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Design of efficient optometric practices: The success factors

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Abstract

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DESIGN OF EFFICIENT OPTOMETRIC PRACTICES

THE SUCCESS FACTORS

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Eric Freedle and Michael Melenchuk

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Acknowledgments

It is never possible for anyone to say exactly how he acquired any given body of knowledge. In a real sense, this thesis is the product of many different people who have over the past year taught us what we have written down here. So, obviously we acknowledge our indebtedness to all the doctors and their personnel who helped us in gaining our material. We must also thank Dana Tierney who directly helped in the checking and typing of the thesis.

Special acknowledgement to Dr. Ernest M. Freedle and Dr. John A. Melenchuk for a few things are harder to put up with than the annoyance of a good example.

- Communication control: Having the proper technique for using one of the most important optometric instruments -- the telephone. Semantics--the proper way.

- Patient control: From referrals to registration, the proper techniques.

- Charting systems: Integrating exam forms into an efficient optometric practice.

- Filing systems: Working with a filing system that is efficient and simplistic.

- Inventory control: Internal security problems can take the form of missing supplies or 'doctored' receivables.

- Financial systems: Fee sheets should be comprehensive, yet allowing information to be readily obtained by those not in the eye health field.

Practice Philosophies and Goals

To be effective, a system of practice management must reflect the principles and values of the practitioner. The cornerstone of any practice management is an explicit set of beliefs on which it premises all its policies and actions. So, before you start thinking about office policy and management, you must first define the standard of care you wish to provide for your patients. This requires careful study of the character of yourself, the practitioner, the clinical support staff, and your patient population. Figure out your own value system. Decide what you want your office to stand for. Then once you decide on some specific values, translate these specific beliefs into a document that can serve as a blueprint for the management of your practice and quality patient care. Although it is difficult to compose a document that clearly defines practice standards of care, such a document is essential for successful practice management. A well constructed document provides a blueprint on which managerial policies and office procedures can be based. It also binds the staff with a common commitment and means of achievement that yields a cohesive team to provide the highest quality patient care.

The first step in implementing a document that defines practice standards of care is to study the character of yourself, the practitioner. Figure out your own value system; it will be easier to then decide what you want your office to

stand for. Since 1967, for a nominal fee Quest Management Seminar has been giving dentists nationwide programs on how to run their offices more efficiently. At the start of each seminar, each dentist must fill out the value system questionnaire. Once this is done, the practicing dentist can then evaluate his own values and those he wishes to incorporate into his practice. The following questionnaire[1] (see figure 1.1) is just like the one used at Quest Management Seminar, except this one is free. It would be in your best interest to fill out the following questionnaire. Be honest with yourself.

Figure 1.1: Value Questionnaire

VALUES

NAME:_____

1. What do you want most out of life? (limit list to 4 items)

_____

2. What do you feel your chances are of getting it? (circle one)

Excellent Good Fair Poor

3. Complete this statement, made by your friend: "He/she is a great human being, but..._____

_____

4. What do you like best about yourself?_____

_____

5. What is the finest compliment someone could give you?_____

_____

6. If you were without fear, what would you change in your life?

_____

7. Do you feel you are fun to live with? YES NO
Why do you feel this way?_____

_____

8. How would you define success for yourself?_____

_____

9. Are you a success by your own definition? YES NO

10. What do you feel motivates you in life?_____

_____

11. Complete this sentence: "I feel most important when..._____

_____

12. Do you feel you have any personal power in your life? YES NO

13. What has happened in the last 30 days to cause you to answer yes or no?_____

VALUES (continued)

14. What is the greatest problem or challenge you are currently facing in either your personal or professional life?

_____

15. What is the greatest reward you can receive from all your hours of toil and labor?_____

_____

16. Describe briefly where you are in life._____

_____

_____

17. How did you get there?_____

_____

18. Describe how you can contribute as a team member to this optometric practice._____

_____

Values lead to principles. And principles lead to practice objectives, policies and procedures. Once a value system is established, a document can be started outlining practice objectives. Such a document will serve as a blueprint for policies and procedures. A set of practice principles or beliefs must be general but also narrow in scope and include just a few basic beliefs. We found among the successful practices a few common beliefs that we feel are noteworthy.

1. A belief in being the best. Nothing works better than a sense of pride. If you set as your goal to be the best optometric practice in the state and your staff is aware of this, it will provide a sense of pride for them. And as mentioned earlier, a sense of pride works wonders.

2. A belief in the importance of doing the job well. You as the practitioner set the standard on this principle. You carry the responsibility of instilling this value into your clinical support staff. In this role you are a bug for detail and you instill the value of doing a job well through deeds rather than words; no opportunity is too small. A divisional president from one of the Fortune 500 companies once said, "Set and demand standards of excellence. Anybody who accepts mediocrity in school, in job, in life is a guy/gal who compromises. And when the leader compromises, the whole damn organization compromises."[2] So, instill this value in your clinical support staff through scores of daily events with you, the practitioner, becoming an "IMPLEMENTER PAR EXCELLENCE."

3. A belief in the importance of patients as individuals. Probably the most important patient management fundamental that is being ignored today is staying close to the patient to satisfy his needs and anticipate his wants. A simple summary of what our research uncovered on the patient attribute is this: the successful offices are really close to their patients. That's it. Other offices talk about it; the excellent offices do it. As one doctor we talked to said, "It's service oriented patient care--overbearing care for the patient while he is in your office and post-visit eye care service. There's one thing a lot of doctors don't do, and that's believing that patient care really begins after the visit--not before . . . The patient isnt' out the door and my secretary has made up a thank you note." Caring for your patient as an individual is what it is all about for successful patient management.

4. A belief in superior patient care and quality service. A patient's visual needs should always be solved in the best possible way and each person should be given the opportunity to have the best possible care for his/her visual needs. The practitioner decides what's best for the patient; then he and his clinical support staff make sure that the patient is given the proper care. After care should always be given with the same intensity as present eye care. Remember--quality, not quantity.

5. A belief that every member of the clinical support staff works together as a cohesive team. The cornerstone of the team approach is to bind the office staff with a set of beliefs and

priniciples. This provides a common commitment and achievement which binds together a cohesive team. The team also has a togetherness agreement which clarifies the relationships between each other. These agreements are based on the premises that they enjoy working together and the total potential of working together is much greater than each other's individual potential.

6. A belief in and recognition of the importance of economic growth. This value should always be stated in qualitative terms, rather than quantitative terms. Financial objectives are never stated alone but in the test of the quality of the patient care. Profit is a natural by-product of doing something well, not an end in itself.

You as the practitioner carry the responsibility of instilling these beliefs into your clinical support value system. You carry the responsibility of being a value shaping leader. Success is achieved through obvious, sincere, and sustained personal commitment to the values you the practitioner seek to implement coupled with extraordinray persistence in reinforcing these values. Disraeli once said, "The secret of success is constancy of purpose."

7. Practice goals. The primary goal of a practice can be very easily stated: The purpose of a practice is to provide the highest possible quality and extent of optometric service to every patient. Every other goal is secondary. If the major purpose is achieved, almost of necessity other principles must have been followed. But it is helpful to have further elabora-

tion of practice purpose and philosophy in order to make it easy to apply them to specific situations.[3]

There are other secondary goals of the office:

- A patient's visual needs shall always be solved in the best way possible and each person given a chance to have the finest vision care.

- Patients are people, not just cases, people who have feelings, emotions, and concerns. Patients with visual problems must especially be considered with this in mind.

- We need patients, they don't need us. They could go elsewhere but without them, there is no practice.

- Patients deserve prime attention. There should be no avoidable interruptions nor lack of interest. The office is open to provide service to them.

- Even though the first responsibility is to the patient, there is also a responsibility to the community. Office time and facilities, and certainly some outside time, are devoted to community service.

- To maintain maximum vision care service, the practice shall be constantly upgraded through continuing education and application of new optometric and office procedural techniques.

- The personnel policies of this office shall be fair to all and create a pleasant atmosphere in which to work.

- Employees are expected to work in the spirit of the office and share its goals and enthusiasm for the patient service.

- The goals, policies, and procedures shall be in written form and tangible guidelines available to aid staff members.

- For best service to patients, there shall be periodic review of the policies and procedures of the practice.

Personnel System

I. Hiring Personnel

A. Determining your needs
   1. Technical skills
   2. Personal specifications
   3. How many aides

B. Sources of recruitment
   1. Where to obtain the staff
   2. Methods of recruiting
      (a) Sample ad

C. The resume
   1. Purpose
   2. Use
   3. Analyzing the resume

D. The application form
   1. Purpose
   2. Use
   3. Analyzing the application form

E. Testing
   1. Purpose for testing the prospective employee
   2. Use

F. The Interview
   1. Purpose of the interview
   2. Good interviewing procedure

G. The interview evaluation
   1. Rating the applicant
   2. Evaluating the applicant's ability
   3. Evaluating personal and physical characteristics

H. Checking references
   1. Why a reference check
   2. Information to be obtained
   3. Methods of investigation
   4. Decision

I. Hiring Personnel

The following plan is designed for the practitioner as a means to guide in selecting and training the right person for the right job, and thus help to develop a long lasting, productive doctor-aide relationship. The systematic plan for finding and hiring the right personnel is divided up into 9 concise step-by-step instructions for choosing the right person:

1. Evaluating your needs
   Determining job specifications
2. Sources of recruitment
   Where to find the right applicants
3. Resume
   Evaluating the applicant's past engagement/interests
4. The application form
   The important facts for the professional office
5. The interview
   How to conduct a thorough first interview
6. Testing
   A sure way to find out applicant's ability
7. The interview evaluation
   Assigning a numerical value summary of facts and impressions
8. Checking references
   What to ask and how
9. Summary evaluation
   Choosing the right person

The aim is to successsfully hire an employee who will meet the job requirements and at the same time become a contributing member of the office team.

A. <u>Evaluating your needs</u>

Determining your needs is the first step in finding the right person for the right job. In order to do this, you must have a full knowledge of all duties in your office that are

performed by both clinical and secretarial staff. Your clinical or technical staff is your optometric assistant, optician and/or frame stylist. The secretarial or non-technical staff is the front end secretary and/or office manager. Each of your staff has specific duties which are his or her responsibility. Your full knowledge of these duties is required along with the technical and non-technical skills required to perform these duties. Decide on the specific skills needed for the job. Listed in the Personnel Management section are examples you could use in assessing specific responsibilities and duties along with skills required. Make up a job sheet for each skill required. See figure 1.2.

A. Technical skills

Check the skills required for the job:

Optometric Assistant

[ ]_____ [ ]_____
[ ]_____ [ ]_____
[ ]_____ [ ]_____

Optician

[ ]_____ [ ]_____
[ ]_____ [ ]_____
[ ]_____ [ ]_____

Frame Stylist

[ ]_____ [ ]_____
[ ]_____ [ ]_____
[ ]_____ [ ]_____

B. Non-technical skills

Secretarial/Receptionist

[ ]_____ [ ]_____
[ ]_____ [ ]_____
[ ]_____ [ ]_____

Office Manager

[ ]_____ [ ]_____
[ ]_____ [ ]_____
[ ]_____ [ ]_____

Figure 1.2
Illustrates how to set up a job sheet

Personal requirements are just as important as technical skills. Be certain that your hiring policies comply with federal and state Fair Employment Practices. It would be fruitless to list all the state policies here, but you need to know your state's employee policies. These policies are available in handbook form from various governmental agencies. As an example, here in Oregon you obtain these employment policies from the following two agencies.

1. Handbook of Civil Rights Laws
   Oregon Bureau of Labor and Industries
   240 Cottage Street, S.E.
   Salem, Oregon 97310

2. Handbook of Wage and Hour Laws
   Oregon Bureau of Labor
   1400 S.W. 5th
   Portland, Oregon 97204

I personally encourage you to get these two handbooks because of the wealth of information offered within them. When finding out about the prospective employee's personal specifications, you have to be careful to follow your state's regulations. Here are some general guidelines you want to follow when finding out about personal specifications needed for the job.

A. Age

B. Marital status

C. Education

D. Previous experience

E. Appearance

F. Hours

G. Salary

The last question you want to address when determining your needs for finding the right person is the amount of help you need. Decide exactly what type and how many aides your office requires to run smoothly and efficiently by having a full knowledge of all duties that are to be performed. In a one person office in need of one aide only, hire a "Girl Friday." She will obviously have a multitude of duties. She will probably have to act as secretary, receptionist, bookkeeper, optometric assistant and optician. This person will obviously need to be thoroughly responsible and efficient. In a one aide office situation, look for someone with previous experience since the training time you have available is at a minimum. The trend toward employing more than one aide increases as practices grow or doctors form multi-man offices. Understaffing can endanger every facet of office efficiency. Therefore, take care not to overload your aides with work. If you are hiring for an office that will employ two or more aides, follow the team approach.

Pay careful thought in determining your office needs. Important points to remember are:

1. Know all the duties that your aides are to perform.
2. Determine the duties and specific skills required for each aide.
3. Look at the personal qualifications and area of responsibiilty needed for the job.
4. When hiring, look for leadership and cooperative qualities which are imperative for the team concept.

The important point to remember in successful hiring is to know your office needs.

B. Sources of Recruitment

To obtain your staff, there are various ways of finding help. Here is a list of the available sources:

Non-technical

1. Employment agencies
   (a) Personnel agency
   (b) Recruiting firm
2. Classified advertising
3. Secretarial schools

Technical

1. Optometric assistant schools
2. Word of mouth
3. Classified advertising

The method you choose depends basically on the amount of time and money you want to spend. Reliable employment agencies are an excellent source of recruitment. Most are experienced in placing applicants in phases of professional front-end work. They save you preliminary interviewing time, which is the employment agency's job. Do not consider any agency reliable if it neglects to properly screen the applicants before sending them to you. If you have given them a complete job description, you have a right to expect preliminary screening. There are usually two types of employment agencies. Personnel agencies are the less expensive of the two, and the employee is usually the one charged except that is not a hard and fast rule. Recruiting firms charge a lot more. The fee for their service

is usually paid by the employer after they have been hired. This fee varies, but average cost is a full month's salary. So, if you are short on time and long on money, employment agencies would be worth checking out.

Employment agencies get their people by advertising. You have access to the same people by placing a classified ad in your daily newspaper. Placing an ad assures you of reaching a large number of possible applicants with minimum expense. Be specific and include the following in your ad:

1. Definition of position (receptionist, bookkeeper, optometric assistant, aide, etc.).
2. Specific skills required (stenography, typing, dictation, etc.).
3. Whether or not previous professional office experience is required.
4. Working schedule.
5. Salary. State starting salary or use "salary open" if you wish to discuss this personally with each applicant
6. Phone number or box. One method of preliminary applicant screening is to judge the applicant's "phone voice." If the job requires answering your telephone, a pleasant telephone manner is a necessity. However, if your office is an extremely busy one and an overload of phone responses would be annoying, place a box number in the ad to which the applicants can write. Here is a sample ad:

> OPTOMETRY SECY: Individual doctors office near Mercy Hosp. Must have office procedures & med. term., 9-6 Mon-Fri only. Sned resume of exp. & desired salary to Box 16579, Post Herald.

Students of reliable secretarial schools are taught all phases of office procedures. Possibly the only lacking requirement is practical experience. Depending on the individual school, the course of study lasts from a few months to one year with proficiency in proportion. Be sure to investigate the

training standards of the school before using this method to recruit.

Getting people with technical experience is entirely a different experience. The universe of technical employees is very small. To obtain technical staff, you often go through your technical networks which are your acquaintances within the community--your competitors. Occasionally this method works out to everyone's advantage, but beware of proceeding in an unbusinesslike way. Assistant A gets fired by Doctor B, hired by Doctor C. Doctor C then moves away and before you know it, Assistant A is back working with Doctor B. Colleagues, other aides, patients, relatives, or friends are all sources of recruitment.

In some areas the local optometric societies operate a registration service for available aides and also allow them to place "situation wanted" ads in the society's bulletin. If your society has such a service, let them know you are on the look out for a new aide and give them a complete job description.

Sources of recruitment are varied and depend on a lot of factors--most important, the amount of time and money you want to spend.

The most important point to remember is to secure good applicants by means of good recruitment sources.

C. The Resume

In today's job market the applicant should be prepared to present a resume to the potential employer. The resume is basically an advertisement of the applicant's qualifications. It is primarily an introduction and summary of the applicant's background. It acts as a medium for which you can decide which applicant gets an interview. Always keep in mind the purpose of the resume--to decide which applicant gets the interview. Do not hire on a resume alone. It may have taken the applicant 19 times to type it without errors. You cannot afford to make your decision based on the resume alone.

If applicants don't have a resume, present them with the following article[4] (see figure 1.3) and tell them to present a completed resume to you. If their resume works out, then send them an application form.

Figure 1.3

REFERENCE ADDRESS	PERMANENT ADDRESS
Career Placement Center Pacific University Forest Grove, OR 97116	4507 HWY 101 North Seaside, OR 97138 (503) 738-6730

PROFESSIONAL OBJECTIVE

A position in Business Management which offers opportunities to use and develop skills in Public Relations. The position should allow for personal as well as professional growth.

EDUCATION

B.A. — May 1981, Pacific University, Forest Grove, Oregon. Major: Business and Economics. Emphasis on Marketing and Management with diverse studies including Accounting, Communications, Sociology and Personnel.

WORK EXPERIENCE

April 1978 - present — NIGHT AUDITOR AND DESK CLERK, Gearhart by the Sea Condominiums, Inc., Gearhart, Oregon. Duties performed: general office functions inclusive of typing and 10-key operation, operation of NCR 4200 and NCR 2251, general reservation duties, switchboard operation, convention bookings and general public relations.

April 1976 - Sept. 1977 — DESK CLERK, Sand & Sea Condominiums, Seaside, Oregon. Duties performed: general clerk functions, bookkeeping, payroll, training new management and employees, relief manager and convention bookings.

Jan. 1975 - July 1976 — COOK, Bud's Drive In, Gearhart, Oregon. Duties performed: general restaurant duties.

EXTRA CURRICULAR ACTIVITIES

Pacific University -- Chairman of the Cultural Affairs Committee and Program Board. 1980-1981

University of Illinois/University of Vienna -- International Student Exchange Program. Traveled throughout Europe. Summer 1980

Pacific University -- Member of the Cultural Affairs Committee and Program Board. 1979-1980

Pacific University -- Advertising Editor for the University yearbook. 1978-1979

INTERESTS

Tennis, golf, bowling, theater and travel.

REFERENCES

Provided upon request.

D. The Application Form

The inclination to think that in a small optometric office hiring can be done on an informal basis is a mistake. Don't underestimate the rewards of finding a suitable aide and don't be fooled by thinking this can be done by a casual after work interview. To find the right person for the job in the most efficient manner, the intelligent use of an application form is necessary. (See figure 1.5)

The purpose of the application form is:

1. To get a general picture of the applicant's personal history.
2. To have a medium for judging applicant's fitness for a particular job or future advancement.
3. To save your interviewing time.

The form should be appropriate for the type of position in question. The following application form is designed specifically for the hiring of optometric clinical and technical office employees. Also, the application form you use should be in compliance with the state and federal Fair Employment Practice Regulations.

Use the application form for your benefit. The first step is to have the applicant fill out the application form. At the time you give the applicant the form, do not try to interview him/her. First, get him/her to record all the information asked for on the application form. Since it is natural for an applicant to be nervous, you should suggest they take their time filling out the form. A neat and carefully filled out form is a point in their favor. Appointments for the interviewing

APPLICATION FOR POSITION OPTOMETRY

Figure 1.5

Date of Application:_____

General History:

Last Name_____ First_____Middle_____SS#_____

Present Address_____How long at this address?_____

Previous Address_____From_____ To_____

Language you speak, read or write_____ Are you a US citizen_____

Person to notify in case of emergency_____

Where did you learn of this job_____

Health History:

Height_____ Weight_____ Hearing_____ Vision_____ Date of last physical_____

Is your health Poor____ Fair____ Good____ Excellent____

Do you have any disabilities or health problems_____

Educational History:

	Name and Location	No. of Years	Degree and Date	Major
Grade School				
High School				
College				
Graduate or Professional				
Special Schooling				

Personal Interests:

How do you feel about:

Occassional pressure on the job?_____
Meeting people for the first time?_____
Helping others?_____
Working alone vs. working with others?_____
What is your usual disposition?_____
Are you good at remembering names and faces?_____
What do you do in your spare time?_____

Why do you think you are suited for this position?_____

Figure 1.5 (continued)

Economic and General Information:

Do you have any special problems which could lead to your being excessively tardy or absent? _____

Have you ever been bonded?_____ Are you bondable?_____ Working hours desired(Check 1 or more) 5 day week__ 6 day week __ Part-time____

What salary do you expect?_____How do you get to work?_____

Special Skills:

Check below the kinds of work you have done:

Accounting____	Contact Lens Tech.	Posting	
Bookkeeping____	Filing	Receptionist	
Collections	Mediacal Insurance forms	Typing	
Composing Letters	Optometric Terminology	Stenograpy	
Optometric Assistant	Optician	VT Assistant	Other_____

Office equipment used: Adding machine_____ Bookkeeping machine____ Dictating_____
Computer Terminal_____ Other_____
Typing Speed_____Shorthand Speed_____

Employment Record (list most recent employment first)

Dates
From_____ To_____ Name of Organization_____

Address_____ Phone Number_____ P siton Held_____

Description of Duties_____

Supervisor_____ Salary Starting_____ Per____: Final_____

Reason for Leaving_____

Dates
From_____ To_____ Name of Organization_____

Address_____ Phone Number_____ P siton Held_____

Description of Duties_____

Supervisor_____ Salary Starting_____ Per____: Final_____

Reason for Leaving_____

applicants can be made if the application form is mailed to the applicant with the request they complete the form and then arrange for a definite appointment.

When the application form is returned, carefully review it before starting the personal interview. Using a red pencil, check information that may indicate the applicant is a "bad bet." Keep in mind that an applicant always tries to "put their best foot forward," so any doubt or unsatisfactory answers on the application form should be checked in red.

A. General History

A great deal of information under the general history section comes under the heading of identification.

Date	Needed for future reference.
Social Security Number	Will be needed if you eventually employ the applicant.
How long have you lived at this address?	Stability is an essential requirement for a good aide. Studies show that a person who moves frequently may prove to be less stable than an individual who "stays put." If the most recent address is for less than one year, check it in red and investigate it further when doing the personal interview.
Where did you learn of this job?	This will shed some light on the effectiveness of your recruitment methods as well as the quality of their recommendation to you. Also this will inform you whether or not the applicant has to pay a fee to get the job.

B. Health History

The applicant's physical and mental health is of the utmost importance. To do a satisfactory job, the person must be in good physical condition and also not be in a mentally disturbed state. Remember, the applicant will attempt to show him or herself in the best light and any answers but good and excellent should be checked in red for further consideration.

C. Educational History

There is an obvious need to know if the applicant has had the proper educational background to fill the position. Any schooling, technical or otherwise, in addition to the usual educational requirements should certainly be a point in the applicant's favor. It indicates ambition, eagerness to learn, and the ability to look ahead.

