

Spring—Summer 2006



Spring Conference 2006

This year's OAI conference was evidence of the O.A.I.'s commitment to move forward into ***PRIORITY-EDUCATION***.

The 2006 spring conference was held April 1st and 2nd at the Renaissance Savory Hotel in Des Moines. The weekend was filled with excellent education programs featuring nationally recognized speakers with a wealth of valuable information.

Laurie Guest and Debra White were the featured speakers and proof that live speakers with attendee interaction provide superior education. The quality and content of the presentations were related to the current optical business and offered opticians the opportunity to interact and ask questions directly related to one's needs.

The evening trade show and reception was well attended. This was a great opportunity to view new products and ask questions in a relaxed setting without interrupting business hours.

And as always, the highlight of the conference was visiting with peers and friends. The 2006 O.A.I. conference had the largest attendance by opticians and our supporting vendors in many years. Make your plans for the 2007 OAI conference. It's the only conference that will give you national speakers, great food, and camaraderie included with your paid 2007 dues. This is best educational value available.



Mark your calendar
for
2007

**March 30th &
April 1st 2007**



The OAI is the official publication of the

Opticians Association of Iowa

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Letter from the President

I would like to thank each O.A.I. member and corporate member for a very successful spring 2006 meeting. It reflected the importance of quality education of dispensing techniques and product knowledge made available by the O.A.I.

Whether we need credit hours for A.B.O.,N.C.L.E. or paraoptometric certification the information acquired in our seminars benefits every member whether or not they hold a certificate. I urge everyone to attend educational seminars whenever offered.

The New Web Site is up! Kudos to board members Charles Ericson and Jennie Tupper for the development of our new web site; WWW.OAIOWA.org. It is in its early stage, so more and more information will be available soon.

We continue to prepare for the spring 2006 conference, but dynamic speakers have been confirmed. We are looking forward to offering a course that would include the Paraoptometric Assistants as well.

Just a reminder that the MOC in Minneapolis is October 13th and 14th. If you would like more information, please contact an O.A.I. board member or click the link on the O.A.I. web site.

I hope everyone is enjoying a healthy and prosperous 2006. See you at the 2007 spring convention in April.

Sincerely; Tom

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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 !!

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OAI Member Biography

Russ' Uptown Optical

By: Rob Oxenford

Located in the heart of Des Moines in a strip mall on one of the city's busiest streets, is an optical store that some consider "the right way" to run a store.

Started in June of 1978 by Russ Mentzer, Russ' Uptown Optical has served the Drake area and downtown for 28 years. Russ' has always provided costumers with professionalism and quality at an affordable price. They have always strived to meet the needs of all their customers by offering a wide assortment of frames and specialized lenses.

Doug Mentzer took over the business in 1988 and he has always made an effort to stay true to his father's belief that this was a place "where quality is affordable." Which has now become part of the company's logo and is their entire philosophy.

Doug Mentzer has been in the optical business for almost 20 years and has learned a lot over the years. "I love this job, it's challenging and always changing," Mentzer said.

The store is now run by Doug and his brother Steve Mentzer. which creates a very family oriented business. "It's a family business and I'd like to keep it that way," Mentzer continued.

The store provides its customers' eye exams, specialized lenses, personalized service and professional opticians. "We really strive to make sure that our customers get that personalized service they are looking for," Menzter said, "We do have our fun but we always maintain a level of professionalism for all our customers."

Mentzer believes that the reason people get into this business is because they like people. "If you don't like people then you will hate this business," Mentzer said.

The location of the store makes it so there is always a steady stream of people coming in and out. Being so close to downtown Des Moines provides downtown workers a chance to get all their optical needs met on their lunch break.

The store itself has a nice atmosphere decorated in light wood and a store front that has a window larger than most optical stores. Doug and Steve are always available to offer shoppers professional advice with a good natured attitude and a smile.

Dealing with Angry Patients

Nobody wants them, yet we all have them—angry patients. It doesn't matter what position you hold in the office, knowing how to handle the dissatisfied consumer is crucial.

