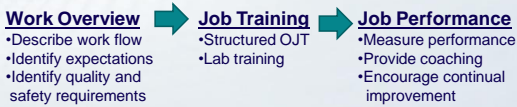
Structured OJT Overview

- Systems approach used
- Measurable and observable performance objectives
- Experienced worker trained to be a trainer; equal dependence on job guides
- Written chunks of material: step-by-step procedures to follow
- Occurs on actual work site when possible



Learning Time Shorter for Structured OJT

Three-Part Employee Development System



Structured OJT Process

1. Trainer prepares self
 - Review structured OJT process
 - Obtains job guide
 - Obtains equipment, tools, and materials
 - Determines trainee outcomes
2. Trainer prepares the trainee
 - Assesses present knowledge/skills
 - Provides job guide
 - Summarizes what will be presented
 - Puts trainee at ease
3. Trainer presents the task
 - Positions trainee
 - Shows and tells one step, one point at a time
 - Repeats quality and safety points
4. Trainee repeats the task
 - Shows and tells one step at a time
 - Repeats quality and safety points
 - Performs a complete chain of correct actions
5. Trainer diagnoses and reinforces learning
 - Probes trainee for understanding
 - Poses questions about key points
 - Praises appropriate behavior

OJT Methods & Tools: Job Aids & Learning Activities

Methods

- Apprenticeships
 - Trainer
 - Mentor
 - Coaching
 - Shadowing
- Classroom/didactic
 - Inservice training
 - Group discussions
- Lab/clinic assignments
 - Demonstration
 - Case study
- Certification
 - Testing

Job Aids

- Policies
- Procedures
- Equipment manuals
- Checklists
- Text books (independent study)
- Video/PPT
- Role play

OJT Components: Performance Objectives

- The **Performance Statement** – what the trainee must be able to do *at the end of training*
- The **Condition** – under what circumstances the trainee must do it
- The **Standard** (or Criteria) – how well the trainee has to accomplish the task

Example: Keratometry Checklist

Required Performance: Measure the corneal curvature and record results

Condition: A patient who needs to be fit for contact lenses

Standard: Record a final reading within X diopters

- ✓ Focus the eyepiece
- ✓ Instruct and position the patient
- ✓ Position the keratometer
- ✓ Adjust mires
 - ✓ Focus the mires
 - ✓ Rotate the drum
 - ✓ Superimpose the plus signs
 - ✓ Superimpose the minus signs
- ✓ Record results
 - ✓ Record the horizontal knob (diopter) reading
 - ✓ Record the horizontal drum (meridian) reading
 - ✓ Record the vertical knob (diopter) reading
 - ✓ Record the vertical drum (meridian) reading

Benefits of Structured OJT

- Effectiveness
 - Employees quickly learn and transfer information
- Efficiency
 - Time required is reduced to master critical procedures
- Employee Development & Involvement
 - Values to achieve goals and teamwork are promoted
- Organizational Climate
 - Teamwork and exemplary employees are recognized as important
 - Success & growth creates more success!

Resources and Tools for Successful Training

- Allied Health On-the-Job Trainer's Guide and Curriculum
- AAO text: Introducing Ophthalmology: A Primer for Office Staff, 2nd Edition
- AAO text: Ophthalmic Medical Assisting: An Independent Study Course Text and Exam, 4th Edition
- JCAHPO Learning Systems: A computer-based simulation training program on six basic skills
- AAO video: Fundamentals of Ophthalmic Medical Assisting

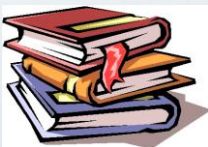
Thank You!

Financial Disclosure

Dianna Graves, COMT, BS Ed, has no financial interest to disclose.

Reasons People Leave Their Current Jobs

- RESPECT - Teamwork
- Failure to Grow
- Money
- Relocation



Demographics Of My Clinic

- (42) “home grown” Assistants or Technicians
- Diverse work schedule (2d/week to FT)
- (8) locations in the St Paul area that they all rotate into.
- (14) Ophthalmologists & (1) Optometrist
- * Ages 19 – 65 years old



How Can You Train New People In A Big, Busy Office?



YOU can't do it alone! You need to have a “team” of advanced technical staff that will help with the training. It is very important that this team is all on the same page with the training.

Pick Your Trainees Cautiously

You need to have a few discussions with the new employee about their goals and aspirations. Listen to what they have to say – and make sure that they are not telling you what you want to hear.



Example: they want to be eventually be in the OR, and you know that is not going to happen!

Consistency: Train The Trainers

It's important to make sure that each trainer is performing the basic skills the same to avoid sending mixed messages to the new employee!



Trainer I Example: All patients 20/40 or worse get a pinhole.

