

# Tech it or Leave it!

*The Musical*

*Tips and tricks for every technician*



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## Financial Disclosure

I have no relevant financial or nonfinancial relationship(s) within the products or services described, reviewed, evaluated or compared in this presentation.




## Four areas of discussion

1. Refraction and the differential diagnosis
2. ICD-10 A survival guide for the savvy tech
3. Team work-why getting along has never been so awesome
4. News you can use-certification, what's in it for me?



## Refraction and the differential diagnosis




For the love of all things holy, blink your eyes!!

## Know your audience


Is your patient a...

- Myope?
- Pseudophakic?
- Status Post Yag Laser?
- Diabetic?
- Hypertensive?
- Glaucoma?



## His Story

The patient will tell you what the diagnosis is...



Let me know if you want to know why I am here.

...If you just listen

## Differential Diagnosis

Definition: Process of Elimination

Use the first three clues gathered....



### History

-Symptoms, trauma, family history, time frame

### Vision

What was it last year? Did it change?

### Refraction

Can you improve the vision? Did the patient go more minus? Plus? Increase in astigmatism? Does blinking change the refraction? Diplopia when both eyes are open?

## Are there changes?

➡ Which way do the changes point me?

-1.00 over refraction and positive glare test?

➡ Cataracts

No change in refraction, no change with blinking, letters look slanted?

➡ ARMD

New onset diplopia? No fusion with prism?

➡ 6th Nerve Palsy

## Ancillary Testing

What about a(n)...

OCT

Visual Field

Amsler Grid

Glare test

Red glass test

Keratometry

Cover/uncover

Worth 4 dot ?



## Musical Interlude

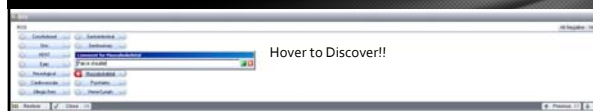


## ICD-10 a survival guide

Doing YOUR part for the MD!

Review of systems (ROS)

Should be filled out for problems patient has TODAY only



If the patient is not experiencing ANY problems, you can click "all negative"

## Don't forget...

**Pain Score**

**Fall assessment**

**Domestic violence screening**

**Blood pressure reading**

**Mark as reviewed**

**Diabetic Maintenance**

Forgetting, rushing or falsifying just delays care and payment

**Don't be that guy!**

## How does this apply to me?

I get it, we are "just techs"

we don't deal with billing or coding or diagnosis...

BUT...

**We are the front lines!**

Be the tech that every doctor WANTS

to work with by filling out a complete record!



## Chief Complaint

This is where it goes in e-record

Chief Complaint	Annual Exam	Diabetes	Eye Pain	Foreign Body in	Post-op
Follow-up	Decreased Vision	New Patient visit	Eye Problem	Glaucoma	<b>Related Issues</b>
Malarial Disease Other					
Chief Complaint	Comment				
Blurred Vision	OD x 1 month				



## Quick and Painless Charting

Speed buttons are a great way for the non-typist to generate specific chief complaints

Right click after putting in the chief complaint and scroll to "Add to speed buttons"

It's just **GOOD** patient care

Proper documentation makes a record complete

Think about YOUR experience with other offices auxiliary staff

Think about YOUR own personal health records

Wouldn't you want the most efficient visit?

Better care and better documentation equals happier patients!

## Biggest Complaint about ICD-10/EMR and meaningful use protocol

IT TAKES TOO LONG!

**I'M FOCUSING ON THE COMPUTER AND NOT THE PATIENT!**

**I'M JUST NOT GOOD WITH COMPUTERS/TYPING!**

**Solutions:**

Average time it takes to document properly: Less than 1 minute!

You can still focus on the patient, the more comfortable you are with documentation and putting information in the right spot, the easier it will be to turn to the patient

ERH and computers are here to stay, learn to type!!

Websites: [www.typing.com](http://www.typing.com)

## Musical Interlude

## Teamwork!

This isn't a speech about how we should all get along and enjoy each others company and sing kumbaya at the beginning of each work day.

This is the story of three tech's.

Tina attention to detail

Focused, impeccable, exams take a while

Lisa laid back

Loved by patients, personable, forgets information

Wanda work horse

Hard worker, can take many patients, gets overwhelmed



## Let's call this a "Monday"

So Tina is taking a little extra time in the exam room trying to figure out Patient A's surgical history and Lisa is chatting up front with the secretary about her weekend and Wanda needs a room because she has two charts in her hand, one of Patient B who came on time and one of Patient C who came an hour early, but she will work her up anyway.

So personalities collide.

Tina doesn't understand why Wanda just can't wait

Lisa doesn't understand why the patients all need to be worked up so fast, it's not a race after all

And Wanda doesn't get why her co-workers are being so lazy and taking forever.



## This is where...

Tempers flair

Stress is created

Clinic slows down

Grudges are made

And most of all....where patient's can become less of our focus and more of an audience to our grievances.

So.....what's the solution?

## Recognition

Common bond of ophthalmology

There are many different paths to the same castle

Help each other to understand

Communicate differences

Be prepared

Embrace your differences-learn from them-be self aware



## Musical Interlude



## Certification-what's in it for me?

Who are you?

COA – Certified Ophthalmic Assistant

COT – Certified Ophthalmic Technician

COMT – Certified Ophthalmic Medical Technologist

Three main levels of certification from JCHAPO

Additional certifications

ROUB – Registered Ophthalmic Ultrasound Biologist

OSC – Ophthalmic Scribe Certification

OSA – Ophthalmic Surgical Assistant

CDOS – Certified Diagnostic Ophthalmic Sonographer



## Certification continued...

American Optometric Association

CPO - Certified ParaOptometric

CPOA - Certified ParaOptometric Assistant

CPOT - Certified Paraoptometric Technician

CPOC - Certified ParaOptometric Certification (specialty)

Ophthalmic Photographers Society

OCT-C (certification)

CRA - Certified Retinal Angiographer



## Show me the money

DISCLAIMER: I work for the University of Rochester!

How much will I get?

COA= \$.075

COT= \$1.25

COMT= \$2.00



Certification is not JUST about money, but about continuing to learn and grow as a professional!

## Who pays for what?

Flaum Eye Institute

Pays for all certifications

Canandaigua Eye Care Center

Pays for all certifications



IF YOUR institution does not pay for certification:

Breakdown example: COT multiple choice and skill test=\$325

That's \$6.25 per week for 1 year

When you pass the test and skills you earn \$1.25 MORE, which is \$50 per week (based on 40 hours)

First year you will earn \$43.75 more (50-6.25) then \$50 more per week.

That's \$2,600 a year!

**Employers look for certification!**

## Resources

Books

Flashcards



Websites - Quizlet.com/JCHAPO/TIM ROOT-rooteyenetwork.com

Your Doctors!

They have years of knowledge, experience and have paid hundreds of thousands in school loans to get to this point.

And you have all that knowledge, at your disposal, everyday for FREE.

Each other

Encourage, help, work together.

## ASK QUESTIONS

Follow up on difficult cases

Ask about rare conditions

Want to learn a new skill? Ask about it!

Don't quite understand that diagnosis? Ask about it!



30 minutes of study a night=2.5 hrs a week=10 hrs a month=20 hrs in 2 months

Most doctors are MORE than happy to help you learn

This may seem obvious, but how many of us ACTUALLY do this?

Education is one step

Learning is a journey...

## Dog Tax

**Princess Lucy and Mr. Crinkles**



Questions?

Thank you for time and attention!!