Studies show that one of four patients will be unhappy in some way; 4% will complain, 96% will go elsewhere.

Some people don't like to complain. My husband and I recently had dinner at a well-known steak house. Our service was terrible and the food even worse. We each had one bite and knew we would not eat the dinner. When the waitress did a "fly-by" she glanced down at the two completely full plates and asked: "Can I wrap that for you?" (Talk about robotic.) I responded by saying, "I'm sorry, but we didn't care for the food at all." She looked puzzled for a moment, took the check out of her pocket and cautiously replied, "Sorry about that. I'll take that (referring to the check) when you're ready."

We didn't want the hassle of arguing with her or asking to see a manager. We actually paid full fare and quickly left, never to return again. I am one of those 96% who keep quiet and then tell the whole world about it later. If this were a lecture to an audience, I would even go so far as to name the restaurant as my personal boycott effort. However, since this is in print, I'll resist.

Patients are walking billboards. They can be advocates for your work or testimonials to your shortcomings.

This may be pushing it a little bit, but when someone complains we should actually be *grateful* because they are giving us a chance to save the situa-

tion. Done correctly, angry patients can turn out to be lifelong patients. Let's take a look at the twelve steps to dealing with the angry patient.

1. *Stay Calm*

A majority of time it is our front line staff who take the brunt of angry patients. It is instinctive to flee or fight when faced with that type of situation and neither are the right answer. Staffers must train themselves to stay calm. Take slow and deep breaths while concentrating on maintaining eye contact.

2. *Stop, look, listen, lean forward, be responsive.*

If possible, move agitated patients from your front desk area to a private room or adjacent hallway. Stop all other activity and concentrate on what the patient is telling you. Body language is an important tool for showing a patient you are serious about resolving the issue. Nodding, eye contact, and note taking are all excellent modes of silent communication.

Most importantly, keep quiet. If you interrupt, the patient will assume you are not listening and often feel the need to start over again. Patiently listen to the whole story attentively. When the patient is clearly finished, you can begin to respond.

When it is your turn to speak, begin with agreement. Even if this requires really digging to uncover some common ground, do so. For example, let's assume a patient has told you a long story with many accusa-

What Infuriates Customers

- Rude and unempowered staff
- Missing deadlines
- Being put on hold
- Phone lines being busy
- Promises which aren't kept
- Faulty products
- Difficulty with exchanges
- Unqualified or untrained staff
- Pushy people

Why Customers Don't Complain

- They don't think it will do any good—no one really cares
- It's not worth the trouble or stress since nothing will happen, anyway
- They don't know where or to whom to complain
- They are afraid to complain
- They don't want to embarrass the person with them

tions about the staff or doctor that are not true. Obviously, you are not going to agree with false statements, but you could reply with: "I'm glad you brought this to our attention. I'd like to help solve this problem."

3. *Accept the anger.*

Try not to take the demonstration of anger personally. A majority of the time people do not know how to express displeasure pleasantly—I suppose that's an oxymoron. Some people assume they will get better

results with rage than with polite dialog.

(By the way, if YOU are ever the angry customer in a place of business, this is a great step to use in your favor. Help the other person by saying in a sincere, pleasant tone: "I know it isn't your fault, but I'm very upset about this situation and I hope you can help me." This often works better than berating an innocent team member.)

4. *Accept responsibility.*

Never say: "There's nothing I can do." That statement is like gasoline on a camp fire. Although it may range from simply gathering facts to solving the problem, there's ALWAYS something you can do.

If you are a member of the team, then all the work done for the patient is a reflection of the overall quality. We went to the Milwaukee Zoo over the 4th of July weekend. Nearly all the teenagers working concessions were rude and acted as if their summer was being disrupted. This behavior always upsets me because it shows how times are changing. Our family complained about it to each other most of the time we spent there. When we were leaving, we stopped to buy a soda for the road. The clean-cut boy working the stand was polite and considerate. However, if I had a questionnaire to rate our satisfaction of the staff at the zoo, I would have marked the lowest grade possible, even though a few individuals were doing a great job.