D. Personal Interests

The aim of these questions is to obtain (1) a general picture of the applicant's personal and social status; (2) the legibility of handwriting; (3) the quality of written expression and spelling and (4) a clue of general intelligence. Questions 1 through 6:

1 A	An optometric aide must have the ability to take pressure in stride and to work effectively under it. Your own evaluation of the answers partly depends on the nature and volume of your practice.
1 B,C	Immaturity, lack of poise, and unsympathetic nature are the salient traits to watch out for in these two questions; i.e., is the applicant excessively introverted?
1 D	In most cases the job will require the ability and desire to work both alone and with others.
2	Although this is a difficult question for applicants to answer, they should be expected to "put their best foot forward." Any answer but a completely favorable one should serve as a warning.

3 Even though a one word answer is plausible here, "no" is not acceptable if the job requires a patient-aide contact.

4 Willingness to learn and a sincere interest in learning are very desirable traits in an applicant. A well rounded person will indicate not only a desire for additional knowledge in office skills but in outside fields as well. Eagerness for self advancement is a great plus factor.

5 By determining what the individual does in leisure time, you can get a picture of personal and social characteristics and cultural interests. Do hobbies bring them together with other people or do they spend spare time in more individual pursuits?

6 This question strikes at the heart of the applicant's personality, creativity and psychological outlook. An applicant who is seriously trying to fill the position offered will attempt to answer so that the interviewer is pleased; their ability to judge what the interviewer wishes to read is clearly an important asset for a future office relationship. The content and depth of the answer will offer a clue to the applicant's creativity and intelligence.

E. Economic Information

This is perhaps one of the most important parts of the application and careful scrutiny is required. You need to look for a stable economic background. This reflects a dependable and trustworthy nature. Light may be thrown on the applicant's previous work experience by finding out if he or she has ever been bonded. If the answer to "Are you bondable?" is "no," red check this item and investigate carefully. Geting an idea right from the start of the working hours desired by the applicant will help you in deciding the eagerness and suitability for the position. Compare the applicant's desired working time with your needs. If any gaps exist, red check this item and carefully consider the matter. It is expected that the salary desired by the applicant should coincide closely with what you

are prepared to pay. If it does not, this item needs to be red checked and carefully considered. Convenience and dependable transportation are important factors in work dependability and promptness. Make certain the applicant's means of getting to and from work are adequate and reliable.

F. Special Skills

Red check this section if the applicant lacks any of the skills essential to the job. A borderline case may arise where the applicant has the basic requirements but lacks one easily learned skill. Your decision should then be influenced by the applicant's willingness to learn, by the availability of a capable teacher, whether it be you or someone else.

G. Employment Record

Here you are interested in determining if the applicant has the background of experience and interest for the job. Knowing the nature of the applicant's past work and exactly what the duties were will round out the work experience picture. Your own office needs will play a great part in determining the value of the applicant's previous work experience. Here you can establish whether or not the individual has had previous OPTOMETRIC OR MEDICAL USE EXPERIENCE and just how much. If the job requires supervisory ability, determine if the applicant has had experience in this field and if he or she appears to show leadership qualities. Job progress should also be considered. Has the applicant progressed in responsibility during prior employment periods? If so, initiative and ambition are indicated.

F. Testing

The testing procedure is basically used to evaluate the applicant's skills. It also gives you a guide to the amount of time she requires for a specific job. Testing should always be done. You do not want the new employee's problems to be your problems -- so test them. Give tests that are appropriate for the position to be filled. Our example is for the front end duties. We test three areas:

1. Adding test
2. Adding machine test
3. Typing test

Also, if you are hiring optometric assistants, there are a series of tests used to evaluate their skills. These are available from: Industrial Psychology, Inc., New York.

1. Straight Adding Test

   A. Directions: Add the following set of numbers and write the totals at the bottom. No calculators, please.

$ 24.90
$116.54
$ 87.28
$ 52.17
$ .96
$185.80
$ 1.65

TOTAL _____ Time_____

2. Adding Machine Test

   A. Directions: Using an adding machine, total the following set of figures.

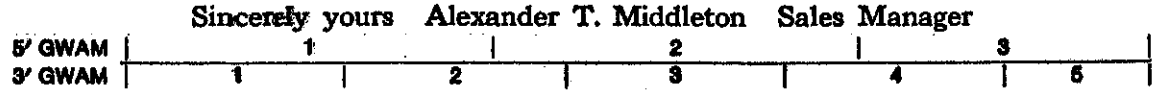
187.75	32.00
149.25	5.00
185.75	2.50
199.00	39.00
222.75	
147.38	
200.75	
32.00	
5.06	
3.00	

Total_____ Time_____

3. Typing Test

A. Directions: Type a 5' writing in letter form, using block style with open punctuation. Use a 70 space line and a 5 space indentation. Begin 1" from top edge of

	GWAM 5′	GWAM 3′
September 12, 19-- Mrs. Frederick S. Michaelson 3180 Beverly Road	3	4
Columbus, OH 43221 Dear Mrs. Michaelson	4	7
This is in reply to your recent letter regarding the charges for the	7	12
repair of your electric lawn mower, which was shipped through Donlevy's	10	17
Department Store in Columbus to our Chicago office.	12	20
Our repair shop tells me that it was necessary to install a new	15	24
motor and armature in your lawn mower. In most instances, failure of	17	29
the motor and armature is caused by using a dull blade, which creates an	20	34
extra drag on the motor. It may also be caused by using an abnormally	23	39
long extension cord, which creates a voltage drop from the electrical	26	43
source and results in damage to the motor. Our guarantee warrants for	29	48
the life of the mower any defective parts and material. Normal wear,	32	53
misuse, or abuse, of course, do not fall under our warranty policy.	34	57
After reviewing the paper work on this transaction, I find that	37	14
the repair cost as quoted was correct insofar as the material used and	40	19
labor costs are concerned. Under normal circumstances, the customer is	43	24
billed for these costs. I do note, however, that we failed to contact	45	29
Donlevy's Department Store before the repairs were made and to quote	48	33
them an estimate of the price of repairs. For this reason, I am	51	37
sending Donlevy's a credit memorandum in the amount of $20.49 to offset	54	42
the original charge with the exception of the shipping costs involved.	57	47
I hope that the adjustment made will be satisfactory to you. If	59	51
you encounter any further problems with your mower or any of our other	62	56
equipment, please feel free to contact me at the Chicago office.	65	61
Sincerely yours Alexander T. Middleton Sales Manager	67	64



B. Results: 1. GWAM _____
2. Straight copy speed _____

You'll also be interested in knowing whether or not the applicant is employed at present. The factor of stability is important here. Too many jobs in a short time would classify the applicant as a poor risk for long term employment. Also, if they are employed at present, inquire why they wish to leave. If the applicant has not been employed at all in the past few years, question the reasons. Information about economic and social background as well as family status may be disclosed. Special attention should be paid to the reasons presented for leaving prior jobs. There are many satisfactory answers such as, "To take a better job," but any reason that indicates restlessness or not getting along with others should be red checked. Naturally, "discharged" is not satisfactory and demands your immediate investigation. Remember, however, that sometimes the reasons for discharge or "separation" are the fault of the employer rather than the employee. You must not only be aware of this possibility but weigh it into your reference inquiries and total evaluation of the prospective employee.

The Interview

The purpose of the interview is threefold.

1. To evaluate the personal characteristics of the applicant. Observe:
   - Physical appearance
   - Facial expression
   - Speaking voice
   - Vitality
   - Poise
   - Tact
   - Self confidence
   - General intelligence
   - Comprehension
   - Self expression
   - Maturity

2. To help in judging the information given on the application form.

3. To allow a free exchange of information aimed at finding the right person for the right job.

To properly conduct an interview, you must first put the applicant at ease. During an interview the applicant is usually tense. If you can relax the person, the interview will be more satisfactory. Offer them a chair, maintain an informal, friendly atmosphere, and by all means make them feel you are interested in what they have to say. Use the same techniques that you use in taking the history of a patient. Wait until the applicant has left before making any written evaluation of the interview.

Start the interview with a friendly remark about something on the application form--perhaps where they heard about the job, etc. Gradually ease into a discussion about other items on the application form. If the applicant's conversation starts to wander, ask a question that will lead them back to the subject at hand. The applicant will, of course, want information from you regarding the job. If the individual seems like a good employment possibility, tell them about the position as the interview proceeds. NEVER ASK "YES" OR "NO" QUESTIONS. Use open end questions that start with such phrases as "Tell me about . . ." or "I'd like to know more about . . ." You will gain much more information from this type of question and at the same time you can analyze the coherency of the replies. A good interviewer is a good listener. The applicant should do most of the talking and the interviewer should keep thinking ahead to questions he wishes to ask.

Avoid making snap judgments. The tendency to evaluate a person on a single outstanding characteristic must be avoided. Although it is often difficult, you must conduct the interview with a completely open mind. A total picture is what you have to obtain, and bias one way or another will not help you achieve this goal. For example, do not assume that because an applicant is ill at ease they are necessarily incompetent or that because they have working experience they are automatically more capable than a less experienced candidate. Conduct an objective and thorough interview and base your decision on these findings.

An interview should not be allowed to drag on after the necessary facts have been established or you have reached a definite decision. Frequently an eager applicant will ask you what their chances are of getting the job. Do not commit yourself either way. Explain that there are other applicants still to be interviewed, that you will let them know shortly and express your appreciation for their interest. Whether or not the person is a good employment possibility, always conclude the interivew politely. The applicant, their relatives or friends may at some time be prospective patients, and in any case, your public relations are at stake.

In a two or more paraoptometric office, it is a good idea to involve your office manager/business manager in the interviewing process. Managers have an understanding and responsibility and most respond with good judgment. After all, they are the ones who have to work with the new people. They have to pick up after them and, to some degree, train them. The evaluation

sheet should be filled out by you and your manager immediately after the interview.

The Interview Evaluation

Few applicants will have the exact qualifications desired, but by means of the described interview techniques and systematic evaluation, you should have little trouble finding a person who comes close to your requirements. (See figure 1.6)

Rating the applicants systematically helps you to determine who is the best candidate for the job. For each question on the evaluation sheet, note 2 points for good, 1 point for fair, and zero for poor. If the applicant scores a zero on any one vital question, i.e., a pleasing general appearance or a pleasing voice, he/she should automatically be eliminated. As soon as you finish evaluating the applicant, add up the total number of points and enter the figure on the front of the interview evaluation form in the block provided. After all interviews are finished, compare your evaluations of the candidates. Choose the "best bets" and be sure to check their references.

Hiring without checking references is unsound business practice. This is the last and most important step in systematic hiring. You need to get the facts regarding the applicant's success or failure on past jobs and work habits. Also, you need to know the applicant's ability to get along with coworkers and whether or not he/she gave you an accurate work history picture. (See figure 1.7)

Getting the kind of information you need from previous employers is hard. You'll find employers will be reluctant to

Figure 1.6

INTERVIEW EVALUTION OPTOMETRIC OFFICE

Name of Applicant_____ Date_____ Overall Impression_____

Application Section Reference

Rating: Good - 2 points
Fair - 1 point
Poor - 0 points

Does the applicant seem to have:

Economic stablity (remained in one job for a reasonable length of time)	_____
A home life that does not interfere with being dependable?	_____
Good general health?	_____
The proper educational background to fill the position?	_____
Initiative and interest in learning?	_____
The ability to work well with others in office?	_____
The ability to work effectively under pressure?	_____
Legible handwriting?	_____
An economic history that points towards dependability?	_____
Facility of transportation to and from work?	_____
The proper experience and skills to fill the position.	_____

Notes:_____

_____

From the Personal Interview

Does the applicant seem to have:

Sufficient intelligence to handle any situation that may arise when alone in the office?	_____
A pleasing general personality?	_____
A pleasing voice?	_____
Poise?	_____
Self confidence (Not over confidence)?	_____
Tact?	_____
Sufficient maturity for the job?	_____
The ability to express oneself well?	_____
The personality characteristics needed for the position in question?	_____
A personality that well fit well into your office?	_____
A pleasing appearence?	_____
Neatness?	_____
Vitality?	_____
Eagerness to obtain the position in question?	_____
Columnar Totals	_____

Notes:_____

_____

_____

A zero score on any one Vital question should automatically eliminate applicant.
After finishing interviews, choose the "best bets" and check their references using

Figure 1.7

REFERENCE INVESTIGATION FORM OPTOMETRIC OFFICE

Reference Investigation

1. Office Contacted_____ Date_____

   Person Contacted_____

   Between what dates was this person employed by you? From_____ To _____

   How long have you known this person? _____

   What type of work did this person do for you?_____ Satisfactorily_____

   Was this person consistently cooperative?_____

   Did this person get along with others?_____

   Was this person's moral character satisfactory?_____

   Why did this person leave your employ?_____

   Would you rehire this person?_____

   Notes:_____

   _____ Rating:_____

2. Office Contacted_____ Date_____

   Person Contacted_____

   Between what dates was this person employed by you? From_____ To _____

   How long have you known this person? _____

   What type of work did this person do for you?_____ Satisfactorily_____

   Was this person consistently cooperative?_____

   Did this person get along with others?_____

   Was this person's moral character satisfactory?_____

   Why did this person leave your employ?_____

   Would you rehire this person?_____

   Notes:_____

   _____ Rating:_____

talk to you becasue civil rights/fair employment laws have made them frightened about lawsuits primarily dealing with defamation of character. So, you will have to pull every answer out of them. The easiest way to do this is first establish a conversational repoire on the telephone, i.e., "I would like to chat a bit with you, Doctor, about Mary Jones who is applying as a receptionist for us. I don't really have too many questions to ask you, but she said she was employed by you--is that correct? What time was she employed by you . . . etc." Carry on with subtle questioning until you get the information you require. Discuss what her compensation was. Be sure what they tell you is what she said she got. A neat way to get the increase in compensation on the job change is by inflating your prior level of compensation. By all means, ask if they would rehire the said applicant. If what they say doesn't agree with what the applicant writes down, then she is already playing games with you. That's one employee you do not want to deal with.

Basically, there are three methods of investigation. First is the face to face with a previous employer. If it is convenient to talk personally with any of the previous employers, do so, for this type of investigation will get you the most information. Second is the telephone investigation which usually proves to be the most practical. Contact the applicant's previous immediate superior and explain why you are calling. Then ask them questions from the reference investigation form. Fill in the form immediately after your conversation. The third way of investigating references is by mail. Since most people

hesitate to put negative information in writing, reference investigation by mail should be the last resort. If it is impossible to contact the applicant's former employer personally or by telephone, you should write a brief letter stating the information needed and asking for his cooperation. Enclose a stamped, self-addressed envelope. Again, the one thing to remember is NEVER to hire an aide without checking their work references.

Having made your primary eliminations of candidates before making your reference investigation, you should now, on the basis of your reference investigation, be able to offer the position to the most qualified applicant. Also, don't forget about the applicants not hired. Remember to send each a letter. (See Patient Control, Letter System.)

II. Personnel Policy

A. Employee Handbook

1. Why employees are here
2. Working hours -- office hours
3. Unpaid time off
4. New employee probationary period
5. Employee classification
6. Suspension and disciplinary probation
7. Termination and resignation
8. Confidential information
9. Personal activities
10. Personal appearance and cleanliness
11. Performance review
12. Salary
13. Problems and disputes

B. Employee Benefits

1. Absence from the office
   (a) Holidays
   (b) Paid vacations
   (c) Illness
   (d) Other

2. Salary administration

The time invested in a policy and procedure manual will pay dividends because it will help in training a new assistant and lead to better understanding between the paraoptometric and the doctor. Putting your guidelines in writing lets employees know what to expect and could save you many future misunderstandings. The manual should include three main sections:

1. Employee Policy Handbook
2. Employee Benefits
3. Employee Schedules

Employee policy handbook basically explains working hours, employee expectations, and personal habits and appearance. Employee benefits are all the benefits the employee is given, i.e., holidays, medical-income-retirement protection, and eye care privileges. Employee schedules involve job description, working hours, salary, and special allowances. There are numerous basic office functions and areas of policy which are of common concern to nearly all optometrists. The following manual contains common subject material which is generally included in most office manuals. All may or may not be germane to your particular office. The sections of this manual basically serve the purpose of giving you illustrations of how descriptions can help you. It is important to decide what should be included and what should be left out. An office policy manual cannot anticipate every situation. Remember, there is no exact answer to what good office policies should contain. We have made up the following manual to what we think is important. Included

also are a number of other procedure manuals to help you organize materials for your own office policy manual. There are also some references that can help you develop your own office manual.[5,6,7]

EMLOYEE POLICY HANDBOOK

OF

EMPLOYEE'S NAME_____

Your manager is: _____

Your position is:_____
(As described in Schedule "A" attached)

1. Why You Are Here

The ultimate purpose of all work in this office can be stated in two words: helping people. Our patients ask for our help and we must provide service to them when it is needed. This office has operating policies and rules to aid in reaching that objective. But every member of the eye health care team must understand that the objective is more important than the rules themselves. If a rule appears to interfere with the goal of helping people, then it must be questioned. Perhaps an exception should be made; perhaps the rule should be changed. These changes and exceptions are matters which should always be discussed with the doctor -- the leader of the health care team.

Many of the rules and policies of this office are intended to build the confidence a patient feels in the doctor and the other personnel who work in this office. A strong doctor/patient relationship is a must if the patient is to receive full benefit from the doctor's services. The patient must feel sure that he can talk freely to the doctor, that the doctor is knowledgeable and conscientious and the office is well managed. Only if these attitudes prevail will the patient be likely to take the doctor's advice and do his part in following through with the treatment plan. You play an important part in building this confidence by being cheerful, friendly, tactful, neat and industrious.

Team Togetherness Agreement

In order to clarify the relationships between you and every other staff member, we make the following agreements with one another. These agreements are based on these premises:

- o We really enjoy working together.
- o Our total potential working together is much greater than each of our individual potentials.
- o We know that we each own our happiness at work and that we cannot give that responsibility to anyone else.
- o We really want to develop trusting and open communication in which we feel completely safe and not threatened.
- o We accept we are here for our patients and really care about them.
- o We can each make valuable contributions if we actively participate.
- o The sky is the limit . . . we are inhibited and restrained only by our own personal barriers.

2. Working Hours - Office Hours

A. Your work week will be as outlined in Schedule "B" attached to this policy.

B. In case of illness or inability to report to work, the employee is required to telephone the manager no later than 9:00 a.m. or preferably the night before. Failure to notify the office of intended absence from work may result in termination of employment.

C. Continued tardiness or extensive absence may result in termination.

D. Each employee who is requested to work overtime is to be compensated at the rate of 1 1/2 times their regular hourly salary. Voluntary overtime is payable at the same rate, but must be approved by the manager. Unapproved voluntary overtime is not necessarily reimbursable to the employee. Compensatory time off, at the employee's request, may be taken instead of payment. Overtime is considered time beyond 40 hours total per week, or 10 hours per day.

E. The work week will be 40 hours total. All employees must keep written time records accurately reflecting actual time worked. The records must be signed or initialed by the employee and submitted to the manager for payroll payment approval. Payroll is issued twice a month.

F. It is understood that the work week will be as outlined in Schedule "B." Any adjustments in this schedule should be approved by the manager.

G. Attendance records will be maintained for use in your periodic performance reviews.

H. This office is normally open between _____ a.m. and _____ p.m. Office hours during which the doctor sees patients are as follows:

	Morning		Afternoon	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

3. Unpaid Time Off

A. Leave of Absence
A leave of absence will be approved under certain specific and other than normal circumstances. Each request must be reviewed individually with the employee's manager, as such need arises.

B. Special Absences
In the event that an employee needs to take time off from work for a reason other than of a medical nature, each request for same must be reviewed individually with the employee's manager as such need arises.

C. Civic Affairs
Because of the essential community service nature of this office, time off from work for civic affairs (i.e. jury duty) is not considered to be paid absence.

4. New Employee Probationary Period

All employees, regardless of classification or status, are hired on a 90 calendar day probationary basis. An employee is not considered to be on permanent status until having successfully completed this probationary period. Former employees rehired will also serve a 90 day probationary period, unless rehired into their former position within six months of leaving that position in good standing.

During this period, the doctor will determine whether you are adequately suited to employment in this professional office. (Not every individual fits easily into this kind of work setting. Some are unsuited to health care work and yet may be perfectly competent in some other kind of job.)

The doctor does not expect any employee to attain perfection, certainly not during the first few months of employment. If you seem to be having difficulties, please ask for help. If

serious problems seem to exist at the end of 90 days, the doctor may decide to terminate your employment.

5. Employment Classification

A. Permanent full-time
Any employee who is scheduled and works 20 hours per week or more and has passed the probationary period.

B. Permanent part-time
Any employee who regularly is scheduled and works less than 20 hours per week and has passed the probationary period.

C. Temporary
Any employee hired to work for a limited period of time.

D. Probationary
Any employee who has been employed less than 90 calendar days.

6. Suspension and Disciplinary Probation

Any employee may be suspended without pay for no more than three working days, pending the investigation of a suspected infraction of work rules or regulations. Any employee who is not properly doing the assigned job or whose behavior is substandard may be placed on probation. Placement on probation will be done in writing with full explanation of reasons and conditions. The probation period will not exceed 60 days and the employee could be discharged without notice at any time if the job performance so requires.

7. Termination and Resignation

If dismissal is necessary:

A. During the first three months of employment--no advance notice or severance pay is required.

B. After three months of employment--severance pay in lieu of notice will normally be paid. However, any gross violation of office rules or dishonesty could cause immediate discharge without notice and without severance pay.

If you decide to terminate your own employment, we require a written resignation at least two weeks prior to the effective date. On compliance, accumulated vacation time will be paid to you at the time of your departure.

8. Confidential Information

Information about patients, their illnesses, or their personal lives must be kept completely confidential. When talking with a patient about any matter, try to do it in such a way that other patients waiting in the office will not overhear. Case histories, confidential papers, and even the appointment book should be kept where passing patients will not see them. Do not give advice to patients on personal matters--even if they ask for it. It is improper for you to reveal information on a patient even to another member of the patient's family. If a patient asks you questions about his or her own case, refer them to the doctor.

9. Personal Activities

The standard of efficiency is necessarily very high for personnel in a professional office. There is seldom a moment when all the work is done. There is always some corner of the office which needs cleaning or some stack of papers which should be filed. Employees are, therefore, expected to postpone personal tasks until after work or during the lunch period.

Occasionally, personal telephone calls may have to be received or made during business hours. A small number of such calls will be permitted, provided they are local and handled in such a way as not to interfere at all with your job responsibilities. Try to keep such calls brief, and be ready to interrupt them instantly to handle incoming calls or other office business. Fraternal or club activities are not permitted during office hours.

10. Personal Appearance and Cleanliness

Cleanliness is extremely important in any professional office. Without special effort, the people in a doctor's office might actually contribute to the spread of diseases. Good habits of hygiene will not only reduce the possibility of diseases being transmitted from one patient to another but will reduce the possibility of office personnel contracting illnesses from the patients with whom they have contact.

Each individual who works in a doctor's office should definitely make a special effort to be personally clean. You should shower daily and wash your hands frequently during the day, always after going to the bathroom and before and after touching a patient. One of the most important rules of this office is that every employee's clothing should be clean.

Good grooming and an attractive appearance are especially important for health care personnel. Employees must dress appropriately for a professional office.

