

Winter 2008-2009



2009 Spring conference  
is included in  
membership dues!

### *Spring Conference 2008*

The 2008 OAI conference was our second successful educational partnership with the Iowa Optometric Assistant's Association (IOAA). Combining resources allow the OAI and IOAA to offer their members broad educational opportunities from nationally acknowledged speakers.

Held at the Renaissance Savory Hotel in Des Moines, classes began Saturday morning with select courses being open to both OAI and IOAA members. We were fortunate to once again feature Ed DeGennaro as our main speaker. Ed is nationally recognized as a leader in the optical industry and hugely popular as a speaker. Donna Vernier from Transitions and Todd Hasselius from Shamir Insight also presented at the conference. IOAA once again hosted lunch for our members. The trade show was well attended and gave our supporting vendors a platform to introduce their services in relaxed surroundings.

Saturday evening concluded with Casino Night giving opticians and assistants some well deserved time to kick back and have some fun! This year Casino Night will be back again sponsored by OAI, Transitions Optical and Pech Optical!

Plans for the 2009 conference are coming together nicely. Our featured speaker will be Laurie Guest. With experience that encompasses over 24 years in healthcare and more than a decade as a business owner, Laurie knows what it takes to succeed. She now reveals the lessons she learned along the way that help others in their professional and personal lives. Additional speakers from Hoya Vision and Carl Zeiss Vision was also be presenting.

Make your plans to attend the 2009 conference now! It's the only conference that will give you national speakers, terrific food, and excellent company ***included*** with your paid 2009 dues! Conference registration forms can be found on our website at [www.oaiowa.org](http://www.oaiowa.org).



**Mark your calendar  
for 2009!**

**March 28th and  
29th 2009**



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**Opticians Association of Iowa**  
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 Www.oaiowa.org

**Opticians  
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**Letter from the President**

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Hello everyone,  
 I am very excited and honored to be serving in the roll as President of the Opticians Association of Iowa. In the third grade, I was included in a local article of children being interviewed in regards to what they wanted to be when they grew up. My answer was President, so it looks like my goal has come true!

Optics have been a part of my life since I was four years old when my mom accepted a dispensing optician position with Howlin Vision Clinic in Sioux Falls, S.D. I spent many Saturdays playing in the contact lens room waiting for my mom to get off work so we could go shopping. Even in elementary school, I considered myself somewhat of an "optical expert" and loved to give my fellow classmates advice. I worked as a part-time optician while attending college and began my career with Midwest Labs in 1992.

The industry has changed dramatically since I first became employed in optics. I often wonder what it will look like in the coming years. What I do know is I have had the opportunity to work with some incredible people and cannot imagine employment in any other field. Traveling the state of Iowa and working at the state conventions are the best aspects of my job- mostly because I love to talk!

I am looking forward to serving you and welcome any feedback. Due to overwhelming success in working with the Para Optometric Assistants in 2007 and 2008, we will continue to combine our efforts during Spring Conferences. We can only stand to gain from mingling with all optical professionals in the state of Iowa and sharing our ideas. Please contact me with any thoughts, concerns or considerations you may have!

Take care-  
 Jennie

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**Registration forms for the 2009 Spring conference at [www.oaiowa.org](http://www.oaiowa.org)!**

Become a member today!

Visit: [www.oaiowa.org](http://www.oaiowa.org) or call any OAI board member

## Did you know...

- You do not need to be ABO certified to be a member of Opticians Association of Iowa
- Your registration at the OAI spring conference is included with 2007 dues
- You receive discounted registration at the Midwest Optical Conference
- You are listed in and receive a copy of the OAI Directory
- You receive a certificate of membership suitable for framing
- You get newsletters twice a year

Join today !!

## Welcome New Members

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## What do you think? Are they me?

# Am I Speaking a Foreign Language?

For most medical practices, it is a challenge to simultaneously balance the needs of physician, staff, and patient. This triangle is a sensitive scale that can easily tip in favor of one group.

- Everyone in the organization must understand where they fit in the big picture.
- Leaders must have a clear plan of where the practice is going.
- Patients must have an understanding of their eye disease and the treatment.

## Communication

During the first 7 years of our practice, office space was relatively small and we had only a handful of staff. In those days, little effort was required to keep communication systems on track. We would begin our day by gathering around the front desk for a 10-minute stand-up meeting. We would discuss the patient load for the day and current business.

In 1987 we moved to a surgicenter/ office building. Suddenly, we had 30,000 square feet and a staff that had quadrupled in size in a short period. What we also had was a communication breakdown. One reason for the breakdown was that our surgical team was stationed on the second floor while the rest of the practice functioned from the main level. In addition, part-time staff were added throughout the practice, and there were more new physicians. Each group was speaking its own language, in its own way.

