STAFF TRAINING & EDUCATION

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Abstract

Staff training should be accompanied by education explaining why a particular procedure or script should be utilized exactly as defined. A specific sequence and methodology for training and education of optometric assistants is presented. The paper proposes that increasing the quality of staff training by inclusion of an educational component produces an increase in quality of patient care delivery while reducing staff turnover and dissatisfaction.

Keywords

staff training, education, scripts, staff retention

Staff training can be disconcerting. Frequently, once the person is fully competent, he or she moves on and you start over with someone new.

Staff training and turnover is a universal problem, and it is worse where employment and competition for employees is high. This is true in large parts of the country today.

The quality of training and turnover is related. If training is inadequate, employees cannot fully accomplish what's required. If they ask for help, they may be chided for not having learned the first time, even though the original training was poor. This leads to a dissatisfied and confused office staff.

To increase tenure AND effectiveness of your staff, focus on improved training and education. I have worked extensively with many optometrists and have concluded that in practices where training and education are continuous and thorough, good assistants are retained for years. And these individuals become an integral part of the practice. Patients respect the competence and perceive the continuity and stability of office staff as a significant reason to identify with and refer others to the doctor. In essence, your staff is a reflection and extension of your competence and stability.

Training and Education

It is very important to appreciate the difference between training and education. Training shows how to perform a task, education informs why the task is important. Nevertheless, they are not mutually exclusive. Indeed, there is a dynamic relationship between the two, such that as one is enhanced, so is the other. An employee who has been schooled in one of these variables, to the exclusion of the other, often accounts for the reason that in some practices, staff who answer the phone frequently fail to book appointments, while in others, appointments are virtually always made. In the latter instance, patients most often arrive with enthusiasm and high expectations of the services to be provided.

You protest, "I have a script and train my staff to answer the phones correctly, but somehow they do not say what I want them to say. No matter what I do, they always wind up doing it their way."

The problem could be a combination of inadequate training AND education. In some practices training occurs when an experienced assistant spends some time TELLING the new employee how to do a specific task. The "old hand" might even perform the task once and tell the new person, "that's how it's done." Then the "trainer" asks if there are any questions. Few new employees are willing to admit they didn't really understand or that they missed steps. They don't want to seem stupid or ask "dumb" questions.

Later, watching the new person stumble through, the senior staffer might offer a little pep talk and fill in a missed step or two; but there is not a coherent, step-by-step methodology to training.

Training

This is a highly specific process. Start with developing a detailed written description of the specific task to be mastered. Not every task requires this, but anything important deserves a planning session. The good news is that this can and should be done with considerable help from a staff person. Next, a draft of the training script, tailored for the particular task, is prepared. Usually, this should be crafted by the doctor. However, be sure to have the staff review, rewrite and edit the draft accordingly. Their experience can transform a difficult phrase into something more naturally and comfortably stated. Further, their input offers the opportunity for a "buy-in" and partial ownership of the training process.

Assign sufficient time for the training itself. If the task is simple, 15 minutes may be enough. If it is complex, it may require many hours of training and later education.

Sequentially discuss each action involved in the task on an overview basis. Include the words to be stated at each point in the process. Then concentrate on each specific step and require the trainee to use the scripted words. Repeat this cycle several times until the trainee can repeat the exact words and actions. If the action is critical, such as answering the phones, it may take eight to 12 repetitions for the new person to integrate the actions and language.

After that, have the trainee simulate the task several times with coaching. Use role playing, but don't throw a curve by being a "difficult" patient at first. Role playing includes cheerful reinforcement of the things done properly, constructive correction of the things done wrong and the reintroduction of things missed.

Be sure to give specific reasons why the script and steps are as they are. The rationale is key, and this is an instance where the training and education begin to interact.

Next, have the person do it by him- or herself a few times until it is performed correctly with some confidence. Add praise for success. Consider this to be a test of the employee's ability to do the work. This is a test you want the person to pass with 100 percent success. If he or she has a problem, correct it and retest until the task is performed without error.

Finally, the trainer and/or doctor observes the employee performing the task under real world conditions. Don't interrupt patient interactions, but immediately fill in anything that was missed. If the trainee didn't perform adequately, repeat the training protocol.