11. Performance Review

Three months after your employment, there will be a careful review with you of your performance in various areas of responsibility included in your job. A review and sign up in appropriate benefit plans will be made at this time. This evaluation will be repeated at least once each year and noted on your permanent record.

12. Salary

Your salary is as outlined in Schedule "C" to this personnel policy.

13. Problems and Disputes

If any difficulties arise on the job, discuss them directly and freely with your manager. If efforts in this approach have not resulted in satisfactory solutions, you may contact the doctor.

14. Ground Rules

Agreements we make with each other:

- I want a high trust relationship with each member of the staff.
- I am here only because I choose to be here and I alone am making that choice and accept the responsibility.
- I am responsible for creating VALUE in myself in my relationships.
- I agree to support other staff in keeping their agreements (patients, too).
- I agree to be on time and support keeping on schedule.
- I agree to make and keep my agreements on the basis of honesty and integrity to myself.
- I agree I am my own biggest barrier and I want to change and grow.
- I agree to respect and support the confidentiality and safety of my relationships coming from integrity.
- I agree to do all work assigned to completion.
- I agree to replace myself if for some unavoidable reason I cannot be here (emergency, death in family, etc.). Out of integrity to my commitment to the other staff, I will not desert the team.

- I agree to actively participate in practice management. I will actively support staff decisions, realizing that I had an opportunity to be part of that decision.

- I agree to handle any complaints by communicating only with someone who can do something about the situation. I agree not to criticize or complain to anyone who cannot do anything about it. I agree not to receive from anyone complaints that I can't do something about, but to direct that person to someone who can deal with the problem.

- I will present myself at work in a positive frame of mind, well rested and will encourage positive thinking in the other staff throughout the day. I will not allow negative thoughts to affect those around me.

- I accept that Dr. _____ has major administrative responsibilities and must function as a coordinator and long-range planner for the office. I will give him the opportunity to orchestrate the future of the practice.

- I accept that a deep belief in these agreements is absolutely critical for effective and meaningful relationships. I assume totally the responsibility for my agreements and make these commitments of my own free choosing. Out of respect for the staff, if at any time I cannot keep my commitment to growth, I will not hold back the others. I can feel very safe and secure in knowing that I will be completely supported if I make the decision that I need to stop working here. I know that I will be given the time and space to make the necessary change.

ABSENCE FROM THE OFFICE

Annual Vacation Leave

All other factors being equal, schedules will be arranged on the basis of workload and seniority.

Vacation time will be taken in units of not less than five (5) consecutive working days unless such other units are approved by the doctors.

DO NOT take vacation leave without prior authorization from the doctor.

The doctor provides vacation pay for all members on the following basis:

Less than one year
A team member who has completed less than twelve (12) calendar months of employemnt shall receive one (1) full work day of vacation for each calendar month worked after the second month of employment, or to a total of not more than ten (10) full work days.

One year
A team member who has completed twelve (12) calendar months service in any year shall receive fifteen (15) full work days vacation. (Accrued at a rate of 1.25 days per month.)

Seven years
A team member who has completed seven (7) full calendar years of service shall receive twenty (20) full work days vacation. (Accrued at a rate of 1 2/3 days per month.)

Fifteen years
A team member who has completed fifteen (15) full calendar years of service shall receive twenty-five (25) full work days of vacation. (Accrued at a rate of 2 days per month.)

If vacation time is not taken, there will not be additional compensation for such time even though it has been worked.

Vacation time may not be held over from year to year without the expressed approval of the doctor.

Vacation pay will be paid one banking day before the vacation commences.

Additional Leave to Vacation

If a team member is allowed to take any leave of absence, other than leave for illness, in conjunction with a period of vacation leave, the vacation leave shall precede the additional leave granted.

Special Leave

Special leave of absence, with or without pay, may be granted to any team member at the discretion of the doctor for any purpose compatible with the interests of the practice. The final assessment of any special leave request may result in the partial or full loss of entitlement, continuity of employment or other benefits.

Special Leave - Education

Special leave for staff development which the doctor has financially assisted such as education courses, training courses, seminars, etc. may be granted from time to time.

Casual Illness

Casual illness means an illness which causes a team member to be absent from duty for a period of three (3) consecutive work days or less, including dental and medical treatment involving an absence of 1/2 a work day or longer.

Leave with pay for casual illness shall not be allowed in the first month of employment.

Leave with pay for casual illness may be granted with the authorization of the doctor as follows:

1 - In the second month of employment, one (1) full work day.

2 - In the third month of employment, two (2) full work days if casual leave was not granted in the second month.

3 - In subsequent months of employment, leave with pay may be granted for periods of three (3) consecutive work days or less in accordance with the casual illness meaning set out in the first paragraph, on the condition that no more than a maximum of six (6) full work days be granted in the first twelve full calendar months (i.e., accumulated at a rate of 1/2 day per month).

During subsequent years of employment, leave for casual illness may be granted up to a maximum of six (6) full work days.

On a small team such as ours, a member's absence has a far greater effect on the team's performance than in large offices with hundreds of employees. Therefore, in order to encourage members to only "book-off sick" when absolutely necessary, it is the policy of this office to pay a team member a bonus on the anniversary of their employment of one day's pay for each of the six (6) sick leave days to which they were entitled, but did not use.

General or Long-Term Illness

General or long-term illness is any illness that causes a team member to be absent from duty for a period exceeding three (3) consecutive work days. A medical certificate shall be required for any absence longer than three full work days.

After three consecutive months of employment, leave of absence with pay in each year of employment is allowable on account of general illness up to the following maximum periods:

- During the first year of employment - five work days.
- During the second to fifth years of employment - ten work days.
- During the sixth to tenth years of employment - fifteen work days.
- After fifteen years of employment - twenty work days.

In the event of general or long-term illness requiring an employee to be absent beyond the allowable leave periods set out above, the doctor may grant further leave without pay or terminate the team member's employment in which case the provisions for such pay benefits under the terms of unemployment insurance will become operative.

Family Illness

Leave with pay may be granted to a team member for a period of not more than two (2) work days if an illness should occur in his/her immediate family (spouse or offspring) for the purpose of making arrangements for the care of the ill person. It is expected, however, that in most cases such arrangements will take considerably less than two days.

Bereavement Leave

Should a death occur in a team member's immediate family (which shall include spouse, parent, guardian, son, daughter, sibling), leave with pay will be allowed for up to three (3) consecutive work days. An extra two (2) work days may be granted where travel is shown to be necessary. One day leave with pay will be allowed in the event of other family deaths.

Maternity/Paternity Leave

Leave without pay may be granted for maternity reasons for a period not exceeding six (6) calendar months from the date of leaving to the date of return after the completion of one year's continuous service at the time of application. A resignee for maternity reasons who is re-employed within six months shall be considered to have been on a leave without pay.

At the discretion of the doctor, a male employee may be granted special leave with pay up to a maximum of two (2) days within ten days of the birth of his son or daughter.

III. Attached Schedules

1. Schedule "A" - Job Description
2. Schedule "B" - Your Working Hours
3. Schedule "C" - Your Salary
4. Schedule "D" - Special Allowances
5. Schedule "E" - Acknowledgement

Section Three

The third part of the personnel policy is the attached schedules.[8] These are to be used separately for each employee and be recorded as such. Be sure to fill in each schedule with the appropriate information and have the employee sign the bottom along with your signature. For further information in developing a job description for each employee, see "Personnel Management."

SCHEDULE "A"

JOB DESCRIPTION for: _____

Job Title: _____

Date: _____

Employer _____ Employee _____

PERSONNEL POLICY

SCHEDULE "B"

WORKING HOURS for: _____

Job Title: _____

Date: _____

Your work week will be scheduled as follows:

	MORNING		LUNCH		AFTERNOON	
	START	FINISH	START	FINISH	START	FINISH
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

The schedule of your rest breaks in this office is as follows below. The breaks, as prescribed by state law are 10 minutes per 4-hour shift. This is the time you leave your assigned task until you return.

MORNING BREAK

From _____ To _____

or as time allows

AFTERNOON BREAK

From _____ To _____

or as time allows

Employer _____ Employee _____

SCHEDULE "C"

SALARY AGREEMENT for: _____

Job Title: _____

Date: _____

It is understood that your salary is $_____, payable semi-monthly.
Your employment will begin as of _____.

All changes in salary are of the discretion of the doctor and are determined according to merit and budget.

SCHEDULE "D"

SPECIAL ALLOWANCES for: _____

Date: _____

Employer_____ Employee _____

SCHEDULE "E"

ACKNOWLEDGEMENT for: _____

Job Title: _____

Date: _____

I hereby acknowledge that I have read the Personnel Policy of _____ and I understand what is expected of me and what I may expect from my employment here.

I agree to abide by the rules and regulations of this office.

I understand my benefits cost my employer approximately $_____ payable as follows:

Paid Holidays	$_____
Paid vacations after first year	$_____
Health Insurance	$_____
Income Protection	$_____
Life Insurance	$_____
Retirement Contributions	$_____

Employer _____ Employee _____

Personnel Management

1. The Importance of Management in Personnel Relations
   a. Understand what makes staff tick

2. Learning How to Manage Yourself -- the Practitioner
   a. Time management
   b. Delegation
   c. Trust vs. control

3. Effective Communications
   a. Listening as a management tool
   b. Specificity

4. Responsibilities and Duties for the Optometric Personnel
   a. Receptionist
   b. Optician - dispensing
   c. Frame stylist
   d. Optometric assistant
   e. Optometric auxiliary (contact lens, visual therapy)
   f. Production coordination
   g. Business manager

5. Employee Evaluation
   a. Appraising an employee
   b. Individual personnel record
   c. Performance history
   d. Attendance record
   e. Salary compensation

1. Importance of Management in Staff Relations

The important ingredients in developing a successful practice are establishing and maintaining concerns for your basic resource: your staff. Since you can't devote your full attention to your staff, you must be able to direct and develop a staff that is concerned for patients so that the patients will recognize and appreciate your staff's concern for them. This point cannot be overemphasized. A staff member from one of the offices told us something interesting. She said that developing staff concerns for patients may be the easiest task in managing an optometric practice. When asked why she felt that way, she replied, "People who work in doctors offices are basically motivated as givers. So as long as the doctor cares for the patient, the staff will, too." You serve as a role model in the management (care and concern) of your staff. The way you treat your patients will determine the way your staff will handle the patients. You need to set the stage for a caring staff which patients recognize and will be comfortable in returning for further care.

The bottom line in staff management is understanding how people operate. The more understanding and caring, the better management can be. Proper employee management results in greater work satisfaction, higher productivity, and ultimately a successful practice. Larger companies have been managing people for years and have found the secret to what makes people tick. In their book, "In Search of Excellence," Peters and Waterman came across with some very enlightening ideas on people

management which the excellent companies incorporated into their employee management programs. They found that older companies still using the traditional rational approach in management were not well managed and thus were not doing very well. The main reason for the traditional approach breakdown was that when you try to manage irrational people rationally, you set these people up for failure, creating a negative working environment. Peters and Waterman found that the excellent companies realize humans are irrational, but by understanding these "contradictions in human nature" one can motivate people in the proper directions. The following are the contradictions Peters and Waterman are talking about.[9]

1. All of us are self-centered and generally like to think of ourselves as winners. But the fact of the matter is that our talents are distributed normally -- none of us is really as good as he or she would like to think, but rubbing our noses daily in that reality doesn't do us a bit of good.

2. Our imaginative, symbolic right brain is at least as important as our rational, deductive left. We reason by stories at least as often as with good data. "Does it feel right?" counts for more than "Does it add up?" or "Can I prove it?"

3. As information processors, we are simultaneously flawed and wonderful. On the one hand, we can hold little explicitly in mind, at most a half dozen or so facts at one time. Hence, there should be an enormous pressure on management -- of complex organizations especially -- to keep things very simple indeed. On the other hand, our unconscious mind is powerful, accumulating a vast storehouse of patterns if we let it. Experience is an excellent teacher; yet, most businessmen seem to undervalue it in the special sense we will describe . . .

   Bottom line: KEEP IT SIMPLE, STUPID.

4. We are creatures of our environment, very sensitive and responsive to external rewards and punishments. We are also strongly driven from within, self-motivated.

5. We act as if express beliefs are important, yet action speaks louder than words. One cannot, it turns out, fool any of the people any of the time. They watch for patterns in our most minute actions and are wise enough to distrust words that in any way mismatch our deeds.

Now, most of the successful offices we visited dealt with these conflicts. What is it that they were exactly doing? The answer is surprisingly simple. During one staff meeting we sat in, one doctor told his staff that his goal is to have the best office in the state. The lesson that is learned from this statement is that the prime factor in motivation is simply the self-perception that one is in fact doing well. Warren Bennis, in "The Unconscious Conspiracy," finds reason to agree: "In a study of school teachers, it turned out that when they held high expectations of their students, that alone was enough to cause an increase of 25 points in the students' "IQ scores."[10] The message then is simple: design a staff management system that continually reinforces the notion that makes your staff feel that they are winners and that they are part of a winning team. Like the old adage, "Nothing succeeds like success."

The left-right brain research suggests that businesses are full of highly irrational (by left brain standards) emotional human beings. Ernest Becker points out the dominant role of our right brain. He asserts that "the psychoanalytic emphasis on creatureliness is the lasting insight on human character."[11] He adds that "it leads us urgently to seek transcendence, avoid isolation, and above all fear helplessness."[12] What does this mean? Surprisingly, the newer successful offices organize their

staff around the team approach. People want desperately to be on winning teams ("seek transcendence"); people thrive on the comraderie of an effective small group ("avoid isolation"); and they want to be made to feel they are in at least partial control of their destinies ("fear helplessness"). One office we visited structured its management policy on the team concept. In fact, the doctor even has a TEAM TOGETHERNESS AGREEMENT and makes each employee sign it before hiring them.[13] (Figure 1.8) One doctor even takes the ("fear of helplessness--control your own destiny concept") concept a bit further and lets his lab assistant and contact lens technician run their own company within his office. The lab assistant has a tinting machine and does all the tinting jobs for the office. The contact lens tech cleans patients' lenses. These are just a couple of ideas one could use when trying to increase job satisfaction for your employees.

Agreements we make with each other:

- I want a high trust relationship with each member of the staff.
- I am here only because I choose to be here and I alone am making that choice and accept the responsibility.
- I am responsible for creating VALUE in myself in my relationships.
- I agree to support other staff in keeping their agreements (patients, too).
- I agree to be on time and support keeping on schedule.
- I agree to make and keep my agreements coming from honesty and integrity to myself.
- I agree I am my own biggest barrier and I want to change and grow.
- I agree to respect and support the confidentiality and safety of my relationships coming from integrity.
- I agree to do all work assigned to completion.
- I agree to replace myself if for some unavoidable reason I cannot be here (emergency, death in family, etc.), out of integrity to my commitment to the other staff, I will not desert the team.
- I agree to actively participate in practice management. I will actively support staff decisions, realizing that I had an opportunity to be part of that decision.
- I agree to handle any complaints by communicating only with someone who can do something about the situation. I agree not to criticize or complain to anyone who cannot do anything about it. I agree not to receive from anyone, complaints that I can't do something about, but to direct that person to someone who can deal with the problem.
- I will present myself at work in a positive frame of mind, well-rested, and will encourage positive thinking in the other staff throughout the day. I will not allow negative thoughts to affect those around me.
- I accept that Dr. McConnell has major administrative responsibilities and must function as a coordinator and long-range planner for the office. I will give him the space to orchestrate the future of the practice.
- I accept that a deep belief in these agreements is absolutely critical for effective and meaningful relationships. I assume totally the responsibility for my agreements and make these commitments of my own free choosing. Out of respect for the staff, if at any time I cannot keep my commitment to growth, I will not hold back the others. I can feel very safe and secure in knowing that I will be completely supported if I make the decision that I need to stop working here. I know that I will be given the time and space to make the necessary change."

Figure 1.8

An illustration of the Team Togetherness Agreement used in Dr. McConnell's practice

We are not good at processing large amounts of information. Our short-term memory can hold maybe five to six ideas at a time.[14] Then how does one deal with the staff when it comes to objectives and policy manuals? One practitioner was proud of his one inch thick policy and objective manual. We didn't really feel the staff benefited from such a manual because of memory overload. Even though the doctor logically gave a realistic description of the intricacies involved in practice management, it was unrealistic for the staff to carry these values and objectives in their minds throughout the working day. The idea is to focus on a few values. More than two objectives are no objectives. Focusing on a few key values lets everyone know what is important. We never found too many offices that listed only one or two objectives for their staff. Most had a list of nine or ten. Making one or two objectives could be tough, but it can be easy when one remembers staff are there for one reason, and that is to simply:

> Develop concerns for patients that the patients will recognize and appreciate.

By telling the employee he/she is doing well, you are using positive reinforcement to shape their behavior and also enhance their own self-image. This is an extremely valuable tool to use when training people on the job because you help to establish it firmly in the employee's work routine. By giving negative feedback without following up with positive reinforcement, you are also going to produce behavioral changes, but in strange and unpredictable ways. Central to the whole idea of staff management is the doctor/subordinate relationship. Basically,

you are the boss and orders will be given and followed. And if not followed, the threat of punishment is the principle implied power that underlies it all. To this extent, the doctor (boss) is not paying attention to his staff's dominant need to be winners. This negative reinforcement, says Skinner, is a dumb tactic because it results in "frenetic, unguided activity. The person who has been punished is not thereby simply less inclined to behave in a given way; at best, he learns how to avoid punishment."[15] To give an example of negative reinforcement, suppose your assistant had an off day and treated a patient badly and she gets punished for it. Not only does she not know what specifically to do in order to improve, but she might well respond by learning to avoid patients all together. However, if she is told by a mysterious phone call or letter that she acted in a very caring way in responding to Mr. Jones' complaint, then she might just likely go out and find more Mr. Jones to help. She has learned that a "positive behavior" leads to rewards and at the same time filled the human need of enhancing self's image. Positive reinforcement is important and the way reinforcement is carried out is more important than the amount. The bottom line in staff management is people -- the understanding and caring of people.

2. Learning How to Manage Yourself

> Everyone has the same amount of time. I choose what I will do with my time. I control time. The difference then is knowing ahead of time what I want to fill my time with.[16]
>
> Peter Drucker

In our profession, time is filled for us, by in large. Our days are dictated by the appointment book. But while I believe the statement that everyone has the same amount of time, I also believe that one can actually make more time through proper time management. Proper time management involves the following:

1. Goal setting and planning
2. Action planning

One fault of time management is goal setting and planning. This concept is not new. Numerous books have been written on these specific topics. But there is one book that is now interested in quality of print rather than quantity. The small book is called "Think and Grow Rich," authored by Napolean Hill. The author gives a six point plan which deals with setting and achieving your goal. I'll paraphrase those here.[17]

FIRST : Fix in your mind the goal (Hill says "amount of money"). Personally, I feel money is a good goal due to its specificity and it can be visualized. Don't ge general and say "I want to earn lots of money." Be definite as to the exact amount of money you would like to earn.

SECOND: Since there is no such thing as getting something for nothing, decide exactly what you intend to give in return for the goal (i.e. money) that you desire.

THIRD: Exactly specify the date when you intend to possess the goal you desire.

FOURTH: Create a definite plan for carrying out yor desire and begin at once, whether you are ready or not--"SET, AIM . . . FIRE." Do it now; put this plan into action.

FIFTH: Write out a clear, concise statement of the goal you intend to acquire, name the time limit for its acquisition, state what you intend to give in return for the goal (i.e. money), and describe clearly the plan to get your goal.

SIXTH: Read your written statement aloud twice daily, once before retiring at night, and once after arising in the morning. As you read it, imagine yourself already in possession of the goal (i.e. money).

Basically, you need to decide on your goal, outline the steps that you must take to get that goal, what you intend giving in return for the goal, and finally reviewing the goals twice daily. Goal setting is important in time management because the use of your time today is the way in which you achieve tomorrow's goals.

There is another technique for time management which is called "action planning." This idea came from two men who built the world's largest solid waste disposal company out of a borrowed $500.00 and a single truck. They say:

> Action planning is the most valuable tool I have ever found for efficiently accomplishing significant goals. This sort of planning is deceptively simple . . . a quick and efficient method of breaking difficult projects or tasks down into manageable pieces."[18]

Review for a moment: action planning involves taking a goal and breaking it down into separate tasks. Which tasks are more important? Here are four steps which decide for you which tasks give the best possible return on your investment for your time:

1. List all the tasks ahead of you by day or week.19
2. Estimate the relative value of each task on a scale of 1 to 100 (to develop a task value). Estimate the time available for each task, then divide the task value by the time available. This gives the return on investment value. The higher the number, the higher the rate of return.
3. Using the return on investment (ROI) values, put the tasks into priority. Group together tasks that can be done together or that can be done more efficiently if done in sequence.
4. Do the tasks which will give you the highest return on investment.

When you know where you are going, it is much easier to know if the coffee and cigarettes between patients are helping you or delaying the realization of your goals.

b. Delegation

I mentioned earlier that everyone has the same amount of time. Paradoxically, I also said that you can actually make more time through creative management. Specifically, the only way to make more time is to delegate -- dividing your job into pieces that can be legally done by your assistants. As we consulted with many optometrists, it became apparent that a lot have practices that are stuck on a plateau. They are all thoroughly competent doctors, but they just cannot delegate. Experience bears this out: unwillingness to delegate is the major obstacle to optometric practice development.

You shouldn't kid yourself about breaking into a $400,000 a year practice unless you are willing to delegate. There is no

way without delegating that you can see enough patients to bill that much volume. Delegating is building up your staff so that they have confidence in themselves. Delegating is training and supervision. So why not delegate? Most doctors say they don't delegate because their reputations are on the line, or "If I do it, I know it is done right." There is nothing wrong with either of these two statements. But one more question must be asked. Is the practice of perfectionism necessary to the delivery of quality optometric care? Bonoma and Slevin wrote a helpful book which deals with the executive perfectionist. It exemplifies the optometrist who is trying to build his practice without delegating. These authors found that these types of executives were characterized by personal "high energy levels, role overload, frenetic activity, fragmentation and superficiality."[20] Is the practice of perfectionism necessary to the delivery of quality optometric care? Is the practice of perfectionism merely a symptom of a rigid and uptight personality? Would the optometric perfectionist do himself and his patients a service if he were to worry less about his own insecurity and become more concerned about building trust and creative management into his practice? You must delegate -- to aid in the growth of your optometric practice. All of the larger successful optometric practices delegate responsibility and achieve quality optometric care by delegating authority and responsibility to get the job done; and all are in line with the guidelines set by the AOA and/or state licensing associations.

If delegation and trust seem foreign to your personality, then work toward making improvements. The rule of thumb for delegating is simple: assign new responsibilities gradually to allow time for the assistants to develop the knowledge, experience and confidence needed to handle more difficult jobs. Besides the books already mentioned, here are some resource materials:

Life Map by Sam Keen

Self Renewal by John Gardner

Probability Thinking by Robert Schuller

Trust is as important in staff management as it is in time management. Trust and delegating responsibility go hand in hand. Doctors who don't delegate cannot build a basic relationship with their staff. Trusting does not mean giving up control. Since you are the leader of the group, you'll always remain in a position of ultimate control. At the same time, in order to achieve credibility with your staff you must be every bit as open and as vulnerable as you expect your assistants to be. If a staff member has challenged you on an idea and you have seen the alternate idea actually work, you will become more trustworthy with the staff. Then they may be willing to risk being open and creative which ultimately leads to increased job satisfaction and production.

