

Training your support staff

Mike Hale examines the best way to go about running a staff training session on clinical or technical topics

Staff represent a practice to patients. From the moment a patient phones up to make an appointment until they leave the practice with a dispense it is the staff they deal with that define the experience. Making that journey as consistent and easy as possible is a major factor in whether that patient will come back in the future.

With this in mind staff training on clinical and technical topics is something that can make a real difference to a practice.

So how can you go about running a staff training session?

'The first thing to consider is who the training is for and what it aims to achieve,' says Sarah Morgan, optometrist and staff development consultant. 'Professional staff will have good clinical knowledge and be doing CET anyway, so it is support staff who can really benefit from training on clinical and technical areas.'

Morgan says while it is a misconception that any training will inherently make staff better, when properly planned and executed it can make a huge difference.

'I've had someone working in a support role tell me that until she did some training with me she was thinking of quitting because she felt she wasn't good at her job. It is all about empowering staff to succeed.'

Morgan advises the best way to go about training is to do everything from the patient's point of view with the ultimate aim of achieving a knowledgeable and consistent service to patients.

'People become very familiar with their working environment and the processes that go on there. There is little thought about what it is like



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to be a patient. In order to identify areas that need training it can be good to send staff to a different practice in the area, although not a rival practice in the same town, to have an eye examination. This makes them experience the process as a patient and they should come back with ideas for improvement that can be addressed in training.'

Knowledge in reserve

Morgan says training for support staff should aim to provide a wider understanding of clinical topics than strictly needed to answer questions from patients. 'If they have a bit of wider knowledge in reserve it can help a lot with confidence because it acts as

a safety buffer.'

Nick Atkins, contact lens optician and director at Positive Impact, feels that in-practice training can be very useful. 'I've been involved in training for a long time and in the past the focus has been to send staff out on a course,' he says. 'With Positive Impact we focus on providing training within the practice environment and this has been very effective. In practice people are more in tune with how the training translates to real working situations.'

Atkins says that in-house training can easily be inclusive of the whole team and promotes team spirit between professionals and support staff while also allowing the support staff to gain a better understanding of clinical and

FIRST IMPRESSIONS COUNT

Stuart Henderson is owner and principal optometrist at GT Harvey & Partners, an independent practice located in Newcastle-upon-Tyne. The practice won the Optician Award for Independent Practice of the Year in 2011 and a feature of its winning entry was the emphasis placed on quality in-house training.

The key aim of the training at the practice is to raise the knowledge of support staff on clinical topics but also to achieve a consistent service from all staff members.

'Once a month we have a staff training meeting that is based on a specific topic,' explains Henderson. 'The last one we did was on contact

lenses and we've got one coming up on learning difficulties. We do the meeting after work so there are no time constraints and the staff get time off in lieu.'

Henderson usually conducts the training with a Powerpoint presentation followed by hands-on work related to the subject.

'With the contact lens training, for example, the support staff got to handle the lenses and observe the contact lens fitters take them in and out. It is really about getting the staff to be familiar with the theoretical and practical sides of the subject. With the upcoming dyslexia training, after the Powerpoint, I will do a dyslexic assessment on one of the staff so everyone can see what it involves.'

PLANNING AND APPLICATION

Edinburgh practice Cameron Optometry was originally established in the 1960s as a contact lens only practice. Today approximately 75 per cent of the patients wear contact lenses and the practice undertakes the majority of specialist contact lens work for hospitals in the Edinburgh and Lothian area so support staff need strong knowledge on contact lenses and related areas.

'We are a busy practice with two consulting rooms fully booked throughout the working day and emergency appointments have to be fitted in somewhere,' says Ian Cameron, managing director of Cameron Optometry. 'The support staff need to have the clinical knowledge be able to assess the various cases and manage the diary effectively.'

Cameron concentrates on giving training on the areas the staff needs to know most about.

'Clinical topics for training depend on what



you have your staff doing. At this practice our ancillary staff do all the contact lens education with patients so that is obviously important. Generally we try to let the staff dictate the type of training as much as possible; recently we have looked at contact lens solutions in depth to get everyone up to date with new products.'