Oh, you protest, "that takes far too much time! We're far too busy for all that!" Taking shortcuts in the training process is one of the most common sources of new employee dissatisfaction and turnover. It means the employee isn't winning, which produces frustration and lack of fulfillment. Without a sense of growth and accomplishment, any worthwhile, self-motivated employee is going to seek appreciation elsewhere. Ineffective employees are likely to stay as long as you'll put up with them.

Newly hired individuals often judge the quality and potential of their new job by the level of training they receive. They compare your effort with what they have heard about training by large and successful companies. For example, workers at Disney theme parks receive intensive training, even though their average pay is lower than your employee's salaries. In boom times, plenty of other employers are willing to make sure their new employees learn and win.

The cost of not doing good training is very high. The assistant who is not doing well, yet stays, puts a lid on your practice. Other employees become infected with the idea that you're satisfied with mediocre performance and lower their own productivity.

Are you set up to handle training?

A group of leading optometrists, all with large practices and many employees, were asked: "How many of you have a person whose primary duty is to train staff people?" Only one answered affirmatively. No one had sent a staff person to a seminar on how to conduct training during the previous two years or had even provided anyone with a book on the subject!

It takes several years of intensive training by the doctor to develop a good vision therapist. Why then would devoting adequate time to training others in critical staff procedures be seen as impractical?

It is ancient wisdom that when a problem is clearly and accurately stated, the solution is self-evident: Learn about and devote time and resources to developing a trainer, training scripts, manuals and checklists. Develop specific training methods and performance tests to be sure the task is done successfully.

An outline of the training process is presented in the Appendix on page 70.

Education

Consider for a moment WHY you want your staff to answer the phone in a certain way? Is it just to book an appointment, or to handle fee or insurance issues? Or do you really want the mother of a child with learning problems to have a clear sense that they have finally found someone who can really help?

There are a multitude of reasons why a parent might call; an endless list of signs and symptoms that a problem exists, or questioning if vision could be a factor contributing to the problem, and the place that vision therapy might occupy in addressing the problem. Training alone does not prepare staff to competently deal with these situations.

Your office staff must have deeper knowledge and insight into the visual process in order to ask those important leading questions. Education, i.e., a broad knowledge plus a structured and coherent model of vision, are the only things that will enable them to communicate the perfect thing to THAT parent about THAT child. Assistants need an education in vision that is sufficient so they can listen for, ask about and connect with the parent or patient regarding the problem.

Remember how long it took you to unify all the disconnected facts about vision and development into a model that gave you the ability to help patients? You can give your staff a huge boost in effectiveness if you educate them not only about the basics of vision, but also provide them with a model, a framework, upon which they can hang all the rest of what you teach.

One example of education occurs when I train staff to take a complete history. The training is based on a form which staff either has the patient complete, or helps the patient complete. The form is fairly long so it covers general health, medications, as well as nearpoint and binocular problems.

As we walk through the form, the doctor and I discuss the meaning and implica-

tions of each question. The explanation can be structural, medical or behavioral. We discuss how and why near vision and binocular problems are so disruptive to patients' lives. We also discuss what a "yes" response means in terms of additional questioning and testing.

We do demonstrations and conduct a mini-screening during the sessions and invariably find a few staff members who have unresolved vision problems, or who have relatives with undetected problems.

This combination of training and education usually takes three to four and one-half hours, but it has a tremendous payoff. The obvious one is that the doctor receives a complete history which sets the stage for deeper, more probing questions during the evaluation.

Beyond that, the education has an impact on how the phone is answered. The "script" now has meaning. In essence, answering the phone now extends to pointed questions about vision. If the assistant doesn't know what the answers might mean, he will quickly stop asking your questions, no matter the extent of training.

Through education, assistants are able to respond to a patient's specific situation. For example, if office policy provides for a particular protocol for a patient who has incurred a stroke, the questions that education provides becomes the basis for effective triage. Simple training does not.

Another opportunity for education is to have staff people in the exam room occasionally to listen and observe the doctor's testing and case presentation. This is perhaps the most effective method of educating the employee as to reasons for various interventions, types or duration of evaluations, or referrals to other appropriate health care providers.

Another excellent educational investment is to make sure that all staff, not just the vision therapists, are invited to attend behavioral meetings designed for those staff members who provide vision therapy. This can also help with the "front office vs. back office" staff conflict that infects many behavioral optometric offices.