3. Communication

Unquestionably, the factor that ranks next to trust in establishing and maintaining good staff relations is communication. Basically, communication revolves around two themes: listening and specificity. Listening means, "I hear and understand what you say and you hear and understand what I say." Specificity, on the other hand, involves specific understanding, "Let's make sure that you heard me and I am hearing you." All the successful offices we visited had practitioners that understand the art of listening. In fact, one doctor gave us a little book he used when he was first starting up. In his book, "Listening as a Way of Becoming," Earl Koile takes a quote from one of Carl Rogers' speeches which says everything that should be said about listening:[21]

> A number of times in my life, I have felt myself bursting with insoluble problems, or going round and round in tormented circles, or, during one period, overcome by feelings of worthlessness and despair...I have been able to find individuals who have been able to hear me and thus to rescue me from the chaos of my feelings...who have been able to hear my meanings a little more deeply than I have known them...I can testify that when you are in psychological stress and someone really hears you without passing judgment on you, without trying to take responsibility for you, without trying to mold you, it feels damn good...It has permitted me to bring out the frightening feelings, the guilts, the despair, the confusions...It is astonishing how elements which seem insoluble become soluble when someone listens. How confusions which seemed irremediable turn into relatively clear flow-streams when one is heard.

Listening to your staff and patients in a non-critical manner will result in happier relationships with staff and better patient care.

4. Job Duties and Responsibilities

The duties of a given employee will be determined by the size of the practice and delegating characteristics of the doctor or doctors involved. Since each doctor delegated responsibility differently, the duties/job descriptions of optometric personnel from one office to another were different. (Just as an aside, the more duties assistants can do, the less the doctor has to do and, therefore, the more patients he can see and the larger his practice.) However, within a practice of any size, there are certain duties which must be performed. These duties break up into the following job descriptions:

A. Front Desk (Secretary, Receptionist)
B. Dispensing (Ophthalmic Assistant, Optician)
C. Frame Management (Frame Stylist)
D. Exam (Optometric Assistant, Optometric Auxiliary)
E. Production Coordinator (Office Manager)
F. Business Office (Business Manager)

Responsibility for performing each of these duties must be delegated among your employees or done by yourself. Some offices we visited found it advantageous to each month rotate duties among employees. The advantages of rotating duties are greater variety and more enjoyment for the employees, and better office efficiency during illness or vacation. The disadvantage is that geting three or four employeees that have the aptitude to be trained in all phases of paraoptometric work can be difficult.

Before you develop a job description for each office job, you need to have an idea of the knowledge and skills required. Following is an outline of the skills and knowledge required to get the job done.

1. Front Desk (Secretary, Receptionist)

   A. Telephone Techniques
      a. Use acceptable telephone manners
      b. Sort out incoming calls
         a) Those the doctor should take
         b) Those that should be answered within the day
         c) Those that can be delegated to other people
      c. Know how to handle telephone shoppers
      d. Proper ways of dealing with first time callers
      e. Identifying emergency callers
      f. Proper protocol for phone messages
      g. Answers to common questions asked over the phone
      h. Preferred words to use for recall, appointment, payment policies, fee information, contact lens information

   B. Appointment Management
      a. Knowing the needed information when booking an appointment
      b. Differentiating between booking doctor's time and paraoptometric time
      c. Differentiating initial or follow-up appointments
      d. Relating type of care needed with time required
      e. Proper word usage when confirming appointments
      f. Establishing a waiting list for patients who can be fitted into cancelled appointments
      g. Proper follow up on cancellations and failed to show patients
      h. Rearranging the appointment book in an emergency
      i. Preparing patients for their next visit

   C. Record Management
      a. Understanding and comparing different filing systems
      b. Set up an appropriate filing system
      c. Know how to correctly file and retrieve records
      d. Prepare proper recording charts
      e. Preparing the day sheets for doctors and office personnel
      f. Controlling the recall system
      g. Up-to-date patient charts by proper purging procedures
      h. Pulling charts for scheduled patients

   D. Office Procedures
      a. Proper techniques for greeting, acknowledging, and checking patients in
      b. Updating patients' charts: keeping up with address, employment, financial situation, insurance
      c. Keeping up with inter-office maintenance
      d. Proper protocol for assistance and support where needed
      e. Proper typing skills needed for statements, insurance, recall, referral letters and memos
      f. Process incoming mail
      g. Process goods received from courier service
      h. Know basic mailing procedures
      i. Answering patient inquiries in letter form

E. Ledgers
   a. Pulling ledgers for scheduled patients before their visit
   b. Reviewing patient's financial situation and arrangements
   c. Proper posting: calculating all charges for services rendered and entering them on patient ledgers and day sheets, including payments, adjustments, charges, etc.
   d. Enforcing office payment policies and collecting on these charges

2. Dispensing (Ophthalmic Assistant, Optician)

A. Lens Selection
   a. Know how to read and understand the meaning for a prescription from a patient's chart
   b. Know how lenses are manufactured and the time required for each stage of development
   c. Know the materials from which lenses are made
   d. Be able to analyze lenses using a lensometer and a lens clock
   e. Understand the function of parts of a lens; e.g. sphere, cylinder, prism
   f. Know the types of single and multi-vision lenses
   g. Know the availability of lenses
   h. Know how the warranty applies to lenses, e.g. Hardex
   i. Know lens finishes; e.g. tints, coatings, etc.

B. Ordering From Labs
   a. Know how to read the prescription, lens and frame selections on a patient's chart
   b. Know how to order using lab forms
   c. Know which lab/manufacturer to order from in order to get the desired products
   d. Know how long it takes to get an order from the labs/manufacturers

C. Frame Fitting
   a. Verify that the prescriptions ordered from the labs have been fabricated correctly
   b. Disperse the frame to the patient
   c. Advise the patient on adaption to new lenses
   d. Instruct the patient on the use and care of new prescription
   e. Offer reassurance and positive reinforcement to the patient when necessary
   f. Give patients advice regarding follow-up care when necessary

D. Repairing and Adjustments
   a. Have knowledge of frame names and frame parts
   b. Know when not to adjust a frame
   c. Be able to improvise with temporary repairs
   d. Know the product availability
   e. Know when to advise patients that they are due for an eye exam rather than repair an existing outdated Rx in an old frame.

E. Purchasing
   a. Know how to customize frames when possible
   b. Be familiar with various discount systems; e.g. bulk purchasing and discounts on lab bills
   c. Know the warranty on lenses
   d. Know the lab warranty on contact lenses
   e. Know the lab return policy on contact lenses
   f. Know the supplier's return policy on contact lens solution

3. Frame Management (Frame Stylist)

A. Frame Selection
   a. Understand what lenses will work in certain types of frames
   b. Determine the size of frame for the patient; i.e., bridge, eye size, temple length
   c. Understand the cosmetics of frame selection
   d. Know how to take a patient's pupillary distance and be able to calculate their P.D.
   e. Be able to measure a patient's bifocal height
   f. Know the frame and lens fee structure for your office
   g. Offer reassurance and positive reinforcement to the patient when necessary.

B. Frame Ordering
   a. Know how to read the prescription for the proper frame on a patient's chart
   b. Know how to properly use a frame catalog
   c. Know how to fill out a lab order form
   d. Know which manufacturer to order from in order to get the desired products
   e. Know how long it takes to get an order from a manufacturer
   f. Verify order and process statements

C. Frame Purchasing
   a. Have a knowledge of frame materials and construction of frames
   b. Know the manufacturer of frames
   c. Have an understanding of manufacturer's purchasing, return, warranty policies
   d. Keep a frame inventory up to date

4. Optometric Auxiliary (Paraoptometric, Optometric Assistant Paraprofessional)

The primary duty of the optometric auxiliary is to assist the doctor in optometry. Basic responsibilities include:

A. Knowledge Needed
   a. Anatomy: describe how the eye is structured and be able to identify the major parts of the eye.
   b. Physiology: describe how the eye and parts basically function

c. Definitions: define and understand common terms that relate to the eye and vision
d. Develop enough understanding of terminology that relates to the eye to distinguish a sign from a symptom
e. Recognize the basic functions of ophthalmic equipment

B. Interpersonal Skills
a. Develop a working relationship with co-workers
b. Distribute the daily schedules to the exam rooms
c. Develop a sensitivity to patients' needs
d. Have good communication skills
e. Be able to describe the office fee structure
f. Create a friendly and comfortable atmosphere

C. Patient Preparation
a. Know the various kinds of charting procedures and treatment plans
b. Prepare daily slips entering each procedure for the front desk
c. Check patient's medical history for allergies or health problems
d. Seat patients in the examination rooms
e. Discuss the work to be done for the patients
f. Estimate preliminary charges for work to be done

D. Preliminary Testing
a. Understanding why you pretest and know their legal limit
b. Checking visual acuity
c. Using a tonometer
d. Checking patients for color vision defects
e. Perform field testing
f. Checking on binocular vision
g. Take blood pressure readings
h. Give post-examination instructions
i. Informing front office of work done and financial agreements
j. Follow up on recall patients
k. Keeping up with new optometric procedures

E. Patient Education
a. Educate patients about the services available in your office
b. Advise patients on the types of lenses and frames available
c. When dealing with patients' questions, understand the regularity of your statements
d. Give patients information about referrals to other health care offices and/or hospitals
e. Explain the importance of a regular eye examination
f. Educate patients in the care of ophthalmic appliances

F. Education for Assistants

a. This is a list prepared periodically by the AOA Division of Education and Manpower as a comprehensive list of existing programs. It is not intended to reflect any judgment of quality by the AOA or by the Council on Optometric Education.[22] See figure 1.9.

OPTOMETRIC ASSISTANT PROGRAMS

COMMUNITY COLLEGE OF DENVER
NORTH CAMPUS
3645 W. 112th Ave.
Westminster, CO 80030
Judith Robinson

CONESTOGA COLLEGE
299 Door Valley Drive
KITCHENER ON CANADA
N2G 9Z9
Janet Page

ERWIN VOCATIONAL TECHNICAL AREA CENTER
105 West Ross Ave.
Tampa, FL 33602
Mrs. Jewel Prater

FRESNO CITY COLLEGE
1101 East University Ave.
Fresno, CA 93714
G. M. Milkie, O.D.

GRANITE FALLS AREA VOCATIONAL TECHNICAL INSTITUTE
Granite Falls, MN 56241
Mr. Eugene Manley

ITASCA COMMUNITY COLLEGE
Route 3
Grand Rapids, MN 55774
Earle Doelle, O.D.

LAKESHORE TECHNICAL INSTITUTE
1290 North Ave.
Cleveland, WI 53015
Ernest James, O.D.

MID-PLAINS COMMUNITY COLLEGE
Interstate 80 at Highway 83
North Platte, NE 69101
James E. Doyle

NORTH IOWA AREA COMMUNITY COLLEGE
Health Programs Department
Mason City, IA 50401
Mr. Albert Singer

ST. CLOUD AREA VOCATIONAL TECHNICAL INSTITUTE
1540 Northway Dr.
St. Cloud, MN 56301
Nancy Jeffers

UTAH TECH COLLEGE SKILLS CTR.
600 East
Salt Lake City, UT 84102
Cheryl Parsons, Director

PROGRAMS LEADING TO ASSOCIATE DEGREE

COLBY COMMUNITY COLLEGE
1255 South Range
Colby, KS 67701
Norman L. Burris, O.D.

COLUMBUS TECHNICAL INSTITUTE
550 East Spring
Columbus, OH 43215
Rita Pierce

FERRIS STATE COLLEGE
School of Allied Health
Big Rapids, MI 49307
F. M. Nista, O.D.

GREENVILLE TECHNICAL
P. O. Box 5616
Greenville, SC 29606
Rosalind Smith, O.D.

HARCUM JUNIOR COLLEGE
Bryn Mawr, PA 19010
David S. Hamilton, O.D.

HOWARD COMMUNITY COLLEGE
Columbia, MD 21044
Michael Kotlicky, O.D.

INDIANA UNIVERSITY
School of Optometry
Bloomington, IN 47401
Clifford W. Brooks, O.D.

MADISON AREA TECHNICAL COLLEGE
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Fullerton, CA 92631
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Health Science Bldg.
Spokane, WA 99207
Cheryl Gibson

b. Basically the assistants are educated in the following areas:

- o Courses in communication skills
- o Office management training
- o Update knowledge and terminology in the field
- o Keep up with new product knowledge
- o Courses in time management
- o Assertive training
- o Stress management
- o Courses in basic behavioral psychology
- o Have knowledge of first aid
- o Record management courses (filing systems)

G. Examining Room

a. Keeping examining rooms stocked with supplies
b. Making sure instruments are clean and set up
c. Keeping examining rooms clean and neat
d. Preparing instruments for daily use
e. Maintaining ophthalmic instruments and being able to troubleshoot minor instrument breakdowns

H. Production Coordinator

The optometric production coordinator oversees and works closely with the optometric auxiliaries. She assists the front desk with productive scheduling of the appointment book and assists the optometric auxiliary in keeping patients comfortable and satisfied. Other duties include interviewing applicants for chairside positions and training the new assistants in the optometric techniques used in the office. The coordinator also keeps inventory on equipment maintenance and office maintenance. She must support the auxiliary by making auxiliary/front office procedures more effective and efficient, thus creating a more comfortable working environment.

More specifically, her basic duties are:

a. Set up shift schedule for full-time/part-time personnel
b. Set up vacation schedules
c. Ensure smooth patient/staff flow
d. Train staff for refill duties when other positions aren't filled due to absence, illness or vacation
e. Schedule staff meetings as required or requested by doctors
f. Interview applicants as requested
g. Advise doctors of office morale
h. Miscellaneous duties - maintain pleasant atmosphere (i.e. serve coffee, converse with patients, etc.)
i. Do the follow-up work for patient control, i.e. thank you cards, recall, special patients, etc.

I. Business Office Manager

The business office manager handles all the financial arrangements with the patient, controls office finances and banking functions. More specifically, her duties are:

a. Sends out monthly statements
b. Establishes and controls collection accounts
c. Processes office banking
d. Maintains the accounts receivable
e. Records and prepares the accounts payable
f. Records and balances petty cash
g. Processes office payroll
h. Knows the office cash float and knows how to keep it balanced
i. Prepares a balance sheet
j. Prepares an income statement

Employee Evaluations

An important part of management is regular staff evaluations. As one doctor states, "Without clear appraisals, employees usually don't know what they are doing well and what they are doing badly." The evaluations determine the productivity of your staff. Appraisals also help determine salary increaes and promotions. Important as staff evaluations are, most doctors we talked to don't regularly evaluate their staff. Probably the reason they don't is because they don't know how to do it properly. An appraisal handled poorly can result in hard feelings followed by decreased job satisfaction and production. What to do and not to do during an evaluation with an employee is important. A large part of an employee's evaluation should be done informally. On the spot positive reinforcement encourages the employee to do that specific job again. Using positive reinforcement is an excellent way of managing staff. The way positive reinforcement is given out is also important. Skinner notes five ways to carry out behavior modification reinforcements:[23]

1. It ought to be specific, incorporating as much information content as possible.

2. The reinforcement should have immediacy -- on the spot bonuses should be handed out.

3. The system of feedback mechanisms should take account of achievability. The system should reward small wins, i.e. good news swapping at staff meetings.

4. A fair amount of feedback should come in the form of intangible but ever-so-meaningful attention from the top brass.

5. Unpredictable and intermittent reinforcements work better than the annual rewards. Moreover, small rewards are more effective than large ones.

A substantial part of employee evaluation should be done informally during the staff meetings. Most doctors we talked to give appraisals during the staff meetings because it is more effective than one-on-one employee interviews. Leon Festinger's "social comparison theory" agrees with this concept.[24] His theory states that people strenuously seek to evaluate their performance by comparing themselves to others, not by using absolute standards. Your weekly or bi-monthly staff meeting should be structured so that both self-evaluation and peer review are accomplished with a minimum of friction and ill feelings and a maximum of positive strokes. In appraising employees, you should:

1. Never talk about the problem standing up. Sitting down reduces the chance of either party getting angry.

2. Don't start with an accusation. Instead, aim at winning the confidence of the employee at fault by describing the problem as one that the "winning team" must work on solving.

3. Don't deliver a sermon or start with irrelevant chit chat. Your aim is as much information as possible by encouraging the employee to talk. Also, you must enlist the other team members' views to avoid any prejudging the problem from only one point of view.

When you are evaluating a specific employee, you should have a record of the individual.[25] (See figure 2.1) Included on this record should be:

1. Salary history
2. Performance history
3. Attendance record
4. Fringe benefits
5. Other information you feel is worthy

Also, in appraising employees look for:

1. Quality and quantity of work. (It would be nice to have a computer showing actual production against projected goals.)

2. Responsiveness to deadlines.

Figure 2.1

INDIVIDUAL PERSONNEL RECORD

Name_____ S.S.#_____

Address_____ Birthdate_____

_____ Phone_____

Person to contact in case of emergency

Name_____

Address_____

_____ Tel._____

Date Employed_____

SALARY HISTORY:

	$	PER	EXCEPTIONS	VACATION ENTITLEMENT
Starting Salary				
Change 1 and date				
Change 2 and date				
Change 3 and date				
Change 4 and date				

PERFORMANCE HISTORY:

Review 1 Date_____ Remarks_____

Review 2 Date_____ Remarks_____

Review 3 Date_____ Remarks_____

Figure 2.1 (continued)

FRINGE BENEFITS: Type Description and Effective Date

Life Insurance

Medical Insurance

Income Protection

Pension

Hospital Insurance

Major Medical Ins.

Profit Sharing

Other

TERMINATION:

Date_____ Severence Pay_____

Remarks_____

_____

_____

Other Information:_____

_____

INDIVIDUAL ATTENDANCE RECORD

Figure 2.1 (continued)

YEAR_____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Monthly Summary
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																

ANNUAL TOTAL _____

YEAR_____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Monthly Summary
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																

ANNUAL TOTAL _____

ATTENDANCE SYMBOLS:

A – Absence due to illness
B – Absence due to personal accident
C – Absence due to personal reasons–not excused
D – Absence due to personal reasons–excused
E – Employer initiated time off
F – Absence due to work related accident
G – Vacation
H – Late
J – Other

( ) Number of hours late or absent if less than a full day. Example: H (½) means employee was ½ hour late.

3. Those who avoid responsibility by compartmentalizing themselves with their own jobs.

4. Working relationships with colleagues (a lot of information can be obtained from weekly staff meetings where both negative and positive feedback is emphasized).

5. Ability to detect problems early on and correct them before they become crises.

6. Willingness to bring major problems to the attention of superiors.

The most effective way to deliver criticism is to express an understanding of the performance problem (i.e., I know how difficult it is to . . .). Secondly, use examples of actual unsatisfactory behavior, but don't belabor the point. Third, make constructive suggestions on how to improve the performance and get a firm commitment to correct the problem by a specific date. Finally, mention recent positive achievements of the individual. The big picture is to treat employees as people. Evaluate them fairly and correctly in front of their peers and reward them for jobs well done. Always maximize positive reinforcement. Rule of thumb: the ratio of positive feedback to negative feedback should never be less than 2 to 1. Good performance is easily met with such simple responses as "good" or "correct" or "in order."

When dealing with compensation, use the salary to improve performance. The Bank of America has established three maximums for each employee salary grade. They are for 1) satisfactory, 2) superior, and 3) outstanding employees. Your primary goal is to prevent rewarding the mediocre or average employee proportionately more than the outstanding employee. No matter

what the classification, the salary is held at the mid-point of the range unless the employee is doing an "unquestionably good job." When you have an outstanding employee, pay him or her 10% - 12% above the going rate for that job in the community. The best plan is to encourage good people to achieve otustanding performance in their current position.

Communication

The Key to Success

1. Semantics
2. Internal Communication
3. Telephone Management
4. Telephone Strategy
5. Telephone Skills
6. Communication with Teachers/Nurses

Communication

In Office Communication with Patients

1. Semantics

The terminology used by optometrists and their assistants will be over the head of most patients. It is at one's advantage not to alienate the patient with optometry jargon that they do not understand.

Watch out for poor communication in explaining:

- Astigmatism
- Myopia
- Hyperopia
- Presbyopia
- All components of the eye

Expressions that may elicit fear:

- Strabismus
- Glaucoma
- Cataracts
- Detached retina

2. Internal Communication

Doctors are always referred to as "Dr. Smith." The members of the staff are to always address each other by their first names and under no circumstances are to be referred to as "the girl" or "the boy."

Telephone Management

The major goal in handling telephone inquiries should be to capitalize on the opportunity to educate a potential patient about the services the practice offers the public.

Convey the proper attitude on the telephone. The telephone is the most important instrument in an office. It is often the initial link of a patient to the office. The caller should feel that the doctors and staff are courteous, efficient, and willing to assist no matter what condition prevails at the office at present.

Voice quality, pitch, volume and rapidity of speech all effect telephone technique. Voice transmission is best if the mouthpiece is one inch away from the mouth and directly in front of the lips. Answer the phone in an unhurried manner, smile and avoid monotones. Always take notes, request spelling and use phonetic spelling. Avoid using professional jargon and be sure to prioritize your calls. Be sure to plan the conversation on return calls. Be sure that you always give some indication of your signing off.

Rules of the Phone

1. Always identify the office and ask the patient, "May I help you?"
2. Establish a friendly atmosphere.
3. Ascertain the reason for the call.
4. Smile.

Booking an Appointment

1. Have you been to the office before?
2. Do you have a lens Rx?
3. Reason for appointment?
4. Do you prefer morning or afternoon appointment?
5. Ask the patient to spell their last name.
6. Always ask for a phone number or a number where they can be reached during the day.
7. Reconfirm the appointment date -- express that the office will look forward to seeing the patient and thanks for calling.

Contact Lens Patients

1. Find out if they are soft vs. hard lenses.
2. Give instructions to bring their back up pair of glasses to the exam.
3. Have patient wearing contact lenses if possible prior to exam.

Booking a Developmental Vision Exam

1. Note the referral source.
2. Ask the patient to forward any information relevant to their visual problem directly to the office.
3. It is important to differentiate these exams from general and contact lens exams due to the increased time involved.

Discussing Fees Over the Phone

1. Resist discussing fees with patients over the phone.
2. Explain that the fees reflect the time required to establish levels of correct fits of contact lens, accurate vision analysis, and proper developmental work up and training.
3. What you are paying for is the professional attention of our doctors.

4. Potential patients call for fees out of necessity. They need to know how much they will be paying for contact lens.

5. These patients appreciate direct and honest answers to their financial questions.

6. These patients do not know what is involved in a contact lens examination, fitting, and management process.

7. These patients do not know where to go for experienced and qualified care.

8. Seek the name, address, and phone number of the shopper and store for future reference.

9. Invite each shopper to visit the office to learn more about contact lens.

10. For those shoppers who do not become patients, follow up with office brochures and get back in touch with these people. From this point, further questions can be answered.