On the technical side, an area that Cameron frequently highlights in training is the use of practice management software (PMS).

'This is very important as you can improve work flows and the way people manage things. Staff who can't use it quickly and confidently would create an unprofessional image to patients so we repeat training in this area to reinforce the message.'

On the practicalities of conducting training, Cameron feels a key issue is to plan it carefully.

'We think about what the best way is to

approach a particular topic, what the best way to present it is and who the best person to do it is. With the expertise we have in the professional staff we can cover most areas but would consider using other optometrists in the area if needed. Companies and groups can provide someone to come in too.'

Cameron feels a good idea is to modify the format of training according to topic.

'When we recently did PMS training, we all located in our admin area around several computers. We split the staff into small groups and gave them a task to do. So in that case it was an interactive style of training. One of our staff has been trained as a "super user" of the PMS, meaning she is particularly proficient on the software, and she helped coordinate the training, which was very useful. We also had a trainer from the PMS provider on screen via a web link.'

On a topic such as contact lens solutions, training might involve just a talk before looking at the various products. Cameron also notes that for subjects you know less well it is very useful to have more visual cues or illustrations.

technical issues. 'Inclusive training gets everyone at the practice singing off the same hymn sheet and a good trainer will aim to pull the message out of the team rather than tell them outright.'

In terms of timing, Atkins says the best motivated staff may be prepared to give up evenings, but it is important to be aware that some people are unable to do this due to issues such as child care. 'One option is to close the practice for an extended lunchtime and this demonstrates commitment to the training on the part of the practice owners.'

Contact lens optician Ros Mussa has been involved in training for a number of years, having run and designed training courses for pre-reg dispensing

opticians. Today she works in practice for a large multiple, as a faculty member at Johnson & Johnson's Vision Care Institute and also has a teaching role at City University.

Three ways to learn

Mussa makes the point that people learn in three key ways and any effective training should look to incorporate all three.

'Some people learn best by listening, some respond best to visual methods and some by doing practical work,' she says. 'The aim is to hit all three methods. For example in practice I recently conducted some training on UV, so I discussed the subject verbally while also

displaying large images illustrating the same things I was talking about. Immediately after that I did practical UV work with the group. By doing this you should hit everyone's optimum learning ability.'

Beyond that Mussa emphasises that repetition works, so she would always aim to reinforce training over and over again. In her own teaching, Mussa will plan to go over a particular message at least three or four times in a 12-week period and says aspiring staff trainers should aim to reinforce training at least every 5-6 weeks.

Given that tackling clinical topics can be daunting for support staff, Mussa says it is important to keep things simple.

'Think how you would speak to your patients but with some added depth. Don't complicate things or use acronyms. Explain it in a very basic manner and then have them explain it back to you. Make it clear they can ask for further clarification as many times as is needed and realise that a failure to understand on their part is because you haven't explained it well – perhaps you haven't hit the method they learn best with.'

Another point of significance is that training should involve the staff in conversation rather than a one-sided monologue. 'You've got to make sure it doesn't go on too long and become boring. The aim is to have the audience engaged and participating.' ●

Henderson also makes handouts available which serve to reinforce the message and plans to make the various Powerpoint presentations available on practice computers so staff can refresh their knowledge.

The practice also takes the opportunity to collaborate with companies to put on training sessions from time to time. 'Recently someone from a dry eye product company came in and I did a talk on the subject in general and the company rep did a presentation on their product and added some extra details on the technical side. It can work well to have a third party involved.'

The practice selects topics for training that are relevant to questions that patients are likely to ask about on the front desk.

'For us, key topics are contact lenses, sports vision, emergency appointments and red eye. The support staff meet the patients first so it is vitally important that they can answer questions to a reasonable degree. If they are confident and competent it makes a very strong first impression to the patients. It is all about improving the quality of service and patient care.'

Asked for his top tips on presenting on clinical issues, Henderson felt that starting from a patient's perspective was important.

'It is best to keep it simple to start with and slowly build up the complexity. Concentrate on the patient's point of view of a subject, then make it more technical, then let the staff ask questions and develop it from there.'