Devoting so many hours to staff training and education is costly. But consider the consequence if the time is not invested. How much does it cost if a potential vision therapy patient is missed, mishandled or is turned hostile by a staff person? Aside from the lost income and referrals, an individual who could have an improved quality of life loses this opportunity.

Obstacles to training and education

The biggest obstacle to training is insidious: boredom. It is boring to train every new employee in depth and detail, and in the same way every time. When people become bored with a process, they inevitably leave steps out or make arbitrary changes in what they teach. This leads to poor training and ineffective staff.

Consider the Broadway actor. Every night he or she must repeat the same songs, lines and movements, even the same emotional tone. When you go buy a ticket for that play, it is your first time. You expect to see a top-notch performance. Actors who keep working know that and strive to breathe life into their performance every night, without changing or leaving something out. They are masterful at what they do.

Perhaps that would be a good way to think about training and education in your practice—to become a master at it. To keep working and developing so that you can constantly produce well-prepared staff who turn your practice into a long-running hit!

Put another way, "Success is not final, failure is not fatal: it is the courage to continue that counts." —Winston Churchill

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The Training and Education Cycle		
The Preparation Process		
Step A *Prep*.	Write down the specific steps for the process you want to train.	Walk through the process you want to train. Take notes. Collect and properly fill in the forms to be used as examples. Make a checklist.
Step B *Prep*.	Write out the specific language you want staff to use when doing this task. (A script.)	Try to write it as you would speak it yourself. Remember that your assistant does not have your technical training so language you might use will seem unnatural to them.
Step C *Prep*.	Describe a test to see whether the new employee learned the material.	This might include listening to the trainee run through the procedure twice without errors or changing your script. This should be **pass** / **fail**.
Step D	Write out the educational component for the procedure.	Outline the WHY of each step. Write a list of key points to be covered during training. Assemble supporting or educational items to be used to educate the new person.
Step E *Prep*.	Have staff leaders review your steps and script.	Make sure nothing has been missed. Also, have staff review the script and suggest changes to make it sound natural so it will be easier to remember and say.
Step F *Prep*.	Put the final script, outline and worksheets into a manual so it is easy to find.	Make the material easy for your trainer to use and for the new trainee to access while learning. Having material stored in computer files is not enough. Put the filename on each document for easy updating.
The Training Process		
Step 1 *Train*	When hiring, tell the prospect you will be training them extensively.	If the prospect is uncomfortable with the idea of extensive training, better to know immediately before investing in them.
Step 2 *Train*	Assign ample time just for training, especially for critical tasks.	If it takes 30 minutes for you to study and master a script, schedule three to four times that for training. If new material is not absorbed in this time, you may need to schedule more training and homework.
Step 3 *Train*	Review each step in sequence. Present the exact words to be spoken.	Let them have a copy of the material. Repeat the entire process once or twice before asking them to try it. Do not change wording!
Step 4 *Train*	Have them duplicate what you do and say in each step. You speak and do, then they speak and do the same thing.	Let them use the script, outline, sample forms the first time or two, then present blank forms for them to try. Give helpful feedback, but limit to one or two critiques at a time. Allow time to absorb the input.
Step 5 *Train*	Have them do the entire process on their own, using the script and checklist. Words and actions.	Do not interrupt if they correct themselves. Have them repeat the words as precisely as possible, using the script less often as they repeat the actions.
Step 6 *Train/ Educate*	Explain why they are doing a particular step or asking a particular question. Use demonstrations if possible.	Detail the clinical or patient care implications of each procedure you are training. If the patient responds in certain ways (as in training to answer patient calls), what does it signify clinically? For example, you may need to schedule more or less time or a special examination.
Step 7 *Train*	Have them do the entire process twice without error. Pass or fail.	It is okay for the person to use the checklist and form as a "prompt." Give praise for success so that the person looks forward to winning in the next session.
Step 8a *Train* **Pass**	They successfully repeat the procedure twice.	Do not expect too much homework of staff. Unless you pay them, it is voluntary. Give them a copy of the material so they can refresh their memory. Post a checklist at the location(s) where the procedure is likely to be done.
Step 8b *Train* **Fail**	You have devoted sufficient time and the person continues to "drop" steps.	Give the script to the person and assign the specific task of mastering it on their own. Schedule a time to review their work and stick to it. Reward subsequent success with praise for going out of their way to succeed. Log failure to comply in the assistant's personnel record.