Technical staff and management disagree about the delegation of scribe duties. Some managers believe that this is an entry level position and others assign it to the most senior clinical staff members. I contend it can and should fall to staff members of all seniority levels.
**Scribing at the Entry Level**

Most of us have experienced difficulty hiring personnel with ophthalmic experience and resign ourselves to gramm. Many practices that employ a scribe in their workflow use this opportunity to promote her to an assistant and train someone new to perform the writing duties. Although it is time consuming to familiarize two people with new positions, the practice is at least familiar with the established technician's work ethic and interest level to make a calculated decision about the feasibility of the change.

When developing a scribe position, allow time for acclimating your new hire to a job that may at first seem like entry to a foreign land, and provide her with key tools: a list of standardized abbreviations and a diagram of the anatomical structure of the eye.

**Standardized abbreviations.**

Everyone in the practice should be using the same abbreviations. If the office does not have a guide to these abbreviations, this is a good time to develop one and distribute it to every member of the team.

**A diagram of the anatomical structure of the eye.** The eye is comprised of four main sections:

1. Adnexa: the outer, protective bodies, including the extraocular muscles and lacrimal system.
2. Anterior segment: the lens forward.

Dividing the eye into the above sections should make it easier for your new hire to anticipate where on the visit note or EMR she will be documenting the doctor's dictation. Practice sessions through role playing are a good way to familiarize her with the record and the anticipated speed of transcription.

When the visit note is on paper, the new scribe should shadow the existing scribe and phase in the facets of the job slowly. She can begin by issuing the glasses, contact lenses, and medication prescriptions. When it is time for her to begin the actual visit note, she should capture as much as she can on a copied visit template and compare it with the actual documentation captured by the senior employee. When they both feel she has achieved a level of competency, they can reverse positions and shortly thereafter, leapfrog between patients.

Should there not be someone available to train the new hire, the responsibility of verifying the chart note falls to the ophthalmologist. He or she should begin a regular dialogue with the common goal of accurate documentation in a short period of time.

**Technician As Scribe**

The logic here is that senior-most clinical team members are already familiar with the anatomy, terminology, and disease processes of the eye. Depending on their longevity, these technicians may already be aware of the physician's preferences as they apply to medications, procedures, and test frequency. They are also familiar with the medical record. So, efficiency is a given.

Still, such technicians may need to be educated in the proper way to summarize risks and benefits and the medical decisions that are made during the patient–physician encounter. They may not be aware that the job of enhancing the chief complaint/history of present illness—as well as indicating the progression of the disease in the assessment—falls to them.

If you determine that technicians should be scribing, prepare for some objections. Unfortunately, in many offices, technicians have been led to believe that the practice relies heavily on their functions, and they may resist any changes to the status quo that management suggests. But in fact, the senior-most clinical staff members are likely to get the most out of the scribing experience. This is an opportunity to see this confidential relationship first-hand. It is also an opportunity to enhance one's understanding of the visual system. As the work-up team, the techs are often uncertain of the outcome of the more unusual work-up results; without asking or reviewing the record, the knowledge loop is left open. Ideally, when staff is cross-trained, complex workups lend themselves to the work-up techs stepping in to scribe on those same patients.

**Scribing for Efficiency**

The cohesive ophthalmic team will recognize that when the workups are complete, the doctor still has patients to see. These end-of-session patients may complain that lunch will be delayed or they need to leave before dusk. Doctors find themselves going without lunch because the afternoon session begins as the morning session is ending. Yet, the work-up staff may be doing non-patient-focused tasks for those minutes before noon or at the end of the day.

It is at these times that the technical staff can step in and take control of the remaining patients by filling rooms and alternating with the assigned scribe. This can only be achieved, however, if they have been given the tools to succeed.

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