To improve our communication in the office, we implemented several tools over the years. For example, a page of daily minutes is posted each morning. Using our voice-mail system, callers can leave messages for the entire staff. The messages are transcribed first thing in the morning and posted along with patient numbers for the day, staff who will be out of the office, important announcements, personal news, and expected visitors.

We hold staff meetings on a quarterly basis. The office is closed for 1 hour, and everyone is encouraged to attend. Most often, we divide the session into three segments. The first 20 minutes is spent with announcements, introductions of new staff, and a review of recent policy changes or personnel issues. The second 20 minutes is an educational period. For example, a new surgeon will present details of his or her specialty. Or, we will review new surgical techniques or changes in clinical protocols. The last third of the meeting is motivational or fun. We have done everything from net-working exercises to game shows (with a focus on the practice), complete with door prizes. Although these staff meetings require an investment of only few hours over a year, we believe the staff feels more bonded than before.

Other suggestions for communication include the following:

- ***Interoffice newsletter.***

The newsletter should be done quickly and formatted easily in house. Include office updates, news of staff members, practice trivia, quotes, and interesting patient stories. We named our publication the "IOL" (interoffice letter).

- ***Leaders accessible to staff.***

Breakfast with the Boss is a great concept. Sam Walton was well known for showing up on loading docks or in break rooms to talk with employees at Wal-Mart. He knew he could learn valuable information from those working on the front lines. The same holds true in a medical office. If you really want to know what needs changing, you must provide a direct line between staff and the one(s) in charge.

## Leadership

There is an art to leadership. Those who have mastered the fine skills of directing others need not toot their horn; the state of their practice will speak for itself. Organizations with strong leadership will have the balance figured out. Busy physicians, staff with high morale, and satisfied patients are benchmarks for all practices.

A leader must know how to empower, delegate, and be an accomplished “puzzle master.” A puzzle master is one who constantly examines all options to create a combination that will achieve the best picture, regardless of how difficult the solution. This may mean shifting staff positions, creating new ways of thinking, or combining duties to improve the bottom line. Successful puzzle masters excel at showing staff how each fits into the big picture. They demonstrate how every piece of the puzzle is important and make a daily effort to sincerely thank those who go the extra mile for the practice. Puzzle work can be time consuming and detailed— but without it, a masterpiece is impossible.

The next skill a leader must possess is the ability to delegate. Delegation can be scary; however, establishing boundaries of empowerment becomes easier when you realize that delegating doesn’t mean forfeiting control. It means empowering your staff to evaluate concerns and handle them without discussion. Start by identifying clear tasks that can be delegated. We believe the doctor should do; that is, examine, diagnose, and treat the patient. Every other task in the office can be done by an experienced, empowered staff member, manager, or administrator. The key is to empower people through detailed training and by giving encouragement and showing belief in their abilities. Remember that a good hire is a person who can grow with you and share in the excitement of seeing a practice succeed, even during turbulent economic times.

### **Education**

Make training a priority in your practice. Patients, vendors, and staff will feel the effect on your organization. The results will include lower staff turnover, which saves time and money. Training can be a powerful marketing tool because the staff are able to educate and inform the patients and the public relates this to high quality care.

Many patients today lack confidence in the health care system. That makes it especially important to set aside time each week to provide focused staff education. Understanding how your staff learns is key to meeting its needs. Older staff may prefer more explanation or a written-out, step-by-step approach. Younger staff may want a news bulletin or to get the information from the computer.

At times you may require an “escape to learn” opportunity. Spend a day out of the office at a private home or a nearby park. Create a detailed agenda in advance, with a focus on solving problems, creating new ideas for practice growth, and uniting the team in a common goal. Although fun, it is also time for the staff to share ideas and concerns with management. The results of these adventures are improved communication and increased productivity. If you haven’t tried a retreat, do so as soon as possible.

### **Age**

Is there tension in your practice and you can’t put your finger on what is causing it? Generational diversity could be the culprit. A simple explanation is that each generation has ideas and values that have been influenced by the period in which its members were raised. These influences affect how we communicate and learn.

Today is unique in the workplace because three distinct generations are working together in a setting in which the rules are constantly changing. Although it is easy to find exceptions to the following categorizations, in general, the information holds true for the masses.

The World War II generation (born between 1909 and 1932) was influenced by the Depression and the war. They usually have a strong sense of loyalty, respect authority, and are solid, no nonsense performers. Having and keeping a job means everything to them. They often perceive change and ambiguity as a liability.

