



HOW TO TRAIN YOUR STAFF FOR SPECIALTY LENSES

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When I completed my cornea and contact lens residency, I was eager to start fitting specialty contact lenses. Then I got my first job in Arizona at a private practice—a practice that did not fit any specialty contact lenses at all. Most of my day was filled with comprehensive eye exams, soft contact lens fittings, glasses, pre- and postoperative care for cataract and refractive surgeries, and medical eye exams.

Even though the practice was located in a small, rural town, with a total population of about 50,000, I was determined to figure out a way to integrate specialty contact lenses into the clinic. Here's how I did it. The pointers presented here may help you to do the same.

HOW TO START

I began by having a talk with the owner of the clinic. I explained to him my passion for specialty contact lenses, and he agreed that it was a service that was definitely needed. But neither of us had a clue how to integrate this new service into a practice that was already functioning at a high level. We routinely saw 40 patients per day. So, on top of seeing our patients for regular examinations, we needed to develop a plan to be able to start seeing specialty contact lens patients too.

Because the staff members had no idea what specialty contact lenses were, I had to call all of the shots at first. I developed a protocol and a schedule that I thought would help build the specialty lens section of the clinic.

We then had a meeting with the staff

to inform them of the new service that we would be providing. We had to educate them on the basics: what specialty contact lenses are and how they differ from regular contact lenses.

We also educated staff about the characteristics of good candidates and the key terminology. **Trigger words included scleral lenses, hard contact lenses, rigid gas permeable (RGP) lenses, rigid lenses, hybrid contact lenses, custom contact lenses, keratoconus, irregular astigmatism, corneal transplant, and radial keratotomy scarring.**

We had staff members keep a notepad with these words close to their desk. That way, if a patient called with a question about a particular service or lens, they knew whether it was one that we now offered.



NEW SCHEDULES

Once we started gaining specialty lens patients, we scheduled them and blocked out an entire hour for each visit. Because none of the other employees knew anything about specialty contact lenses, I had to do everything myself. I took all the images, reviewed everything with the patient, went over pricing, performed the diagnostic fitting, completed the training for lens insertion and removal, and saw the patient for all follow-up visits.

After the first 2 months, we could see that this schedule was eating away at precious doctor time. We knew that we needed to develop a new strategy as soon as possible to get staff members trained to help me with these patients.

THE TRAINING PROCESS

Contact Lens Insertion and Removal Training

The first area to get help with was obvious: contact lens insertion and removal training. The practice already had technicians and opticians who were trained in helping patients with traditional soft contact lenses, so this would just be a new type of lens with a few modifications.

I had staff members watch a patient education video from the Scleral Lens Education Society (sclerallens.org/), a nonprofit organization committed to helping practitioners learn how to fit and manage scleral lenses. Once a staff member watched the video, I had

them shadow me during training with a new patient. They took copious notes while they observed me.

After that staff member had seen a few patients and felt comfortable, we switched roles. Now, I was watching them complete the training with the patient, and I was taking notes. Once the staff member and I felt completely comfortable, I let them take over all of the trainings. This helped my schedule immensely and made the practice much more efficient.

THE FITTING PROCESS

Next, I had staff members help with the fitting process. I taught them how to read a diagnostic fitting set, and they learned what all of the numbers,

abbreviations, and words meant. I had them write down all of the lens parameters while I inserted a lens on a patient's eye.

Then I had them scribe for me. I would call out what I was seeing, and they would write everything down in the fitting notes. They would clean and prepare the next diagnostic lens and help with other things such as turning the lights on and off and inserting fluorescein into the patient's eye.

CONTACT LENS INSERTION & REMOVAL

As staff members got more comfortable helping me with the lens fitting, I then trained them to help with specialty lens insertion. Scleral lenses are inserted and removed much differently than soft contact lenses, so I had them practice on each other during slow times or before we shut down the office for the day.

Once they got a feel for how to insert a lens properly, I allowed them to assist on straightforward patients. At first, I helped them (eg, I would hold the patient's eyelid for them), but over time they were able to complete the lens insertion process by themselves.

WELCOME TO THE MACHINES

At the same time, I taught the staff how to operate the machines: how to capture OCT images, take proper measurements, and record the data. I showed them how to take images of the lens edge, and we would view everything together. Because the technicians already knew how to operate so much equipment for other exams, this was pretty easy to teach them.

TAKING OFF THE TRAINING WHEELS

As I got more comfortable with the technicians applying and removing lenses, I then moved on to selecting an initial trial lens based on the patient's topography, exam history, and overall eye shape. I would then tell the technician which lens to select, and he or she would insert the lens and complete all of the necessary testing.

Our exam flow is a lot more streamlined now that I have staff members who can help me. When a patient comes to our office for a consultation for specialty contact lenses, the technicians will perform all of the testing that is dictated by my specific protocol. Then I review all of the information with the patient and present all of their options. Once they have selected the type of fitting,

we schedule them for a separate visit.

When the patient returns, the first diagnostic lens is applied by the technician, who then performs all necessary testing. I come in at the end, perform an over-refraction, and examine the lens at the slit lamp. If everything looks fairly good, I take all of the information and imaging and consult with the laboratory to get the lenses ordered.

When the lenses arrive and the patient comes in to pick them up, a staff member applies the lenses, checks the patient's vision, and performs all necessary testing. I come in and check the lens fit, and if everything is acceptable the patient and staff member then proceed to insertion and removal training.

The patient comes back again 2 weeks later, at which time a staff member will check the vision and perform all

testing. I perform an over-refraction, look at the lenses, and make any necessary adjustments.

COMMIT TO THE CHANGE

Even if your staff members have no idea where to start with specialty contact lenses, it is quite easy to teach them. You just have to be committed to having them observe you or take the time before or after hours to educate them and have them practice on each other. They are fully capable of learning, and they love to help.

I have streamlined the specialty lens fits in our practice from having no help at first to now having so much help that I am barely a part of the process. If you have staff members who are motivated and you really want to incorporate specialty lenses into your practice, it is entirely possible to eventually train them to assist with most of your patients.



Figure 1. Insertion and removal training should be the first step in staff training.



Figure 2. Staff can easily be trained with special equipment.



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