Trainer II Example: I only do pinholes if they are 20/80 or worse.

WHO DOES THE EMPLOYEE LISTEN TO?!

Pick Your Trainers Wisely

It is not always the "smartest" or most senior technician that should be doing the training. They can be intimidating to a new member. Make sure the trainer also incorporates your clinic "history" and "how we do things here" into their training sessions.



Watch Your Trainers

Make sure:

- a. they are not sending mixed messages ("Do it *my* way")
- b. make sure they are staying on course and not putting undue pressure on the trainee



- c. Talk frequently regarding consistent progress
- d. Talk with the **trainee** frequently for their perception of their progress. Explain why we may be "holding them back"!



Look at the trainee and the trainer, and make sure their personalities "mesh".

Example: my (20) something new employees do great with the "older" (more seasoned) senior techs than with the (40) something techs.



WHY???

Get The Books Behind Them!

This is the key to the whole process.... while they are learning the clinical skills – you have got to ensure that they are studying the "why's" of what they are doing.



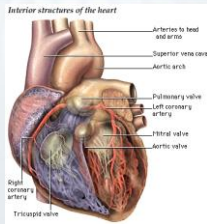
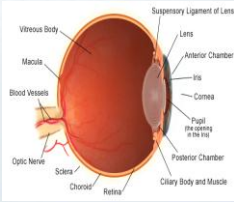
Emphasis On The "Why's"

I consistently continue to tell the new techs that "skill is not enough". They have got to know why they are doing something.

So...you need classes on the following:



Anatomy of the Body Anatomy of the Eye



Clinical Skills:

- Tonometry
- Pharmacology
- History Taking
- Refractometry



Consistency With The Message

I give the trainee this analogy to help them understand what is ahead of them:

You are beginning a (26) mile marathon. The "marathon" is the total of your training. Today...you have taken one step of your (26) Miles!



You can't sprint (26) miles and survive. It needs to be a slow and steady pace. You will have hurdles, and you will have obstacles.



But you can do this – and we will help you. Make the training about them... give them the tools to do the job... and they will finish a Winner every time!



Thank You 😊

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On-the-Job Training Strategies for Your New Ophthalmic Assistant: The Small Practice

Financial Disclosure

Traci Fritz, COE, has no financial interest to disclose.

OJT – Small Practice

- Metropolitan Detroit
 - 4.4 million population
 - 2 university programs
- Macomb County
 - 830,000 population
- 11 competitors within 6 miles of office
- Ophthalmic training program
 - Detroit Institute of Ophthalmology
 - Closed
 - Oakland Community College
 - Medical Assistant; specializing in ophthalmic assisting

OJT – Small Practice

- 2001-2002: Fiscal Year 1
 - 95% general; 5% cornea
 - 3500 exams
 - 4.4% surgical ratio
 - 16.1% profit ratio
 - 3 employees (2.6 FTEs)
 - 1 manager/receptionist/biller
 - 1 full-time tech, 1 part-time technician

OJT – Small Practice

- 2006-2007: Fiscal Year 6
 - 94% general; 6% cornea
 - 5100 exams
 - 7.9% surgical ratio
 - 41.3% profit ratio
 - 6 employees (4.79 FTEs)
 - 1 manager/biller/tech/surgical coordinator
 - 1 full-time & 1 part-time receptionist
 - 2 full-time & 1 part-time technician

OJT – Small Practice

- 2008: 2/3 into Fiscal Year 7
 - 5.6% increase in exams
 - 1.9% increase in surgery
 - 10.3% increase in profit ratio
 - 8 employees (5.8 FTEs)
 - 1 administrator/surgical coordinator
 - 2 receptionists, 1 biller
 - 2 full-time, 2 part-time technicians

OJT – Small Practice

- Communicate expectations
 - Job description
 - Deadline for required skills/knowledge
- Measure performance
 - Frequent testing (knowledge, skill)
- Evaluation
 - If necessary, alter training style



OJT – Small Practice

- Routine Staff Meetings & Training
 - Set day, time (2nd Tues @ lunch)
 - Block Schedule
 - No interruptions (phones off, lock doors)
 - All staff
 - Make it fun
 - Games, prizes



OJT – Small Practice

- Continue to Evaluate Knowledge/Skill
 - Again, know expectations
 - Establish goals (short and long-term)
 - What new skill/knowledge will enhance practice/physician's efficiency?
 - Provide frequent feedback
 - Measure success during formal reviews
 - Consider wage increases based on reaching set goals instead of COL, discretionary reasons

Thank You!

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Questions?

Continuing Education

- To claim one JCAHPO Category B CE credit, please use the letter sent with your handouts
- To claim one AMA PRA Category 1 Credit for physicians, please visit <http://one.aao.org/CE/MyCMEPortfolio/default.aspx>
