Defining the Scope
of Technician Practice in Your Office

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It can be difficult for technicians to understand where the line is between fully preparing patients for meeting with the physician and overstepping their role.

James is a skilled technician working in a busy ophthalmology practice. He frequently assists in the operating room and thus is familiar with cataract surgery and able to discuss treatment options confidently. Although he has never told the ophthalmologists he works with about these discussions, he assumes it is acceptable, as they "trust him" and patients seem to like having their questions answered by him. He completes testing with a patient who seems an ideal candidate for surgery and so, before the doctor reviews test results or meets

with "Linda," James tells her that cataracts are to blame for her vision loss and that she is an ideal candidate for cataract surgery to improve her vision. Linda is very relieved as she worried she was going blind.

When the physician enters the room, Linda immediately begins to talk about scheduling her surgery. The physician is surprised and a bit caught off guard as Linda's cataracts are mild and her loss of vision turns out to be due to macular degeneration. Discussing macular degeneration with a patient is never easy; however, the discussion is now far more difficult—and confusing—for

the patient due to the misinformation James provided. James, of course, feels terrible—he was only trying to help and it can be difficult for technicians to understand where the line is between fully preparing patients for meeting with the physician and overstepping their role.

Define roles

As this example illustrates, it is a good idea to periodically review the scope of practice with technical staff. Here's how JCAHPO defines a technician's role:

… to assist the ophthalmologist by collecting data, administering treatment

ordered by the ophthalmologist, and supervising patients. OMP [Ophthalmic Medical Personnel] are not independent practitioners and may not diagnose/ treat eye disorders or prescribe medications. They can supply vital information to the physician who is treating patients, and may assist in areas such as surgery, patient instruction, and compliance (JCAHPO, 2012).

New technicians will benefit from these conversations, and more experienced technicians will need help balancing their growing levels of skill and knowledge with the boundaries of practice. Given the sometimes subtle line between diagnosis and information provision and the realities of a busy practice, simply providing the JCAHPO definition to your technicians likely will not be sufficient. When discussing scope of practice in your office, consider describing commonly occurring situations in which this scope of practice issue may be a consideration and for each situation, having your staff describe appropriate and inappropriate ways of responding.

Set boundaries for information sharing

Before you have such conversations with your staff, work with the physicians in your practice to define what information they would like technicians to share with patients. Some physicians may not mind technicians sharing diagnostic test results or reviewing previous exam findings prior to the physician-patient interaction, whereas others may want technicians to complete testing but relay no information to the patient. As the physicians in the practice consider the amount of information they wish technicians to share, be sure to have them consider the positive and perhaps negative ramifications that might result from their decisions. For example, patients may be very anxious during testing if a technician does not say anything

about the results being obtained. Alternatively, if test results are not consistent with prior testing—or with testing conducted by the physician—then the patient may be confused or become even more anxious. To illustrate, I recently encountered a situation in which the technician conducted and relayed results of tonometry to the patient. When the physician came into the room and repeated the examination, her tonometry result differed by 2 points from the technician's. The patient, understandably, did not realize that a 2-point difference was not especially significant in his case and was quite upset; he even demanded that the technician be disciplined for "poor testing."

Be sure to have your physicians consider what information can be discussed with patients during the technician work-up versus following the patient-physician interaction as conversations during these interactions may differ significantly. During the technician's workup, information sharing by the technician should never include a discussion of treatment options or prognosis—even seemingly innocuous statements such as "don't worry" may lead to patient satisfaction and retention problems or even have legal implications due to the provision of inaccurate information or the discord between information provided by the technician and physician.

The technician should instead state that the physician will review the results of technician testing, complete the exam, and then make recommendations for treatment as indicated by the results of the entire exam process. A simple way that technicians can steer the conversation is to advise the patient that it is simply inappropriate for results to be discussed until the physician has completed the entire exam. If physicians in your practice decide they would like technicians to share test

results with patients then the limits of this conversation—simple sharing of test results versus diagnosis or treatment planning—must be made abundantly clear. Once the physician has made a diagnosis and has discussed treatment options with the patient, the technician may play a vital role. In many practices the technician has the opportunity to spend more time with the patient than the physician can and so a skilled technician may clarify information provided by the physician, answer questions, provide written materials, and help with coordination of care.

Put it in writing

Ideally all physicians in a practice will come to a common agreement with regard to information sharing as this will make it easier to maintain consistency. However such consensus may be difficult to achieve in large or diverse practices. Develop clear, written protocols that describe what information can—and cannot—be shared with patients and the specific conditions under which this information may be shared. Be sure to develop protocols for telephone and secure emails as well—and include limits of confidentiality in these protocols. If all technicians are consistent in the level of information shared, patients will quickly learn what to expect from all staff members and there will be fewer disappointments and unmet expectations. **AE**

Cited
Joint Commission on Allied Health Personnel in Ophthalmology (2012). Certification. Retrieved June 25, 2012, from www.jcahpo.org/certification/.

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