Telephone Skills

1. Establish separate incoming lines for business problems and clinical problems. If a patient has a problem about a bill, insurance, or other financial problems, calling a special phone number can relieve the pressure on the receptionist. Establish a double listing in the phone book, on all statements and appointment cards.

2. How many incoming lines can an individual handle and give patients good service? It has been shown that the average telephone receptionist can handle three lines efficiently.

3. The best way to file phone messages is to have them maintained in duplicate, either on carbon or on a stub. That gives one a date control as well as a patient control. That also gives one the ability to fasten the original message in the chart without copying.

Communication with Teachers and School Nurses

Communication is the key to success. Teachers and school nurses do not want a long diatribe on optometry and visual training. They want a sharing of information about a child who has had an evaluation and how this may affect the classroom performance.

School nurses want information made available to them so that their job is more fruitful. The nurse may be able to provide the children the knowledge so that they function more effectively through vision.

Patient Control

"A word of thanks is the most powerful force for goodwill on earth."

- Emerson

1. Patient Communication

   A. Establishing a relationship with your patient
   B. Case presentation
   C. Developing goodwill

2. Appointment System

   A. Scheduling
   B. Time allocation
   C. Appointment book
   D. Monitoring the appointment system
   E. Appointment communiques

3. Letter System

   A. Making of a professional letter
   B. New patient
   C. Referrals
   D. To physician
   E. Patient dismissal
   F. Holiday greetings
   G. Fees
   H. Public relations
   I. Miscellaneous
   J. Recall
   K. Newsletters

1. Patient Communication

A. Establishing a relationship with your patient

   a. Know your patient
   b. Patient attitude during the first visit
   c. Creating a positive environment

B. Case presentation

   a. Non-stress case presentation
   b. Consultation techniques
   c. Patient education
   d. Giving out your prescription

C. Developing goodwill - practice building ideas

   a. Remember the patient
   b. Call patients
   c. Giving patients time when they call
   d. Empathy for the angry patient

a. Establishing a relationship with the patient basically involves one concept - know your patient. Problems come with not knowing your patients. Be aware of each patient's level of awareness. Don't talk down to the patient or you will offend him. The goal is to establish a high trust, low fear relationship. It defies logic to expect to establish a relationship during the first visit which will allow the patient to totally trust you and relate to you during your consultation appointment, but that is what we must try to do. Since you don't have a lot of time for buiding this relationship, you have to strive to replace quantity with quality. How do successful practitioners handle patients? As mentioned earlier, the key point is to know your patient. There are techniques that can be used to help you relate to your patients and vice versa, thus creating a relationship and future goodwill.

b. Patient's attitude at the time of first visit. The patient's first concern at that moment is what kind of doctor you will be. His thoughts and judgments at that time are in human terms, not scientific. Speak to the patient on a level he can understand. Take the time to show concern and, most of all, let the patient see that you care. The patient's second concern is whether you will be able to help him. Once you have shown him that you care, this concern is easily dissolved. Office appearance has an enormous effect on the patient's peace of mind. The office appearance should always be clean, neat, warm, and up-to-date. It should also be friendly and full of smiles with a staff that is eager to dispel any fear the patients might have.

c. Know your patient. A positive reinforcement of the patient for taking a big step by coming in can make the patient feel better. The patient's first introduction to the office is through your receptionist. Your receptionist should properly greet the patient and make him/her feel comfortable. She should positively reinforce the patient for coming in. "Good morning, Mrs. Jones, we have been expecting you." Once the patient feels like he is wanted, this opens the door to the patient/doctor trust relationship. Remember, the patient's first concern is what kind of doctor you'll be. The first impression they have of you is very important. One, therefore, needs to address and greet the patient properly. Next you need to identify where the patient is coming from. Be flexible in accepting them no matter where their level may be. You must be able to listen with an interest in them. Patients have to talk about themselves and their interests. Cater to their needs. Patients vary, and there is no one way to handle every patient.

One last item, during the consultation before starting the exam, strive for a non-stress presentation. Try to find out what the patient is thinking and what he expects of you. Most doctors use lines like:

- o "What would you like for me to do for you?"
- o "How may I help you?"

The chief complaint is usually ascertained during this conversation. Address this concern first during your case presentation. It is a good idea to put down the information in the patient's exact words. Remember, use the big ear technique - LISTEN.

B. Case Presentation

a. Non-stress case presentations. Patients probably experience the highest stress level when they are alone with the optometrist during the case presentation. It is important to avoid stressing the patient during the case presentation.

b. Consultation techniques. The way a case is presented can have a great influence on the way it is received by the patient. First, make the patient feel comfortable. Take him/her from the examination chair to a desk. Never have the patient sit directly in front of the desk because this tends to separate you from the patient making him/her feel alone causing a stressful situation. A more appropriate way is to have the patient sitting on the side of the desk so you are talking over the side of the desk and are knee to knee.

You need to know your patient so you can know what to say and when to say it. Even your voice inflection can imply certain things to the patient. It is usually helpful to stay with general terms and the positives and avoid specific general terms and negatives. For example, you can introduce the case presentation by saying, "Let's have a little talk, Mrs. Jones." Then stress the positive by beginning a case presentation by saying, "I'm happy to tell you that you have very healthy eyes." If you emphasize negatives you create a negative atmosphere and may lose the patient altogether. The communication semantics list indicates terms that patients frequently react to in a negative way (find the list in the Communication section). Now begin by telling the patient their

vision condition. "Mrs. Jones, every condition is in either one of three stages: new and acute, chronic, or permanent. Frankly, your condition is not new; it has been developing for some time. Therefore, it is the kind of thing that if treated properly and you cooperate, do all the things we ask you to do, and not do what we ask you not to do, you have a very good chance of seeing better. Frankly, we really have two challenges in your case. One is to get you relief and get you relief as soon as possible, which I think we can do fairly quickly. The other challenge, which is frankly the real challenge, is to correct, rehabilitate your visual hygiene (or if VT is indicated, at this point make long-term recommendations both in terms of time and frequency of visits).

When giving a case presentation, always stress long-term correction and short-term relief. Don't burn your bridges by insisting on too much at once. The patient feels obligated in this situation and will say they will do, but may not follow through once he gets a chance to reconsider. So, make the patient feel comfortable by starting out with only a few recommendations. Presenting the treatment plan in phases may make it easier for some patients to accept.

With some patients, it will be best to have the spouse present during consultation, while other patients will be insulted if you imply that the spouse should be there. You might say, "If you would like for your spouse to come, too, he/she is welcome." The problem with having the spouse present during a case presentation is that you have spent the time

building a relationship with one person, and then you have to sell treatment to both the patient and someone who is a stranger to you.

Remember, a non-stress presentation includes being sensitive to feelings of your patient, making him/her comfortable, avoiding specific general terms and negatives, stressing long-term correction, short-term relief, and not insisting on too much. A good book on case presentation is "The Obvious Secret" by Earl Estep.[26]

Thank the patient for his business. Once the patient has decided to be treated by you, thank the patient for his business. In other words, thank the patient for being a good patient. A handshake or touching a patient on the shoulder can be very important because this lets him or her know that you are a gentle person and that you really care. This can be very comforting to the patient. Also, don't make the mistake of saying, "If you have any trouble, please feel free to call us." What you've done is created a negative reinforcement. A better way to handle this is to say, "If we may be of further help to you, please feel free to contact our office."

C. Patient Education

Patients are often reluctant to admit that they don't understand because they do not want to appear ignorant or ungrateful for the explanation you have already given. This makes it essential for you to be careful in your explanations. There are three ways to educate your patients:

1. Oral
2. Printed
3. Audio-visual

1. Oral patient education techniques

How you and your staff listen to and speak with your patients is crucial in creating a good patient-practice relationship. Each patient deserves your full attention. You should always explain what each test is and what it is telling you about that patient. You should give each patient a complete explanation about his/her visual status, treatment options, fees, etc.

There are ways to introduce aspects of vision care into your conversation. You can tell patients about something you've learned in a continuing education seminar (i.e., I don't know if I mentioned to you that I spent the last couple days at the...). Other ideas you can use are bring up a subject that has been covered recently in the popular media, or relate a new development to something the patient doesn't have. Here is a list of good phrases you can easily use.

- o This movie is blurred. I'm testing now for. . .
- o Here's a photograph of your pinguecula. Your cataract looks like this.
- o This booklet is filled out for you about "Your eyes..." Take this pamphlet, too.
- o For best results, we should re-examine your vision in _____. It's marked here.
- o Call us if we can help. (Never say, "...when you have trouble.")

- o We just received these extra booklets and I thought you'd like to see one.
- o I'm just between patients, and I wondered how you are doing with your new bifocals.

Using a demonstration to explain a vision problem or a treatment method can be invaluable. You need to develop techniques to simulate a vision problem or a treatment plan. The use of eye cross-section pads will answer many quetions and make for handy scratch pads patients can take home. Keep samples handy of various kinds of bifocals. Placing trial lenses on the patient can demonstrate the importance of any changes. For eye health, eye model and reference books are available. Review the suggestions from the Optometric Extension Program on demonstrating visual dysfunctions.

2. Printed Materials

There is a lot of information one can offer patients. These include patient education pamphlets, brochures, newsletters, etc. Sources for pamphlets and handouts include:[27]

American Optometric Association
243 N. Lindbergh Boulevard
St. Louis, Missouri 63141

Better Vision Institute
230 Park Avenue
New York, New York 10017

College of Optometrists in Vision Development
P.O. Box 285
Chula Vista, California 92012

Optometric Extension Program Foundation, Inc.
P.O. Box 850
Duncan, Oklahoma 73533

International Orthokeratology Section
National Eye Research Foundation
18 S. Michigan
Chicago, Illinois 60603

Optometric Management
20 Haarlem Avenue
White Plains, New York 10603

National Association for Visually Handicapped
3201 Balboa Street
San Francisco, California 94121

Patient Information Library
345-G Serramonte Plaza
Daly City, California 94015

Vision Information Enterprises
Box 02020
Columbus, Ohio 43202

National Society to Prevent Blindness
79 Madison Avenue
New York, New York 10016

3. Audio-Visual Aids

Audio-visual aids should always be used as a supplement to your oral instructions. There are slide-tape productions, audio cassettes, or visual cassettes available. The sources are:

A-V Scientific Aids
12601 Industry Street
Garden Grove, CA 92641

AOA Patient Counseling Film Program
660 South Bonnie Brae Street
Los Angeles, CA 90052

d. Prescriptions filled elsewhere. You should make every effort to educate your patients about the process of filling a prescription so that they know how to seek quality eye wear -- whether through your office or through another source. When the patient decides to get his prescription filled elsewhere, you should educate him on the importance of having his Rx verified. Some good words are:

> You have come to me for correction of your visual problem. Since you are going somewhere else for the materials, I have no control over the quality used unless you return to the office so that we can check them for you and verify the accuracy and appropriateness of the glasses.

Be sure to get them to sign a release and indicate in the patient's records that he/she has been so informed.

C. Developing Goodwill

As one doctor stated, patient management starts when the patient leaves the office. Here are some techniques doctors use to develop goodwill.

a. Remember the Patient. Put something on the chart during each visit that can be discussed at the next visit. This helps the patient feel you really remember him. Put this personal information to the side of the treatment information or write it in green ink. Some practitioners even have a personal information form and a photograph on the outside of the chart which can help you and your staff remember patients and their interests.

b. Call Patients. It is a good idea to call patients after they have been treated to see how they are feeling. Your compassion will surprise them and most are very appreciative. This may generate a great bond between you and your patients. A familiar comment you will hear is "I've never been called before. Thanks for being concerned about me."

Who you call will vary. Perhaps call all patients who have been dilated, who have had a bifocal Rx for the first time, or who were seen for an emergency exam. The assistant who worked on the patient is probably the best person to do the calling because she will know what went on. You might want to leave up Monday's patient list until Tuesday, and on Tuesday have each assistant call the people she worked on and see how they are feeling. If the assistant marks off the names of the people she has talked to, the optometrist can see who has been called.

You might want to call again a week or so later on some patients and see if they are still doing okay. Patients think

it is fantastic when you care enough to call and see how they are doing, and they will remember this and tell their friends about it.

c. Give patients your time when they call with a problem. It's easy to forget how important it is to establish goodwill by taking the time to talk to your patients, especially when they are anxious. The receptionist needs to be perceptive enough to recognize when the patient is feeling anxious and needs to talk to the optometrist. Some patients may feel that the assistant isn't qualified to answer their questions. The optometrist needs to talk to these patients personally in order to satisfy them.

It is important to make the patient feel comfortable about calling with a problem. The optometrist can say that he knows they are having a real problem or they wouldn't be calling. Thank the patient for calling and for being conscientious about taking care of their vision.

A book entitled "The Miracle of Dialogue"[28] has some good advice on what to do if a patient leaves the office angry: calling the patient to apologize and discussing the problem can make the patient feel much better. Even if you don't get the patient back into your office, you might stop them from saying bad things about you to their friends.

Remember, calling patients or giving time to your patients are excellent ways to show you care.

d. Empathy for the patient. Be genuine in your reactions to the patient's complaints. There is a fine line between empathy and sympathy. You want to give the patient empathy without making him/her feel worse. You must realize where the patient is "coming from" but you may or may not cater to his/her feelings. A way of showing empathy, not sympathy, is commenting on the obvious such as, "I know this is tough on you, but it's tough on me, too." If you ignore what is happening, the patient will feel that you are not being honest with him/her. Listen carefully for the real problem. Sometimes it is not what it appears to be. It may be the vision is clear but the patient's friends dislike the frame, or that a friend got similar glasses but paid less. Never say the patient is wrong. Never blame the patient even if the problem was caused by his/her failure to tell you something or follow instructions. If you are wrong, admit it quickly and emphatically . . . then state clearly what you are doing to correct the error. Apologize for the inconvenience caused by your mistake and, finally, finish it off with a letter sent a couple of days after the incident.

Studies have shown that an unhappy patient is likely to tell ten others about his/her problem. So consider carefully whether it is better to make the patient happy or insist that you are right. The only way to get the best of an argument is to avoid it.

2. Appointment System

   A. Scheduling

      a. Booking appointments
      b. Appointment scheduling

   B. Time Allocation

      a. Modified wave theory
      b. Differentiating initial and follow-up appointments
      c. Budgeting time for non-patient activities

   C. Appointment Book
      a. Determining the needs of your practice
      b. Type
      c. Quantity

   D. Monitoring the Appointment System

      a. Taking care of the no show problem
      b. Practice analysis--the lay use of time
      c. Summary

   E. Appointment Communiques
      a. Use of a call list
      b. Apology from a secretary
      c. Postponement of appointment

A. Scheduling

a. Booking appointments. The first requirement for an appointment system is to properly get the needed information to book an appointment. A pencil should only be used when making appointments as rescheduling changes are inevitable. The following pieces of information are necessary when booking an appointment.

1. Patient's full name
2. Correct spelling of the name
3. Phonetic spelling - if pronunciation is not obvious
4. Regular patient or new patient (schedule new patient 15 minutes earlier)
5. Nature of examination necessary
   a) Regular exam
   b) Progress evaluation
   c) New contact lens
   d) Contact lens yearly
   e) Contact lens follow-up
   f) Low vision examination
   g) Low vision progress
   h) etc.
6. Phone numbers where can be reached during the day (work and home)
7. Confirmation that the patient was informed regarding billing policy (balance, billing, etc.)

b. Appointment scheduling. The second requirement for an appointment system is a full understanding of all aspects of the office practice. Basically, you need someone who is able to fairly accurately assess patient need on the phone in relation to the doctor's time or the assistant's time. Otherwise, she may allow 45 minutes for someone who might need half an hour or vice versa. It is a crucial responsibility. It's important for the appointment secretary to have a guideline for the time required for specific procedures. The following is a good example:

Procedure	Time Required Doctor	Opt. Asst.	CL Tech.
Complete Vision Analysis (new patient)	50		
Complete Vision Analysis (regular patient)	40		

When patients telephone to cancel an appointment, you should let them know that the call is appreciated . . . many people are not so considerate. If possible, make another appointment for the person cancelling and mail the person an appointment card if there is sufficient time before the appointment.

B. Time Allocation

The way the secretary fills in the appointment is also important. One way doctors appoint patient time is called the stream theory. This is when the doctor plans on seeing 12 people per day and appointments are set up every half hour. So every 35 minutes you have the patients coming in one at a time. The problem here is that if the doctor gets ahead because of a contact lens check or a no show, he loses revenue producing time. The way to use your time most efficiently is by booking patients in waves.[29] You need to know the estimated time required. Say one will take 10 miniutes and another will take 20 minutes; you schedule both patients to come in at the beginning of the time period. Ideally you would see the 10 minute patient first and then the 20 minute patient. No one has to wait long, and the doctor can maximize his time. Half hour or one hour waves work best. One problem with the modified wave theory is scheduling a first time patient or a new contact lens patient because you don't have reasonably good data regarding

the need for patient time. To avoid getting backed up, you can schedule new patients toward the end of the appointment period, say from 11 to 12 and from 4 to 5. Then if anything goes wrong, you don't wreck the rest of the appointment schedule or cause regular patients to be inconvenienced by long waits. And you can still drop two or three re-appointments into those time segments if you have to. Furthermore, you can use this time for patients who are either call-ins or drop-ins. They feel their eyes are bothering them to the point that they want to be seen that day. If the appointment book is filled, the practice is going to fall behind unless these kinds of patients are fit in. Also, one needs to remember to schedule all rooms to be filled with the short appointments at the start of each hour.

Just as a reminder, when scheduling all practice rooms, keep in mind both facilities and patient needs. Suppose the doctor needs to do a contact evaluation. Not all rooms in his/her practice will have a contact lens fitting set and slit lamp. Having to reschedule rooms at the last minute becomes a real mess. The right facilities and the right equipment have a lot to do with how well the office runs, says Jerry Comea. A professional consultant for over 15 years, he says "the most common mistake is not having enough treatment rooms. Also, not to have ophthalmoscopes and retinoscopes in each room is a mistake."[30] So, if you have specialized facilities, you must appoint to the use of the specialized facility, which may require a separate column in the appointment book for that facility.

One thing many doctors forget about, say most secretaries, is to budget time for non-patient activities. Therefore, the practice runs behind chronically. You often forget about the amount of time involved in not seeing patients because of the amount of time spent on telephone calls to patients, colleagues, wives or friends. We also forget about the amount of time required to complete the records. The answer to all of this is to budget time in the appointment schedule -- say a quarter of an hour morning and afternoon -- for these activities. Then, say the secretaries, the doctors can stay on schedule and not feel guilty.

C. Appointment Book

You need to have the right type and quantity of appointment books. Everyone who is a revenue producer ought to have their own appointments recorded in their own book or in their column in the office book. The assistant should have his/her own appointment books separate from the doctor largely because you don't appoint his/her time exactly the same way. The appointment book has to have enough flexibility so that the revenue producing time isn't disturbed by the lines on a piece of paper. In other words, if you have only 20 minute lines and you have a great many 30 minute exams, you're in trouble making the book work. Most doctors like using the 15 minute intervals.

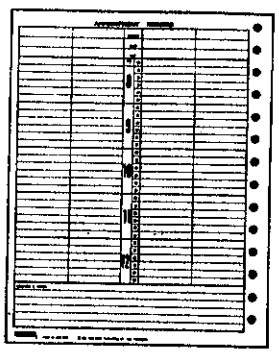
The type of appointment needed depends on the practice needs. In a solo practice, most doctors use the week at a glance system with 15 minute intervals. Also, it is a good idea for the appointment book to have space for remarks and notes at

the bottom of the pages. (See figure 2.2) In a group practice, one needs to decide whether to use separate appointment books or one appointment book with columns for each doctor. If you are in the kind of partnership or group practice in which patients ask for a specific doctor, then keeping a separate book for each doctor is a good idea. If it is a group practice which patients tend not to specify and/or see another doctor a third or half the time, you're better off using a multi-column appointment book[31] in which each doctor occupies two columns. (See figure 2.3) This is advantageous for the secretary and the doctor since only one appointment book is used and both can look at the whole practice at one time.

D. Monitoring the Appointment System

No shows are a problem that affect every practice. Our study of practices reported a no show rate from 5 to 35 percent. Studies have shown that any practice where the no show rate is 10 percent or higher should be concerned about losing income because the doctor can't always use the open time effectively. This may mean a capital loss of $100 per day with no drop in overhead.

Most consultants agree that the standard approach for no shows is the airline technique: overbook. Also, booking analyses can help. Each day the receptionist should give the doctor a no show count and a no show reason. Find out when these patients were appointed. Are they people who just made appointments within the last day or two or who made appointments two weeks ago or longer? If it is the latter, many doctors use a mail reminder system on all patients who were appointed two



Daily Appointment Record

Looseleaf pages available in 10-minute (56-8310), 15-minute (56-8315), or 20-minute (56-8320) interval formats — each with space for scheduling out-of-office calls.

Figure 2.2

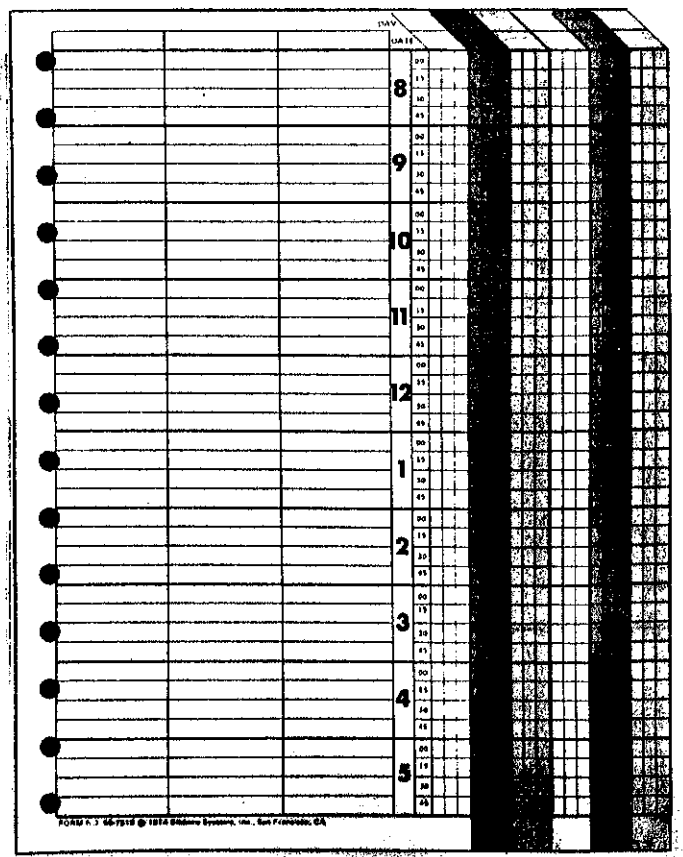


Figure 2.3 the 3-Column Format

weeks or longer. Studies show the longer in advance the appointment was made, the worse the no show rate unless there's a good follow-up system (i.e. mail, telephone reminders). The card is sent 3 to 4 days before the appointment. The following is an illustration.

Has time reserved

Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐

1._____ 198____ at_____ o'clock

2._____ 198____ at_____ o'clock

Orthodontics ☐ Recall ☐ Operative ☐

THIS TIME HAS BEEN RESERVED FOR YOU

Twenty-four hour notice required for change in which case no charge will be made.