The Baby Boomers (born between 1946 and 1960) grew up as the first generation to receive their parents’ full attention and focus. During the post-war boom, no dream seemed too small, and the sky was the limit. Teamwork, personal growth, and health wellness are core values of this generation. On the job, they are willing to go the extra mile, want to please, and

## Grade Yourself at a Glance

1. Do you communicate information to your staff on a regular basis?
2. Do you take the time to give sincere appreciation and praise and mentor your staff?
3. Is there a forum in which all staff can share their ideas or complaints?
4. Can a patient with a complaint approach any member of your staff and get a result?
5. Do you share your vision of the future with all team members?
6. Have you ever had a staff retreat?
7. Have you attended an in-service or educational course in the past 3 months?
8. Have you thought about how generational diversity affects your workplace?
9. Have you recently done a staff, doctor and patient survey to measure balance?
10. Is your practice balanced and speaking the same language?

are good at relationships. Their liabilities include being uncomfortable with conflict and overly sensitive to feedback, as well as having trouble realizing they may not reach their dreams.

Those in Generation X (born between 1961 and 1991), were strongly influenced by the downsizing of corporate America. Thus, they developed a survivor mentality. Their big question is, "What does this have to do with my survival?" People in this generation understood early that no one was going to hold their hand, so they better figure out how to take care of themselves. Their core values are diversity, balance, fun, informality, and self-reliance. These employees are adaptable, technologically literate, creative, independent, and not intimidated by authority. Their liabilities to the workplace include impatience, poor people skills, inexperience, and cynicism.

In a large practice, all three generations are probably represented. The World War II Generation is represented through the patient sector or volunteer staff. The Baby Boomers are likely the head physicians and management staff, and the rest are late Boomers or early Generation Xers.

As this shift occurs, the goals, personalities, and methods of care have changed. Gone are the days when the physician jumps out of bed in the middle of the night and rides a horse-drawn carriage to the next farm to treat a patient at his or her home.

Today, we are faced with a new breed of doctors who prefer an emergency patient to arrive at a time that is convenient to the doctor's personal schedule. Unfortunately, this trend isn't exclusive to doctors. Employees in the 1960s who were proud of working a year without taking a sick day have been replaced with employees who think sick days are an entitlement and that those who don't use the benefit are fools.

And, don't forget the patient who once accepted the doctor's treatment as gospel. Many now come to the practice after doing hours of on-line research and watching related television news shows. Sometimes what they learn through these venues is confusing or plain wrong. In a sense, they must be "deprogrammed" before they will accept accurate information about their situation.

What can you do about these generational issues? Learn to talk in terms to which the listener can best relate. Most often, we speak to others the way we would want to be spoken to. Gifted communicators learn to function in the opposite manner. If you are working with someone from the World War II Generation, don't assume he or she will respond to technical

jargon or fast-paced instructions. On the opposite end, those of Generation X will not tolerate long wait times and have the potential to be more time consuming patients because of their previsit research on ocular disease or refractive treatment.

Do not underestimate the impact that generational issues have on practice ethics, productivity, and profit. As the years pass and the members born in the latter part of Generation X come into the workforce, the ability to retain good people by providing a benefits package and flexible schedule they will be satisfied with may be difficult.

### **Results**

Your efforts to provide your team with improved communication, dynamic leadership, focused education, and an understanding of diversified age issues should result in a more balanced practice. If you are wondering how well your “triad scale” is balanced, take the time to survey not only your patients but also your staff, associate doctors, and management team. Stability is produced when equal weight is placed on all sides and everyone is able to speak and understand a common language.

Laurie Guest, COT is a professional speaker and trainer with over 20 years of ophthalmic experience. She specializes in education and professional development of optometric staff. To reach her call toll-free 866-977-7325 or visit her website at [www.careercafe.biz](http://www.careercafe.biz).

## Are you an optical expert?

- 1) What does CR-39 stand for?
- 2) What is burnishing a screw?
- 3) What year was the first progressive patented?
- 4) What is the current generation of Transitions lenses?
- 5) What year was the company Carl Zeiss founded?
- 6) What is an Abbe Value?
- 7) When was polarization discovered?
- 8) When was the earliest written record of magnification recorded?
- 9) Who were the first civilizations to develop lenses?
- 10) What were the earliest lenses made from?

1) It was Columbia(n?) Resins 39th try that got the formula right for plastic lenses 2) Smoothing the head and shank of a screw for appearance and safety 3) 1907 4) VI 5) 1846 6) a measure of the material's dispersion (variation of refractive index with wavelength) in relation to the refractive index. 7) In the 17th century 8) In the 1st century 9) ancient Egyptians and Mesopotamians 10) Polished crystal, often quartz

## OPTICIANS ASSOCIATION OF IOWA

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### Save The Date !

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