(214) 234-8080

Mail reminders should always be sent if you can't reach the patient by phone. Most offices we visited used the telephone reminder. Tuesday patients would be called on Monday, etc. This method seemed to work the best. Even if the mail system is used, it still is a low cost way (22 cents each) of regaining lost income. Also, chronic no shows should be notified that they have a responsibility to the doctor. If someone misses a couple of appointments in a row, he or she should be informed that if they miss another appointment without reason, perhaps they shouldn't be a part of the practice any longer. (See Letter System; Patient Dismissal) When rescheduling these patients, be sure to put them at the end of the appointment schedule. Finally, send all no show patients a letter. (See Patient Control; Letter System)

Whether you are trying to set up your schedule for the modified wave theory of appointing or to analyze no shows or drop-ins, you need data from your past experience. Have your appointment secretary review the schedule for the last three months and work out some statistics. Then, looking at those records you can see your average patient flow per day, the number of no shows and the number of drop-ins. You can also add start and stop time with doctor's notations. With all this information, you can structure an appointment system to fit your practice.

3. The Letter System
   - A. Making of a Professional Letter
   - B. New Patient
   - C. Referrals
   - D. To Physician
   - E. Patient Dismissal
   - F. Holiday Greeting
   - G. Fees
   - H. Public Relations
   - I. Recall
   - J. Newsletters
   - K. Miscellaneous

After analyzing a lot of the optometric practices, we came to the conclusion that more work needs to be done in building up a proper letter system. Too many times we saw practies that only send letters directed to patients who didn't pay their bills or to people who did not respond to recalls. Their letter system wasn't particularily effective as a human relations tool. To be effective you have to send nice letters to nice people, i.e. "Hey, you're great; we really enjoy having you in our practice." And yet, it was the philosopher Emerson who told us, "A word of thanks is the most powerful force for goodwill on earth."

A. The Professional Letter

Professionalism isn't a given upon receiving an OD degree or more experienced training. Professionalism is a state of mind. It is a combination of skill and dedication, and it definitely involves our own ability to communicate with people. Letter communication is an example of our professionalism. The grammar, clarity, and completeness has an impact on the way others perceive us. The letters you send out reflect your office and professional image.

B. The New Patient

1. Thank you (for after the first visit)

Thank you letter for after the first visit

Date

Dear _____,

Just a short note to thank you for allowing me to participate in your vision care. I hope the examination, explanation, and services you received were up to the high standards I seek to provide. I welcome the referral of others like you and want you to know I'm always available to answer questions about your eyes and vision.

With best regards,

_____, O.D.

(Should be sent 2 - 3 weeks after dispensing materials.)

C. Referrals

1. Thank you for referral
2. Thank you for confidence
3. Roses to you
4. Thank you to physician
5. Thank you to teacher

Patient Referrals

Patients that are pleased with the care that they received will refer others to you. Most of the practices we visited actually have been built on referrals from other patients. Once again you need to tell your existing patients that the practice will accept new patients and also positively reinforce them when they do. There are not many doctors that realize this, but patients should be told that your practice accepts and needs new patients. You can do this in the following ways:

1. A plaque on the wall stating, "We welcome new patients," conveys a message to those who think you have a closed practice.

2. After the examination, ask the patient to send someone just as nice as they are.

3. In your letter always state, "We welcome the referral of others like you . . ."

4. For other ideas, see "Neil Brake Letter Book." (See index.)

When existing patients send new patients in, the existing patient must receive VIP treatment. VIP treatment for especially good patients keeps them coming back and inspires them to refer more of their friends. Make sure to color code the chart and star the patient's name on your day sheet so that everyone in the office knows that these patients get extra special attention. When these good patients refer someone, a letter should be sent to them. Listed below are a variety of letters one can use or keep in memory on their typewriters. Never send the same letter twice. Therefore, the patient's chart should be marked when they are sent a thank you for a referral letter. One doctor we talked to sends roses to his referring patients -- sounds expensive, but the investment of a couple dollars is probably worth every penny.

Dear_____:

Just a word of appreciation for referring _____ to this office for optometric service.

The confidence you show by referring your friends is very gratifying.

Thank you so much.

Sincerely,

Dear_____:

Thank you so much for referring _____ to me for optometric treatment. I would like to pin a rose on you for your referral; your confidence is the nicest compliment that can be expressed, and I really do appreciate it.

With kindest personal regards.

Sincerely,

Note: Little "stick-on" roses in white, yellow or red are available from the Portland Chamber of Commerce, 824 Southwest 5th Avenue, Portland, Oregon 97204. The cost is $20 for 200 roses and a check must accompany your order.

Thank You to Teacher

Dear _____:

Thank you for referring _____ to our office for examination and treatment. Your confidence is much appreciated. We will begin treatment on _____. If there is anything pertinent to the child's learning condition that would warrant special attention in visual treatment, I would appreciate knowing about it.

Thank you again for the referral.

Sincerely,

Thank You to Physician

Dear Dr. _____:

Thank you for referring _____ to our office for examination and treatment. Your confidence is much appreciated.

We will begin treatment on _____. If there is anything pertinent to the patient's physical condition that would warrant special treatment, I would appreciate knowing it.

Thank you again for the referral.

Sincerely,

D. To Physician

1. Request for health history
2. Medical opinion
3. Blood pressure reading

Request for Health History

Dear Dr._____:

Mr./Mrs. _____ has called our office for optometric treatment. In the interest of this patient's total health, we would appreciate it if you would inform us of any medical history whiich would be of interest to us duriing trreatment, including present conditions, medications being utilized, allergies and contraindicated procedures and medications.

Thank you for your interest and cooperation.

Sincerely,

Dear Dr._____:

Mr. _____ has recently entered my optometric practice, and after a thorough eye examination, we find he will require cataract surgery.

In view of the patient's medical history, I would appreciate your opinion as to the advisability of proceeding with visual care treatment at the present time.

Sincerely,

Dear Dr. _____:

It is our practice to take blood pressure readings for all our patients as a part of our routine eye examination.

_____ was in our office for such an examination on _____, and we found his blood pressure to be ____/____. We have advised him to call your office for an appointment.

Sincerely,

E. Patient Dismissal

1. An atmosphere of trust

2. Broken appointment

Dear _____:

Optometry is a very exacting profession. As in all professions, an optometrist is able to approach perfection only when he is working in an atmosphere of complete confidence and trust. When the proper rapport is established between the doctor and the patient, everyone concerned is happier.

I have not been able to reach this mutual inspiration and understanding with you. For this reason I feel you will be able to obtain more beneficial services if you consult with another optometrist.

There are no ill feelings on my part -- absolutely none! I have your interest at heart and want you to be as happy and satisfied as possible in your optometric treatment because, today, optometry is very comfortable and satisfying for both the patient and the optometrist.

Please let us know where you would like your records sent.

Sincerely,

Dear _____:

We are sorry that you could not keep your appointment with us today.

We feel it would be better for you to find an optometrist who has hours more convenient for you.

Please let us know where you would like your records sent.

Sincerely,

F. Holiday Greetings

1. A word of thanks
2. People
3. Wishes for a great year

Dear _____:

This year, as we approach our Thanksgiving holiday, I would like to take this opportunity to express a word of thanks to you. I am very grateful for the opportunity to produce the kind of optometry which is available today and to have learned and profited from my association with exceptional optometrists and teaching institutions throughout the United States.

I am grateful, too, that you have elected to become a part of my practice, and I will do everything I can to continue to produce for you and your family the finest optometry available. Your goodwill is our greatest reward.

Warm wishes for a happy Thanksgiving!

Sincerely,

Dear _____:

As we were composing our Christmas message, the words of the song People came to mind.

Yes, we are some of the "luckiest people in the world" to have people like you in our practice.

It's regretful that we often wait until the Christmas season to stop long enough to say thanks to friends and patients, because without you life would, indeed, be flat and empty. We are grateful that in celebrating the rebirth of our Lord we are reminded, at least this one time of the year, to tell you we appreciate your confidence in us as we try to serve you in our modern world of optometry.

We wish you a Merry Christmas.

Sincerely,

Dear _____:

This is just a brief note to say thanks for your cooperation throughout the past year. We've enjoyed having you in our practice and look forward to a continuing relationship with you.

My staff and I send you our very best wishes for a great year ahead -- and a happy holiday season to you and yours.

Sincerely,

G. Fees

1. Methods of payment

2. No credit

Methods of Payment

Dear _____:

We feel that all patients deserve from us the very best optometric care we can provide. Further, we feel that everyone benefits when definite financial arrangements are agreed upon.

In order that we may have a definite understanding regarding the payment of optometric fees, we suggest one of the following plans:

One half of the fee may be paid in advance and the balance at a later, specified date. In this case an initial payment of one half the fee is payable prior to or at the time treatment begins. The balance will be due and payable at a mutually agreeable date. Patients will be billed for the balance at that time.

Payment may be made in quarters. One fourth of the total estimated fee may be paid before treatment begins; another quarter is to be paid thirty days later; a third payment 60 days from the date of the initial payment, and the final payment is to be made 90 days after the original payment.

Extended payments are also possible. We are bank affiliated and can help to arrange a bank loan. After credit approval, the loan may be repaid in twelve to eighteen months. No initial payment is required. Of course, the patient is welcome to make his own personal arrangements with his bank if he desires.

After credit has been established, an open account may be possible. Whenever the courtesy of an open account is extended, payment of the full current balance must be made within ten days from receipt of a statement.

Occasionally, unforeseen situations do arise which may prevent a patient from making a payment as prearranged on a given day. We realize these things can happen, however. In this event we ask that patients please contact our office to avoid the possibility of a misunderstanding. Neither of us wants that.

Thank you for your cooperation. We look forward to a mutually satisfying relationship.

Sincerely,

No Credit

Dear _____:

Through a routine credit check conducted by our local credit bureau, the _____ Agency, of _____ Street, (City and State), we have concluded we will be unable to offer an open account or budget plan for services rendered.

Therefore, we must respectfully decline accepting you as a patient in our practice.

Sincerely,

Under the Equal Credit Opportunity Act--if you run a credit check through your local credit bureau or other reporting agency on a patient and find because of the report received you cannot offer your services to that patient, for your own protection and in order that the patient be informed of the reason you cannot provide services, write a letter to the patient (keeping a copy in your file) advising the name and address of your source of information.

This procedure should be followed whenever credit is refused.

H. Public Relations

1. Thank you to patient
2. Compliments to parents
3. Congratulations regarding accomplishment
4. Condolences
5. Death - condolences dollar write-off

Thank You to Patient

Dear _____:

You and your family members have been patients of ours for a long time, and we appreciate the confidence you have placed in us over the years.

Too often we become preoccupied with the daily problems of managing a practice and take for granted some of the good things we have.

The sole reason for this letter is to thank you for your loyalty and good will. We will continue to do our best to warrant your confidence.

Sincerely,

Compliments to Parents

Dear _____:

In this interesting society of ours, it seems the only time you hear anything--it's bad news. It's fun, once in a while, to give credit where credit is due, and I want to take this opportunity to compliment you regarding _____.

_____ is one of the finest teenagers I have in my practice. She is neat, attractive, courteous and personable. I wish I could serve more young people like her.

You have done a fine job. Congratulations!

Sincerely,

Congratulations re Accomplishment

Dear _____:

I read in today's paper about _____'s winning the _____, and I want to tell you how pleased I am to hear the news.

Please pass along my congratulations. We are all proud of him.

Sincerely,

Condolence

Dear _____:

All of us were so sorry to hear of _____'s passing. We do want you to know that we, too, will miss him (her). He (she) was highly respected in our community, and we extend our deepest sympathy to you and members of your family.

Sincerely,

Dear _____:

We were saddened to read in last evening's paper of _____'s passing--the more so because he (she) was such an outstanding person.

We can well understand your feelings of a great loss, and if there is anything we can do to help, please do call on us.

Sincerely,

Death-Condolences Dollar Write-Off

Dear _____:

In times like these, acts of friendship are, perhaps, most appreciated. I am moved to write you this note for several reasons, and I know you will feel the depth of my concern for your continued good health in doing so.

As of today, your present balance of $_____ with my office no longer exists; I do not expect you to feel responsible in any way for the payment of this amount. I want it this way.

I shall be looking forward to seeing you and the children in the years to come so that I may continue to care for your optometric needs on a regular basis.

Sincerely,

I. Miscellaneous

1. Limiting contributions
2. Moving announcement
3. To applicant not hired

Limiting Contributions

Dear _____:

As you might guess, we receive many requests for donations to worthy causes. We do our best to help as many charities as possible, but in all practicality, we must set a limit each year.

Contributions for this year have been allocated, and to make an exception in your case would be unfair to those we have already had to refuse. However, if you will put your request in writing and send it to us, we will be happy to consider it for next year.

Sincerely,

Moving Annoucement

Dear _____:

To serve you and our other partners more efficiently, we are opening a new office at _____.

Our office hours will be maintained from 8:00 a.m. to 5:00 p.m., Monday through Friday, and our telephone number will be _____. Parking facilities will be available for our patients.

We believe you will find our new location much more convenient, and we look forward to greeting you there after _____.

Sincerely,

Applicant Not Hired

Dear _____:

Thank you for coming to my office for an interview. It's great to see young people take an interest in the field of health, and optometry in particular.

Although the position we discussed has been filled, it was a pleasure meeting and talking with you.

Sincerely,

J. Recall Systems

The true value of any practice depends on the regularity of patients returning for their visual care. A recall system is the base upon which practices build their goodwill. A recall system is an organized way of conditioning your valued patients to return. The main reason for the recall is CARING. By providing a medium to recall patients, you are proving your concern for them.

You must educate your patient to actively involve himself/herself into your recall program. This is done in the following way:[32]

PRIOR TO THE EXAMINATION: Your patients relate your interest to their friends. Office brochures should note your "promise" to recall everyone when appropriate. Case history should equate routine vision care with routine dental or medical preventive care.

DURING THE EXAMINATION: Mention how you recall routinely and why. Use eye models, charts, diagrams, eye cross-sections and brochures or pamphlets to tell why routine care is important. Note youth myopia, presbyopia, 50's hyperopia and second sight as reasons, plus eye health and expected changes (cataract, glaucoma, reduced acuity).

AFTER THE EXAMINATION: Write next examination date on prescription blank or handout booklet and on visit or fee slip. Give pamphlets for any expected changes before next exam.

BEFORE MATERIALS DISPENSING: Include recall date on any reports (school, referrals); add patient to recall list for future month of recall; engrave prescription date on frames. Let patient write out his address or recall card.

AT DISPENSING: Repeat recall date; let patient see you write date on their record card as you say it. Repeat what you expect "next time" and importance of next exam related to patient's condition.

AFTER DISPENSING: Since this is the "honeymoon" period and the time of most referrals, consider sending "thank you" letters. After three weeks, telephone or write: 1) to verify that new care answers primary problem, 2) to remind patients to come for adjustments as needed, and 3) to plan next exam date. Whenever you see the patient, mention dates for next care.

AT RECALL TIME: Send recall card, telephone or both. Greet patient on the telephone, then say, "Doctor wanted you to know that it's time for your next examination. When is the best time for you to come in?" Stopping there will allow the patient to respond. If not planning a visit now, ask when they'd prefer to be called.

1. Example of a recall card. Patient fills out address portion.

Our records indicate that your visual condition should be re-evaluated at this time. Please call us at to schedule an appointment for the indicated service.

- ☐ Routine Visual Analysis
- ☐ Follow-Up Evaluation
- ☐ Progress Evaluation after Vision Therapy
- ☐ Other

This will enable us to continue to provide you with high quality vision care.

MAY WE REMIND YOU . . .

that it is now time for your next eye examination.

For appointment phone 468-2470.

Phone: 468-2470

To keep the recall mailings sorted and current is simple. Have a separate 3" - 5" file for each year divided up monthly. If you need to see the patient in May, 1987, it gets filed in the 1987 file under May. When April 1987 comes along, your secretary mails all the cards for May.

K. Patient Newsletters

Keep yourself in your patient's thoughts by sending newsletters. This system is used to express your personal concern to your patients. The newsletter speaks of the progress of optometry and the visual subjects of interest to your people. As we studied several practices, we have found that their practices are exceptional because they concern themselves with the persons who make up their practice. This is expressed in one way, by assembling from their files and by selecting on each day's work schedule the key people in the practice environment.

Mailing addresses are assembled on roll-a-dex cards and the material assembled is selected and graded as to its sequence and complexity.

The first letter is sent in the doctor's letterhead envelope with a brief handwritten note (i.e., "These just came and I thought they would interest you.) and one article on preventive information. The note inserted in the first mailing states that from time to time information of this type will be sent and it is the doctor's sincere hope that the patient finds it interesting and informative. The doctor signs it. There is no return address or identifying name listed on the literature, and in most practices we find each of the following newsletters are sent in plain, pastel envelopes, without return addresses, neatly addressed in longhand, in a woman's handwriting.

It is felt to be most ethical not to use this as an advertising medium or to have it constructed to be unethical.

You might guess that the patients continue to realize that it comes from their optometrist. Remember, "The hand that scatters, gathers."

Many practices using this system have experienced a surge of new patients with an unusually high optometric "I.Q.". A large percentage of these new patients have read one or more of these reprint-type newsletters given them by the referral source. Their initial approach to the practice is positive, their interest is keen, and the communicative sensitivity is far above average.

Optometrists using a newsletter system also report their referral sources calling in for extra copies, to be given to friends at the "bridge club" and sent to relatives around the country. Unusually successful practices also have these articles, reprints, and newsletters in the reception areas and examination rooms.

To keep the mailings sorted and current is simple. Prepare a roll-a-dex card listing the patient's name and address as follows:

John Doe 123456789
4467 East Oak Street
Portland, Oregon

The Arabic numerals indicate the number of the newsletter (1 through) and is listed as it is mailed.

The numbers may be written with different colored inks to indicate the month the newsletter was mailed, i.e. red for June, blue for July, black for August, etc. Your office staff may use "in between" times to do this and find it easy to pick up

without confusion, since during that month all entries will be the same color. A new patient added recently may have, for example, #1 mailed and entered in blue. Another patient, having been added to the list a few months earlier, might have #4 mailed and entered in blue, etc.

Charting

1. Information forms
2. Child forms
3. Teacher forms
4. General exam form
5. Contact lens diagnostic form
6. Contact lens dispensing and progress evaluation form
7. Amblyopia diagnostic form
8. Results of optometric evaluation

WELCOME TO OUR OFFICE

Patient's Name_____

Birth Date_____

If Child, Parent's Name_____

Address_____

City_____ Zip_____ Phone_____

Occupation_____

Employed By_____

Phone_____ Bus. Phone_____

Whom may we thank for referring you to us?

_____

Name Address

Person Responsible for Account_____

Spiraling costs prohibit billing and additional bookkeeping. Your cooperation in paying for services as they are rendered is appreciated. Payment may be made by cash, check, Visa, or Master Charge.

Important Vision Information

When was your last vision exam?_____by Dr._____

Were any problems found?_____

What treatment was prescribed?_____

Are you wearing glasses now? yes no For what?_____

Do you wear contact lenses? yes no

What type? Hard Soft Extended wear _____

Patient Ocular History

Trauma_____ Infections_____ Surgery_____

Other_____

Medical History

Medications_____ Recent medications_____

Allergies_____

Hypertension_____ Diabetes_____ Glaucoma_____

Other_____

Patient's Family Medical History

Hypertension_____ Diabetes_____ Glaucoma_____

Other_____

CHILD FORM

Date:_____

_____ _____

Child's name Street address Check if address is new

_____ _____ _____ _____ _____

Phone Age City State Zip Code

Is there any change in medical history?_____ If so, explain:_____

_____

Does your child have any problems that you are presently concerned about?_____ If so, explain:_____

_____

Has your child had any accidents involving head, face since the last visit?_____ If so, explain:_____

_____

REASONS FOR OPTOMETRIC CONSULTATION

_____ Failed school vision screening.

_____ Failed Snellen visual acuity test administered by school nurse.

_____ Failed Telebinocular or Titmus fusion testing.

_____ School recommendation.

_____ Recommendation by physician.

_____ Difficulty reading.

- _____ Difficulty keping place while reading.
- _____ Sees double while reading.
- _____ Print blurs while reading.
- _____ Eyes itch and burn after reading.
- _____ Holds head too close to reading material.
- _____ Makes reversals in letters and words.
- _____ Puts in words that are not there while reading.
- _____ Loses place while reading.
- _____ Reads below grade level.
- _____ Eyes hurt while reading.
- _____ Skips lines while reading.
- _____ Loses comprehension while reading.

Reasons for Optometric Consultation (Continued)

_____ Has trouble with language arts.
_____ Difficulty writing (letter formation, staying on line, spacing, sloppy work).
    _____ Sits too close while writing.
    _____ Makes reversals in letters and words while writing.
_____ Has trouble copying from the chalkboard.
_____ Has trouble copying from desk material.
_____ Is not working up to potential in school.
    _____ Has a problem with perception.
    _____ Has a problem with learning.
    _____ Has a learning disability.
    _____ Is slow in school.
_____ Has a problem at sports.
_____ Complains of headaches.
_____ Rubs eyes.
_____ One eye turns.
_____ Has poor motor control.
    _____ Has poor eye-hand performance.
    _____ Has poor eye movements.
    _____ Is physically awkward.
_____ Does well verbally; cannot put information down on paper.
_____ Has a short attention span.
_____ Is hyperactive.
_____ Has a problem with spelling.
_____ Has a problem with mathematics.
_____ Has a short memory span.
_____ Has poor motivation.
_____ Will not work on his own.
_____ Has trouble following directions.
_____ Uses excessive effort in order to achieve.
_____ Frustrates easily.
_____ Tests poorly on standardized tests.

TEACHER FORM

OPTOMETRY

To the teacher of_____ Grade_____

School_____ Date_____

Dear_____:

An observant teacher and school records constitute an excellent source of information concerning many facets of a child's development. Completion of the following report will be very helpful to me in my evaluation of this student's vision.

Thank you.

_____, O.D.

Please fill this out after you have had sufficient time to make these observations. Thank you.

TEACHER'S OBSERVATIONS

1. School work is: Above average____ Average____ Below average____
2. School subjects difficult for child: _____
3. Does (s)he tend to learn more effectively: Auditorily____ Visually____
4. Does (s)he like to read?____ Voluntarily?____ Present reading level_____
5. Is this child achieving to ability?____
6. Has a grade been repeated?____ If yes, which?_____
7. Has special testing been requested for this child?____ If yes, when?_____

   What type?_____ Has it been completed?____

   Please summarize the results_____

   _____

   _____

   _____

   _____

   _____

8. Does this child complain of:

   a. Headaches? Yes____ No____ When?_____

   b. Blurred vision? Yes____ No____ When?_____

   c. Double vision? Yes____ No____ When?_____

   d. Eye discomfort? Yes____ No____ When?_____

9. Please check the following that describe this child's school performance or behavior:

	✓	Comments
Confuses letters or words		
Reverses letters or words		
Skips or re-reads		
Vocalizes when reading silently		
Reads slowly		
Uses finger as a marker		
Poor reading comprehension		
Covers or closes one eye		
Moves head excessively		
Tilts head to one side		
Holds reading close		
Head close to desk when writing		
Frowns or squints		
Rubs or blinks eyes excessively		
Writes or prints poorly		
Tires easily		
Inattentive		
Daydreams		
Aggressive		
Withdrawn		
Temper flareups		
Crys frequently		
Poor general body coordination		

10. Additional observations:

Teachers' signature_____

ADDRESS _____ TEL. _____

BIRTHDATE/AGE _____ LEE _____ OCC. _____

CASE HISTORY: _____

Old Rx: R _____ 20/ 20/
L _____ 20/
near R _____ 20/ 20/
L _____ 20/

O.C. far _____ near _____

frame _____ by _____

size _____ temple _____

Visual Fields - OK / NOT

Tonometry: R _____ @ _____

L _____ @ _____

Blood Press _____ @ _____

notes _____

_____

_____

Acc. Facility -2.00 _____ /min

+2.00 _____ /min

Versions _____

Rotations _____

Saccades _____

NPC: ___/2 R ___/4 1-2 r-1 i-o

Red Lens _____

Cover: E _____ N _____

Pupils: E C A size _____ MG _____

anterior seg./biomicroscopy

lids _____

lashes _____

conj. _____

cornea _____

iris _____

a.c. _____

angles _____

notes _____

_____

Unaided: R 20/ 20/
far L 20/
near R 20/ 20/
L 20/

PD: far r 1 ou

nearr 1 ou

Auto R _____ 20/ 20/
Ref. L _____ 20/

2(K) R _____
L _____

3 _____ 13a _____

4 R _____ 20/ 20/
L _____ 20/

5 R _____ @ _____
L _____

7 R _____ 20/ 20/
L _____ 20/

7aR _____ 20/ 20/
L _____ 20/

8 H _____ 12 V _____
10BO _____ 11BI _____
vertBU _____ BD _____ R L

NEAR @ 16" 13" r 1 _____

13b H _____ 18 V _____
14B-R _____ 15B _____
L _____
14A R _____ 15A _____
L _____
14B-R _____ 20/ 15B _____
L _____ 20/
20/
16BO _____ 17BI _____
thru 7a _____ 14B _____

19ampR _____ L _____ OU _____
20PRAb _____ bo _____ r _____ p _____
21NRAb _____ bo _____ r _____ p _____
21monR _____ / _____ L _____ / _____

Rx R _____ add _____
L _____ add _____

new Rx R _____ 20/
near L _____ 20/

R _____ 20/ 20
L _____ 20/

2 R _____
L _____

3 _____ 13a _____

4 R _____ 20/ 20/
L _____ 20/

5 R _____ @ _____
L _____

7 R _____ 20/ 20/
L _____ 20/

7aR _____ 20/ 20/
L _____ 20/

8 H _____ 12 V _____
10BO _____ 11BI _____
vertBU _____ BD _____ R L

NEAR @ 16" 13" r 1 _____

13b H _____ 18 V _____
14B-R _____ 15B _____
L _____
14A R _____ 15A _____
L _____
14B-R _____ 20/ 15B _____
L _____ 20/
20/
16BO _____ 17BI _____
thru 7a _____ 14B _____

FxDis _____

19ampR _____ L _____ OU _____
20PRAb _____ bo _____ r _____ p _____
21NRAb _____ bo _____ r _____ p _____
21monR _____ / _____ L _____ / _____

Rx R _____ add _____
L _____ add _____

Case No. _____ Date _____

Mr.
Mrs.
Miss _____ Occupation _____ Age ____
Address _____ Phone No. Home: _____ Work: _____
City _____ State _____ (____)

CONTACT LENS CASE HISTORY

Reason for contact lens fitting _____
Previous contact lens experience _____
Eye surgery _____ Eye injuries _____ Eye diseases _____
Diabetes _____ Anemia _____ Blood pressure _____
Blepharitis _____ Conjunctivitis _____ Styes _____
Allergies _____ Photophobia _____
Medication _____
Comments _____

central keratometer readings O.D. ____ @ ____ / ____ O.S. ____ @ ____ / ____

Static Ret. w/o C.L. #4	O.D.	____ / ____	
	O.S.	____ / ____	
Subj. to BVA w/o C.L. #7A	O.D.	____ / ____	____ / ____
	O.S.	____ / ____	

Corneal Refraction:
O.D. _____
O.S. _____

DIAGNOSTIC LENSES

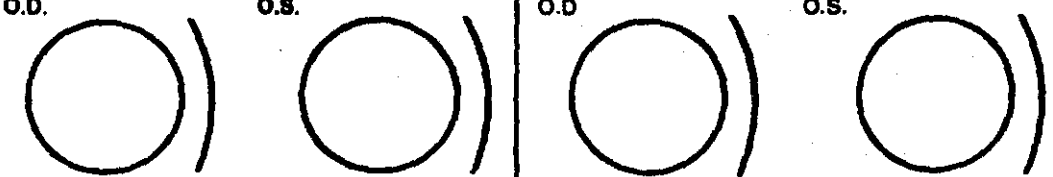
LENS #	BASE CURVE MM.	BASE CURVE DIOPTERS	SECOND RADIUS	SECOND WIDTH	THIRD RADIUS	THIRD WIDTH	FOURTH RADIUS	FOURTH WIDTH	POWER	LENS SIZE	OPTIC DIA	C.T.	OTHER

		O.D. Lens # ____ O.S. Lens # ____	O.D. Lens # ____ O.S. Lens # ____
Static Ret. W/Diag. Lens	O.D.	____ / ____	____ / ____
	O.S.	____ / ____	____ / ____
Eq. Subj. to BVA W/Diag. Lenses	O.D.	____ / ____ ____ / ____	____ / ____ ____ / ____
	O.S.	____ / ____	____ / ____
Eq. Sphere Equiv. to BVA w/D Lens	O.D.	____ / ____	____ / ____
	O.S.	____ / ____	____ / ____

Fluorescein Pattern & Lens Position w/Biomicroscopy

	O.D.	O.S.		O.D.	O.S.
Over Refraction			Over Refraction		
Diag. Lens Power			Diag. Lens Power		
Final Power			Final Power		

O.D. O.S. O.D O.S.



Notes and/or over "K"

CONTACT LENS DISPENSING EVALUATION

Date _____

Acuity thru Contact Lenses — Far O.D. _____ Near O.D. _____
O.S. _____ O.S. _____

4 O.D. _____
O.S.

sub. O.D. _____
o.r. O.S.

Notes

Fluroescein Pattern & Lens Position

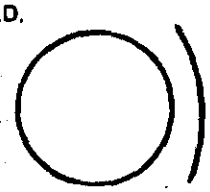
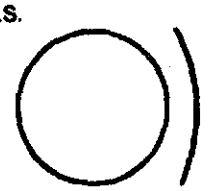
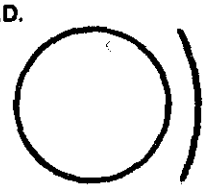
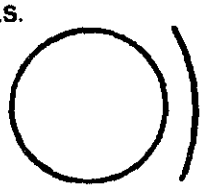
O.D.  O.S. 

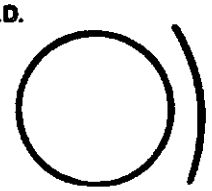
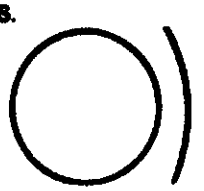
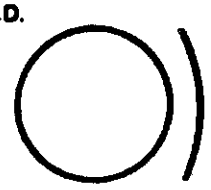
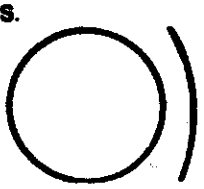
CHECK LIST

- ☐ Patient Contract Signed
- ☐ Insertion & Removal
- ☐ Wearing schedule
- ☐ Storage case and solutions
- ☐ Home training program

- ☐ Progress examination appt. made for _____
- ☐ Lenses released on _____

PROGRESS EVALUATIONS

Date			
Doctor			
Maximum W. Time			
W. T. this exam			
Subjective symptoms			
Acuity thru Contact Lenses	O.D.		
	O.S.		
subjective over-ref.	OD		
	OS		
Fluorescein Pattern & Lens Position		O.D.  O.S. 	O.D.  O.S. 
Slit lamp evaluation			
Keratometer readings	O.D.		
	O.S.		
Subj. to BVA w/o C.L.	O.D.		
	O.S.		
Notes			

Date			
Doctor			
Maximum W. Time			
W. T. this exam			
Subjective symptoms			
Acuity thru Contact Lenses	O.D.		
	O.S.		
Subjective over -ref.	∞		
	∞		
Fluorescein Pattern & Lens Position		O.D.  O.S. 	O.D.  O.S. 
Slit lamp evaluation			
Keratometer readings	O.D.		
	O.S.		
Subj. to BVA w/o C.L.	O.D.		
	O.S.		
Notes			

V.T. / AMBLYOPIA DIAGNOSTIC WORK UP

Patient _____ Age _____ Date _____

History: Age of Onset _____ Familial Amblyopia History _____

_____

_____

1. #7 O.D. _____ 20/_____
   O.S. _____ 20/_____
2. VA far $\bar{s}$ RX O.D. 20/_____ near $\bar{s}$ RX O.D. 20/_____
   O.S. 20/_____ O.S. 20/_____
   far $\bar{c}$ RX O.D. 20/_____ near $\bar{c}$ RX O.D. 20/_____
   O.S. 20/_____ O.S. 20/_____
   Pinhole VA change _____
   Single line improvement _____
   Single letter improvement _____
   Decreased illumination improvement _____
3. Color Vision O.D. _____ O.S. _____
4. Fixation
   Ophthalmoscope _____
   MIT _____
5. Cover Test
   Near _____
   Far _____
6. K Readings
   O.D. _____ O.S. _____
7. Suppression
   Vis-A-Vis _____ shallow _____
   Vectograms _____
   Penlight (red over one eye) _____ deep _____
8. Pursuits _____
   Saccades _____
9. Fusion _____
   Diagnosis _____

_____

   Prognosis _____

_____

   1) RX _____
   2) Vision Therapy Units 1 2 3 4 5

RESULTS OF THE OPTOMETRIC EVALUATION

EYE HEALTH AND GENERAL HEALTH

_____ Eyes, ocular tissue, and related structures were healthy and free from disease.

_____ Eye disease was present - referral was made to appropriate practitioner.

_____ Systemic disease was suspected - referral was made to appropriate practitioner.

OPTOMETRIC PERFORMANCE EVALUATION -- VISION ANALYSIS

_____ High verbal child who has not adequately developed performance skills necessary for academic success.

_____ Child has not adequately developed performance skills necessary for academic success.

VISUAL ACUITY	Far (20') (6 m.)	Near (16") (40 cms.)
Right Eye	20/	20/
Left Eye	20/	20/
Both Eyes	20/	20/

REFRACTIVE STATUS: _____ Myopia _____ Hyperopia _____ Astigmatism _____ Amblyopia

_____ Strabismus _____ Functional Myopia

The child showed difficulty in the following areas of visual performance:

_____ Receptive vision - difficulty taking information in through the eyes.

_____ Processing visual data - closes off other senses while using his vision.

_____ Lenses at far did not improve visual acuity.

_____ Binocular vision - inadequate to meet near point demands.

- _____ Interferes with sustaining power at near.
- _____ Causes child to concentrate too intensely at near resulting in fatigue and avoidance.
- _____ Lack of binocular teaming affected child's ability to bring both eyes in on a near task with subsequent loss of sustaining power.
- _____ Child judges objects closer than they actually are. Esophoria.
- _____ Child judges objects as being farther away than they actually are. Exophoria.
- _____ Child suppresses vision in one eye.
- _____ Child alternates vision from one eye to the other.

RESULTS OF THE OPTOMETRIC EVALUATION

_____ Focusing at near point is inadequate. Excessive effort was needed to see print clearly causing difficulty in sustaining focus and attention at near.

_____ Child's peripheral vision was constricted - functional tunnel vision - when involved in a visually or auditory oriented task.

_____ Child lost body awareness while involved in a visual task.

_____ Poor accommodative facility (the ability to change focus quickly and without blur from near to far and from far to near).

_____ Eye movements were inadequate.

- _____ Child could not sustain eye fixation on a moving target.
- _____ Child could only track a moving target with excessive effort.
- _____ Child could not smoothly follow a moving target.
- _____ Child could not use eyes in reading material at the instructional level.

_____ Eyes were not used to guide hands - affects writing on a line, letter formation, and reading.

_____ Pencil grasp was incorrect.

- _____ Child held pencil too close to the point and wrote tightly with fingers.
- _____ Child held pencil in a fist-like grip and worked fingers while writing.
- _____ Child held pencil in an odd grip and worked fingers while writing.

_____ Child held head to one side while writing causing undue tension and suppression of vision of one eye.

_____ Directionality - child lacked positive left to right organization.

_____ Form reproduction was inadequate.

- _____ Child worked too slowly and with too much effort to make simple geometric forms.
- _____ Child did not reproduce simple geometric forms after one glance - had to make many ocular fixations and drew forms segment by segment.
- _____ Child needed tactual support prior to drawing the forms.

_____ Child moved too close to paper while writing, indicating difficulty at near.

_____ Receptive language - difficulty following directions. Mishears directions. Functional difficulty.

_____ Inner language - inadequate feedback of information within self.

_____ Expressive language - difficulty expressing self.

COURSE OF ACTION TO BE TAKEN:

_____ This child's parents have agreed to have the child enter a program of Optometric Vision Training to help develop the basic visual and motor skills that are needed in order to perform in the classroom.

_____ A program of Optometric Vision Training was discussed, but will not be carried out at the present time.

_____ In addition to the program of Optometric Vision Training, eyeglasses have been supplied to be used for all close, but not for distance activities.

_____ Lenses have been prescribed. They are to be worn for near point activities.

_____ Eyeglasses have been prescribed to improve visual acuity at distance. They are not to be worn while the child is engaged in close work, such as reading and writing.

_____ Home Vision Training Program.

The parents have been advised that their child needs a professional assessment:

_____ Psycho Educational

_____ Speech Language

_____ Medical

_____ Other

ENCLOSURES

_____ Enclosed is a pamphlet describing the activities in the Optometric Vision Training program.

_____ Vision Therapy

_____ Child Behavior

_____ Checklist and training procedures that can be incorporated in the individual education plan.

Filing System

1. Alpha Filing
   a) Alpha color cuing
   b) "Around the vowel" filing
2. Numeric Filing
   a) Straight numeric
   b) Terminal digit
3. Mardan Filing System

Introduction

There are two basic methods of filing: 1) Alphabetical (alpha); 2) Numeric (numero). Alphabetical filing is the one filing method most practitioner's use. Both filing methods also incorporate color coding into the systems.

Alpha Filing

Alphabetic color coding[33] is the least expensive and the least complicated method of clinical chart filing, and it is the one most used by practitioners with less than 32,000 active patient charts. Filing is direct to the patient's name. Pulling is also direct and does not require the maintenance of a name-number cross-index file. You start with either colored manila folders or plain manila folders with colored letters. In any case, around the vowel alpha color coding system works like this: There are five different colored file jackets which are coded around the SECOND letter in the patient's name (because 78% of the second letters in names are vowels) which gives a 130 division file. (Under normal filing of 50 charts per division, the capacity is 6500 charts.) The charts are then filed in normal alphabetical order. The five color divisions are around the vowels as follows:

Orange	ABCD
Yellow	EFGH
Green	IJKLMN
Blue	OPQ
Purple	RSTUVWXYZ

Thus, Mr. Cabot's record is in an orange file; Mrs. Cecil's is in yellow; Ms. Cibley's is in green; Mr. Conner's is in blue; and Mrs. Crane's is in a purple jacket. In other words, every primary letter (in this instance "C") has five color divisions within it. Experience has proven that this breakdown results in almost equal representation of the five colors and results in a fool proof method of detecting misfiled folders. Also, manila folders can be preprinted for age dating and easy access to basic information. (See figure 2.4)

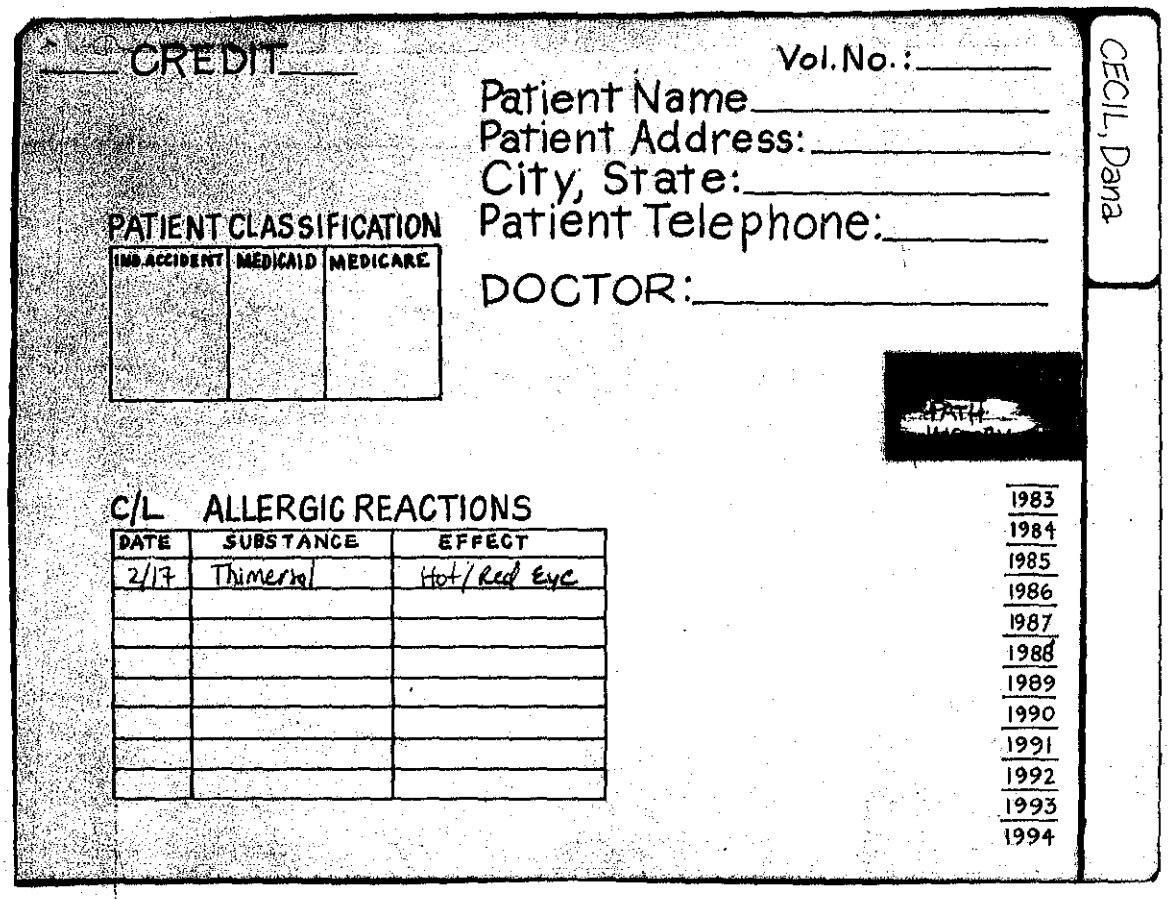


Figure 2.4: Shows how manila folders can be preprinted for age dating and easy access to basic information.

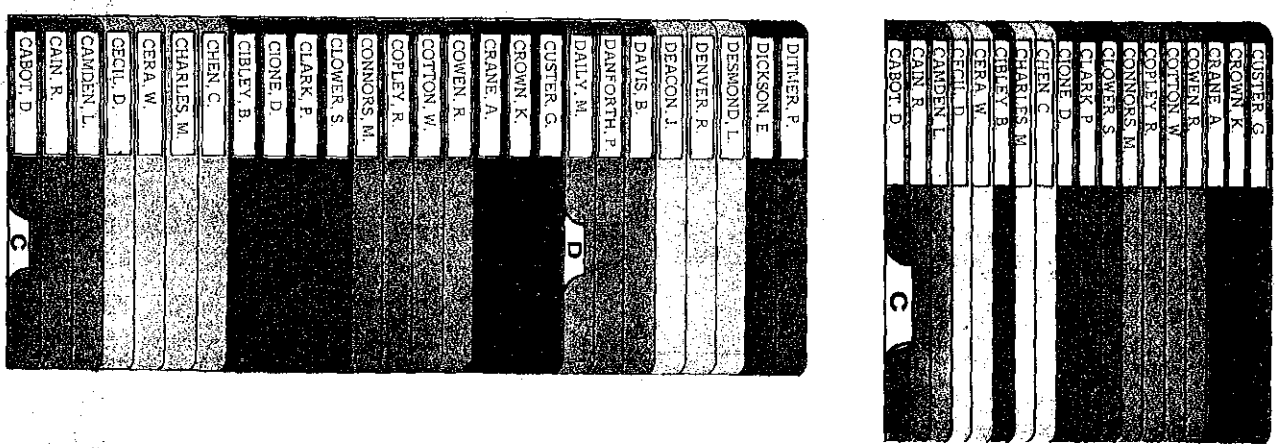


Figure 2.5: This illustrates the five color divisions in the alphabet and how each color is coded around the second letter in the patient's name. The illustration to the right shows how a misfile stands out.

Figure 2.5 illustrates how the alpha color coded system creates an attractive color spectrum and also shows how a misfile stands out. File personnel quickly learn to recognize the color code by the second letter and filing is greatly simplified.

Numeric Filing

Numeric filing[34] is primarily used by practitioners who have in excess of 30,000 charts. There are two basic alternatives to use when numeric filing.

1. Straight numeric. Charts are filed in numeric sequence and are color coded by applying to the leading edge of the folder color coded labels corresponding to each digit. (See figure 2.6)

2. Terminal digit. This is a simple, speedy, and accurate method of filing based on a mathematical principle which assures an even distribution of records as they are added to the files. Purging is also accomplished evenly throughout the system so there will be no gaps nor will it be necessary to "back shift" files. The terminal digit filing procedure works like this. The filing system is divided into 100 sections labeled from 00 to 99.

You have to maintain a name number cross index file. The filing system is divided into 100 sections labeled from 00 to 99. Patient files are assigned numbers and are filed into these sections according to the last two numbers (the terminal digits). The first file would be 01 and would be filed in the 01 section. The next file would be 02 and would be filed in the 02 section, etc. Figure 2.7 illustrates this.

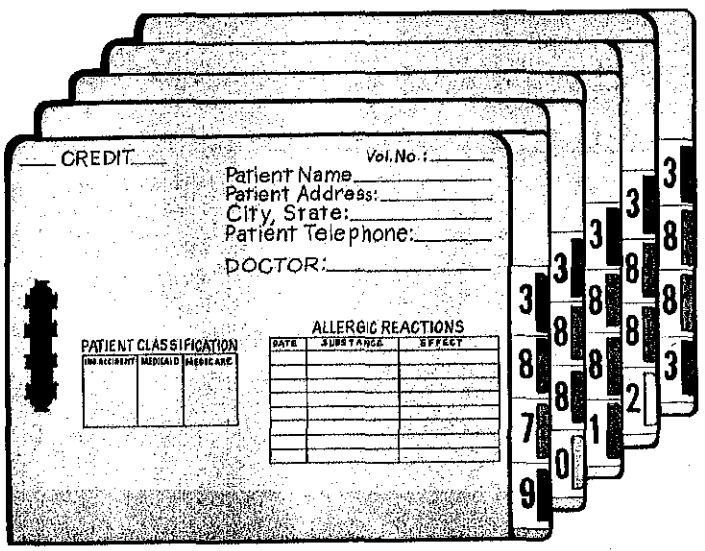


Figure 2.6: Illustrates straight numeric color coded filing

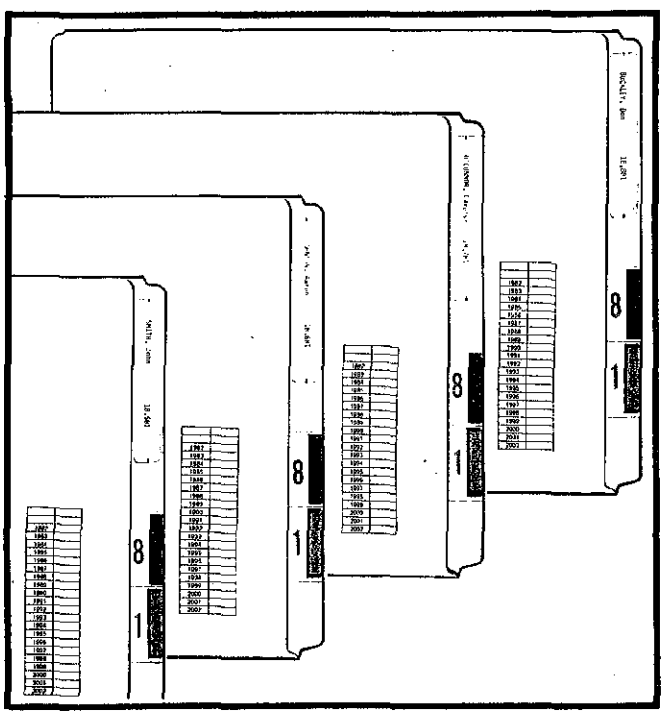


Figure 2.7: Illustrates terminal digit filing

The clinical record is filed in the appropriate terminal digit section, in numeric order within the section. File numbers 1201 and 201 would both be filed in the 01 section and the file 1201 would be between 1,101 and 1,301.

Color coding facilitates instant scanning without reference to numbers. Misfiles are immediately apparent because the visible pattern of color is broken.

0 - Yellow	5 - Brown
1 - Light Blue	6 - Green
2 - Pink	7 - Gray
3 - Purple	8 - Red
4 - Orange	9 - Black

Half the problems in any filing system occur in sorting, refiling, and locating lost folders. Color coding solves all these problems. Also, when you are pulling records by number, be sure to have the colored numbers printed on both sides of the leading edge of the folder for maximum visibility. To color code, a different color has been assigned to each number 0 to 9. The files are color coded by the two terminal digits assigned these colors, so each pair of terminal digits from 00 to 99 has a different color pattern, easily distinguished from every other pair. Generally, color coding the last two digits is adequate in systems of up to 50,000 folders.

Mardan Filing

The Mardan filing system[35] is a complete hanging file system. It comes in various sizes and can be easily modified to just about anybody's office. It is easy to purge and color code each file and one of the advantages is that it has a built-in recall system. For more information on the Mardan filing system, write Mardan, Waterloo, Ontario, Canada.

Internal Controls/Inventory

Internal security problems can take the form of missing supplies or 'doctored' receivables. When some form of embezzlement occurs in an optometry office, it usually is a result of the optometrist not paying enough attention to the daily business affairs of the office. To avoid such occurrences, the following steps should be taken.

1. Deposit each day's receipts in your business account and make a daily record of all receipts. No cash should be withdrawn from this account for business or personal use.
2. Check the appointment book against the daily record and ledger cards.
3. Sign your own checks.
4. Review all bills, making sure the amounts to be paid equal the check amounts.
5. Reconcile your accounts receivable each month.
6. Review your monthly income statement.
7. Separate areas of responsibility involving the handling of cash receipts and distributions.

Petty Cash

Start a petty cash fund of $100 for the week. At the end of the day the petty cash fund should be equal to $100 in cash and receipts. Don't allow the petty cash fund to run to zero by always maintaining a steady balance. Keep the balance up by writing out checks to petty cash. Make sure that this fund is

not abused. Keep a log book of purchase, amount and time. This allows for an average weekly or monthly amount drawn from petty cash.

Financial Systems

1. Super Bill
2. Accounts Receivable Billing System
3. Office Financial Policies
4. Financial Records
5. Insurance Procedure
6. Insurance Codes
7. ICD-9M Diagnostic Codes
8. Assignment Form
9. Claim Form
10. Delinquent Accounts
11. Check Writing System

Financial Systems

Optometric fee sheets should be comprehensive yet allow information to be readily attained, especially by those not in the eye health field and major medical insurance carriers. ICD-9-CM diagnoses should be readily and easily viewable on fee sheets.

One such fee sheet is offererd by Bibbero noted as a super bill. This unique three part super bill performs several crucial functions at once.

1) Reduces your insurance claim processing because your patients assume the responsibility of completing and submitting their own insurance form--the super bill. This is especially useful in vision therapy practices.

2) Acts as a communication medium within your own office.

3) Acts as a bill to your patient and as a receipt for money paid.

4) Sequentially numbered for financial control.

<u>How the Super Bill Works</u>

For the Receptionist:

Clear instructions are given to the patients explaining that they must submit their insurance claims following each visit and that they are responsible for all the monies owed the doctor. The patient's name and the date are written at the top of the super bill. The control copy is pulled and kept at the desk. Patients who are collection problems should be referred to the credit manager before seeing the doctor. The sequential number is recorded in their record for future reference.

Doctor:

After the examination and/or treatment, the doctor simply checks services or treatments, enters diagnoses, dates of disability if applicable, reappointment information and signs the super bill.

Receptionist:

The super bill is returned to the checkout desk. Fees for this visit's services are totalled. A new appointment is given, if indicated.

Patient:

The patient leaves with one copy which is both his recepit and insurance claim. The patient can file the claim. If later the patient needs another copy, the accounting copy can be easily located by looking up the sequential number in the medical record and a copy made of the original.

Bookkeeper:

Accounting copy is used as posting medium to post today sheet and patient ledger card. Bookkeeper files accounting copy of the super bill in numerical order for future reference.

Accounts Receivable Billing System

This use of simple pegboard system is easy to use. It provides financial control and accurate records. One can create three records with just one entry.:

1) Patient's ledger card
2) Bank deposit slip detail
3) Journal of daily changes, payments and deposits

To assemble the posting media:

Checks are placed in alphabetical order. The patient service slips or super bills are placed in numerical order and the ledger cards requiring an entry payment or change are pulled.

Posting Routine:

Patient's ledger card is placed over the daily journal and aligned with the first open line with the card against the left edge of the control board. The daily journal is held in place by pegs on the control board. You write on the ledger card and the entries are transferred by clean carbon to the bank deposit slip and to the journal of daily charges, payments and deposits. On the far right side of the daily ledger a distribution area should be made available to allocate the payments to the doctors. Ledger cards are returned to the ledger tray. Journal is filed in the journal binder. The bank will make an external audit of your internal records by verifying your deposit slip.

Office Financial Policies

A. Cash Practice. This will produce the highest percentage of collections in relation to production, but will limit growth. This cash practice will keep your cash receivable low and your debt factor low, but will limit production by causing resentment from your insurance patients. It will also reduce your compliance factor and limit the potential for more than one person per family from getting care at the same time.

B. Easy credit. This will create the potential for the highest growth, but will also produce the greatest amount of

accounts receivable and thus a bad debt factor. Overhead will rise in relation to production.

C. Modified Credit. This will combine the advantages of cash and easy credit financial policies. It requires cash patients to pay cash for the first visit and balances of each bill monthly and overdue on the 9th of each month.

Financial Records

You must have complete and accurate financial records to monitor your income and expenses, prepare financial statements and budget projections and determine your tax liability. Effective record keeping also helps you manage your practice successfully.

Once a system is established, one should know how to use the information in the financial records to manage the practice efficiently. Be sure to keep your business and personal expenses separate and establish a bank account for business use only.

A record keeping system should contain the following:

1. A record of each patient's visit that notes both medical and financial information. At each visit the services performed, fees charged, party responsible for payment, and any money received from the patient that day should be noted.

2. A record or day sheet of all daily financial transactions, including each patient's name, services rendered, fees charged, and amount received. The day sheet should not double as the appointment book, which is frequently seen by patients.

3. A record of each patient's account, usually on individual ledger cards, with their social security number, fees incurred, payments, and current balance.

Insurance Procedure (For the Patient)

1. Fill out the insurance assignment.

2. If the insurance policy does not specifically exclude vision therapy, your insurance company will reimburse you for part of the fees.

3. We can provide a bill that can be appended to the claim form.

4. Insurance can only be billed after services have been rendered, and the dates of service must be provided to the insurance company. A billing statement will be provided at the end of each month of therapy. This statement will include all of the data required by insurance companies to process your claim. This can be appended to your claim form. Once filled out and signed, it can be mailed to your insurance carrier.

5. If you receive a rejection of a claim, please notify us so that we may be able to assist you in having the decision reversed.

_____
Signature

_____
Date

Vision Therapy and Insurance

Listed are the insurance companies that are paying at 80 percent or better.

Aetna
Allstate
Banker's Life
Blue Shield
Cal-Farm Life
CNA
Connecticut General
Equitable
Fireman's Fund
General American
Great Republic
John Alden
John Hancock
Lincoln National
Metropolitan
Mony
Mutual Benefit Life
Mutual of Omaha
New York Life
Northwest National
Occidental Life
Provident Mutual
Prudential
State Mutual Life Assurance Co. of America
Travelers
Union Labor Life
Washington National

One can expect problems with the insurance claim due to the word vision, and often the claim gets disapproved. Most major medical insurance companies pay for vision therapy and most health maintenance organizations do not. The companies that often exclude vision therapy are Blue Cross, Pacific Mutual, Champus, and Government-Wide Plans.

Insurance Codes

Diagnosis Codes

At the present time, there is considerable confusion regarding proper coding of VT diagnosis and therapy. This confusion arises: There are a number of difficult coding systems in existence, and the most widely used systems have been developed with little or no optometric input. This causes difficulty since the available numbers often do not express the nuance of optometric diagnosis or treatment.

The most widely used diagnostic codes are those of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). The use of the existing ICD-9-CM codes is easiest from an administrative point of view, since the claim will move through the insurance bureaucracy. The continued use of these labels tends to perpetuate them.

The American Optometric Association has developed its own codes called Current Optometric Information and Terminology (COIT). The COIT codes are similar to the ICD-9-CM numbers but not always identical in description. In an attempt to convey a more appropriate optometric connotation, some of the COIT codes use a fifth digit to further define a condition. Current COIT codes pertinent to VT are found under COIT diagnostic codes.

Some doctors use a limited number of diagnostic labels which encompass most treated conditions. To not use ICD-9-CM codes but rather give the diagnosis may prove to be an administrative

problem for the doctor, patient and insurance company. This is due to the increase in handling of claims by computers. In general, the practitioner will do best to use the approved labels even if they do not fully reflect the nuance of an optometric diagnosis.

Make note that many diagnostic categories deal with conditions for which orthoptics or VT is not generally a therapy. It is best not to use refractive error as a diagnosis, as every patient has some refractive state. Since the VT or orthoptics is done to alleviate a functional disorder, it is appropriate to use the diagnosis for which the treatment is to be administered.

Diagnostic Procedure Codes

Diagnostic procedures are being reported in several different ways. The physician's Current Procedural Terminology, Fourth Edition (CPT-4) is the most widely used system for diagnostic procedures. The same codes and names are used in the Current Optometric Procedural Terminology, Second Edition (COIT).

Codes:

New Patient:

90000	Brief Service
90010	Limited Service
92002	Intermediate Service
92004	Comprehensive Service

Established Patient

90030	Minimal Service
90040	Brief Service
90050	Limited Service
92012	Intermediate Service
92014	Comprehensive Service

It would be suggested that the two publications be consulted to ascertain just how each category is defined.

There are several additional CPT-4 codes that might be useful for certain diagnostic procedures:

92280	Visually Evoked Potential Study
90074	Administration and Medical Interpretation of Development Tests
95581	Developmental Testing
95882	Cognitive Testing
92531	Spontaneous Nystagmus
90915	Biofeedback

Several of the COPT therapy codes:

V0150	Binocular Vision Therapy -- Non-strabismic
V0151	Amblyopia Therapy
V0152	Vision Development Therapy

Reports

In addition to the initial claim form and periodic additional claim forms from time to time, the insurance company may ask for a detailed progress report. Such a request must be accompanied by a release from the patient. Some doctors charge a nominal administrative fee for filing claims depending on local custom and office policy. When a full report is requested, it is recommended that a suitable fee be charged the insurance company to cover the time and expense for producing the report.

These code numbers must be accurately reported on all claims for coverage for vision therapy procedures. Check all claims to insure proper coding of diagnostic conditions.

	ICDA #
Accommodation	
absence of	367.52
deficiency	367.5(5)
instability	367.5(6)
spasm	367.53
unequal	367.5(8)
Amblyopia	
deprivation	368.02
ex anopsia	368.00
refractive	368.03
strabismic	368.01
Anom. ret. corr. (ARC)	368.34
Aniseikonia	367.32
Anisometropia	367.31
Asthenopia	368.13
Astigmatism	367.20
Binoc. dysfunc. of vis.	368.30
Convergence	
excess	378.84
insufficiency	378.83
Diplopia	368.2(0)
Divergence excess	378.85
Eccentric fixation	368.30
Fixation disparity	368.30
Fixation dysfunction	378.9(1)
Fusional instability	368.3(0)
Hyperopia	367.0(0)
Myopia	367.1(0)
functional	367.1(1)
night	367.1(2)
Non-malingering (Streff) syndrome	368.10
Nystagmus	379.50
amblyopic	379.53
Oculomotor dysfunction	378.9(0)
pursuits	378.9(2)
saccadics	378.9(3)
Phoria	
eso	378.41
exo	378.42
vertical	378.43
Photophobia	368.13
Presbyopia	367.4(0)
absolute	367.4(1)
premature	367.4(3)
Ptosis	374.30
Strabismus	378.30
accommodative	378.35
alternating	
eso	378.05
exo	378.15
concomitant	378.3(6)
constant	378.3(9)
convergent (esotr.)	378.00
divergent (exotr.)	378.10
intermittent	378.20
monocular	
eso	378.01
exo	378.11
paralytic	378.50
vertical	
hyper	378.31
hypo	378.32
Suppression	368.31
Visuomotor dysfunction	315.9(0)

V. COIT DIAGNOSTIC CODES

From: Current Optometric Information and Terminology
Third Edition, 1980
American Optometric Association

300.11	Amblyopia, Hysterical
300.11	Strabismus, Hysterical
314.9(0)	Minimal Cerebral Dysfunction
315.00	Learning Disability, Reading Retardation
315.01	Alexia, Developmental
315.2(0)	Learning Disability
315.9(0)	Visual Motor Dysfunction
367.1(1)	Myopia, Functional
367.53	Accommodation, Spasm of
367.5(5)	Accommodation, Deficiency of
367.5(6)	Accommodation, Instability of
368.00	Amblyopia, Ex Anopsia
368.01	Amblyopia, Strabismic
368.03	Amblyopia, Refractive
368.10	Non-Malingering Syndrome
368.13	Asthenopia
368.13	Photophobia
368.2(0)	Diplopia
368.30	Eccentric Fixation
368.30	Eccentric Viewing
368.30	Fixation Disparity
368.30	Fusional Instability
368.30	Vision, Binocular Dysfunction
368.31	Suppression
368.32	Fusion, First Degree
368.33	Fusion, with Defective Stereopsis
368.34	Correspondence, Anomalous Retinal
378.00	Strabismus, Convergent
378.01	Strabismus, Monocular, Esotropia
378.05	Strabismus, Alternating, Esotropia
378.10	Strabismus, Divergent
378.11	Strabismus, Monocular, Exotropia
378.15	Strabismus, Alternating, Exotropia
378.20	Strabismus, Intermittent
378.30	Strabismus
378.31	Strabismus, Vertical, Hypertropia
378.32	Strabismus, Vertical, Hypotropia
378.35	Strabismus, Accommodative
378.3(6)	Strabismus, Concomitant
378.3(7)	Strabismus, Congenital
378.3(8)	Strabismus, Consecutive
378.3(9)	Strabismus, Constant
378.40	Phoria, Hetero
378.41	Phoria, Eso
378.42	Phoria, Exo
378.43	Phoria, Vertical
378.44	Phoria, Cyclo
378.50	Ophthalmoplegia
378.50	Strabismus, Paralytic
378.55	Paresis
378.60	Strabismus, Anatomical
378.60	Strabismus, Mechanical
378.83	Convergence Insufficiency
378.84	Convergence Excess
378.85	Divergence Excess
378.9(0)	Oculomotor Dysfunction
378.9(1)	Fixation Dysfunction
378.9(2)	Pursuit Dysfunction
378.9(3)	Saccadic Dysfunction
379.50	Nystagmus
379.53	Nystagmus, Amblyopic
784.69	Apraxia
V65.2(0)	Malingering

ASSIGNMENT FORM

I agree to pay my account in the following manner:

1) I will be responsible for the insurance deductible which is $ _____ . I understand that if treatment extends into an additional policy period a second deductible may be incurred.

2) Dr. _____ office agrees to bill my insurance periodically and to wait for the insurance payment to be received. I agree to assign benefits to Dr. _____ . If an insurance check is received by me, it will be turned over to Dr. _____ to apply to any unpaid balance.

3) I agree to be responsible for the _____ % of the fee not paid by my insurance company. This amount will be paid _____ per _____ .

4) I agree to immediately advise Dr. _____ if my insurance carrier or coverage changes.

5) I understand that all fees for therapy and related services are ultimately the responsibility of the patient.

6) I have read and understand the above and agree to the conditions stipulated.

_____ _____

NAME DATE

CLAIM FORM

***INSURANCE COPY**—attach this statement to your insurance claim form. Complete the personal information requested on the form. This statement contains all the information the doctor is required to supply. It is not necessary for this office to fill out the insurance company claim form.*

NAME _____

PROFESSIONAL SERVICES

	FEES:	COPT
1. *Diagnostic service*		
A. *General Optometric Evaluation*	_____	98210
i. eye health exam and intra-ocular pressure	_____	
ii. refraction and binocular evaluation	_____	
iii. visual field examination	_____	
B. *Vision Training (Orthoptics) Evaluation*	_____	
_____ Amblyopia Diagnostic Examination		98313
_____ Binocular Vision Diagnostic Examination—Strabismus		98314
_____ Binocular Vision Diagnostic Examination-Non-Strabismus		98315
_____ Ocular-Motor Diagnostic Examination		98316
_____ Vision Development Diagnostic Examination		98317
_____ Vision Perception Diagnostic Examination		98318
_____ Progress Examination		98304
2. *Vision Therapy (Orthoptics)*	_____	COPT
_____ Amblyopia Therapy		98681
_____ Binocular Vision Therapy — Strabismus		98682
_____ Binocular Vision Therapy — Non-Strabismus		98683
_____ Vision Development Therapy		98684
_____ Ocular-Motor Therapy		98685
_____ Vision Perception Therapy		98686
3. *Contact Lenses*	_____	
_____ Consultation		98505
_____ Diagnostic Evaluation		98500
_____ Office Visit		98510
_____ O.V. Extended		98515

DIAGNOSIS

	COIT ICDA#
_____ Accommodation, Deficiency of	367.55
_____ Accommodation, Spasm of	367.53
_____ Amblyopia, Ex Anopsia	368.00
_____ Amblyopia, Refractive	368.03
_____ Amblyopia, Strabismic	368.01
_____ Anisometropia	367.31
_____ Aphakia	379.31
_____ Astigmatism	367.20
_____ Binocular Fusion Instability	368.30
_____ Convergence Excess	378.84
_____ Diplopia	368.20
_____ Divergence Excess	378.85
_____ Hyperopia	367.00
_____ Myopia	367.10
_____ Nystagmus	379.50
_____ Oculomotor Dysfunction	378.90
_____ Presbyopia	367.40
_____ Strabismus, Convergent	378.00
_____ Strabismus, Divergent	378.10
_____ Strabismus, Intermittent	378.20
_____ Strabismus, Paralytic	378.50
_____ Strabismus, Vertical	378.31
_____ Suppression	368.31
_____ Visual Motor Dysfunction	315.90

Other:

Ophthalmic dispensing, services and materials:

TOTAL FEES _____

AMOUNT PAID _____

BALANCE _____

Dates of Treatment

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Date of Service _____

Patient _____

☐ Male

☐ Female

Place of Service

☐ Office

My fee ☐ has ☐ has not been paid

I do ☐ I do not ☐ accept assignment

Doctor's signature:

_____

Date: _____

***NOTICE TO INSURANCE CARRIERS:** This form has been adopted to keep paperwork costs down. If your own form or itemized bill is required, they will be completed upon the receipt of $25.00 to cover costs.*

Dr.(s) Name: _____ Lic. # _____

Optometrists

Address: Phone #

S.S. # I.D. #

Delinquent Accounts

Providing the proper foundation at the time the service is rendered will minimize the need for stringent collection efforts later. Adequate information should be secured from all new patients and essential background information should be periodically updated on all old patients.

If the patient is informed of the estimated fee prior to electing vision therapy, contact lens, or additional testing and is asked to make specific financial arrangements, you certainly decrease the likelihood of having a collection problem later.

In many practices it has become an accepted procedure to use a patient visit slip. This is an excellent opportunity for the assistant to present the day's charges along with any balance due on the account.

Timetable

It will be necessary to follow a timetable to track the length of overdue accounts. To assure continuity in your collection program, one will need to indicate on the patient's financial ledger the length of balance due and what steps have been taken. At the end of every month, all the accounts receivable should be listed on the accounts receivable aging form and should be aged. This procedure will allow you to prove your accounts receivable total to your monthly controls.

Experts suggest that your accounts receivable should average one and a half or two times your monthly production rate. Due to the variables in collection, a monthly collection ratio is almost meaningless. So, it is better to prepare quarterly

collection ratios to determine the status of your receivables. If your bookkeeping is systemized, your patient's credit checked, and follow-up procedures followed, your collections should realize 97 to 98 percent of billing.

Check Writing System

A one check and one record of checks drawn handles both bill paying and payroll check writing. By using a spot carbon check (eg. payable to supplier) for the amount due, distribute the amount of the check in the proper column to the right. When you write the check you are automatically carbonizing the information on the "record of checks drawn" sheet. The check is inserted and mailed in a special double window envelope. The address on the check eliminates the need for addressing the envelope.

This type of system insures accuracy, for at the end of each month, or predetermined reporting period, total the various distribution columns and add the totals together. This grand total should equal the total for all checks written for the period. Bank deposits and bank balances are entered in the column at the left of the "record of checks drawn." Your bank balance is always current.

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