Why is that? Because majority rules. If most of the contacts we had were surly, we assume all the workers are the same. A similar principle applies in our office. All-for-one-and-one-for-all is the way a successful office should operate.

5. *Refer to the proper person.*

As soon as you have determined who could be the best person to solve this problem, explain it to the patient. Choose your words carefully: "Mr. Smith, it seems that an adjustment to your frame is necessary and Stan, our optician, will be happy to take care of this for you. Let me explain your problem to him and we will fix this right away."

- "Mr. Smith"—use the patient's name.
- "adjustment to your frame is needed"—identify the problem as you see it.
- "Stan, our optician"—give identity to the person who can solve the problem.
- "will be happy to take care of this"—indicates we're not bothered in any way.
- "let me explain to him"—removes the need for the patient to rehash the issue.
- "we will fix this right away"—responsive.

These two short sentences carry a bundle of information to the patient.

6. *Ask questions.*

This step reminds me of the old rule to "gather your facts." It is a fundamental rule by which we should all live. There is always more to the story, and by asking questions you can uncover some of the hidden facts to help you piece it together more completely or accurately.

Questions like:

- "What were you told?"
- "When did you call?"
- "Do you know who you spoke to?"

7. *Restate the problem; ask for confirmation.*

If you have successfully followed the first six steps, you should have a basic understanding of the complaint. Now is the time to briefly summarize the story. But, remember to present the recap from the patient's perspective. In other words, if there is a part of the story that you know is not accurate, you can insert such bridges as "and you feel, Mr. Smith" or "your impression was."

8. *Respond visibly.*

Be careful to have the right facial expression. The easiest way to achieve this step is to simply nod. Try not to be too defensive even if you're the cause of the complaint. Avoid being too smiley; serious, professional and focused are the best traits to show.

9. *Agree.*

I'm not asking you to agree with a patient who may be insulting the practice or the doctor. Agreeing in this case means to understand or empathize. A well-known technique for dealing with a complaint is the "Feel, Felt, Found" method.

"I understand how you *feel*, Mr. Smith. I would have *felt* that way, too. What we have *found* is that if we (insert solution here) it seems to help."

10. *Develop solutions.*

This is my favorite step and often is the turning point in calming a patient. Start tossing out suggestions of what can be done to solve the problem. If it's a simple scenario, one suggestion is often enough. Other times, multiple options are necessary. When you are faced with a patient who will not respond to any of your suggestions, try this statement: "What can we do to make this situa-

tion better?" Occasionally the reply is: "There's nothing you CAN do!"

11. *Exceed expectations.*

We refer to this as "REPLACE Plus 1." That means not only do we try to solve the problem, but we add a touch of appreciation with it.

We developed a creative idea many years ago that is wonderful. There is a restaurant across the street from our office (not the aforementioned steak house), where many patients treat themselves to dinner after their eye appointments. We arranged to have free dinner coupons printed to look like prescription pads. When the occasion calls for it, we give those to our unsatisfied patients as our "+1." Not only do we neutralize the problem, but we feed them as well. If you feed them, they will come. (That's the same philosophy I use for our optometric seminars, too!)

12. *Personalize.*

Dale Carnegie said: "A person's name is, to them, the sweetest sound in any language." This is the trump card when dealing with a really irate person.

One time, I was dealing with a patient in rage. I had tried everything to calm him. Aside from just standing there and nodding, I had no ammunition to his verbal abuse. I kept quiet even though I wanted to yell back. Finally, when he appeared to be finished, I started my first sentence with his name. Immediately, he seemed to relax a little. I quickly asked what I could do to make the situation better. He came up with a suggestion that was quite simple; one I hadn't thought of. I agreed that his idea was a great compromise and he seemed satisfied. That happened more than ten years ago, and he's still a patient today.

After enough practice, the steps involved with dealing with angry patients becomes second nature. Unfortunately, there isn't a hard and fast rule on how to use the steps. Many times I find myself using step 12 first. Make time to script the best answers for your office before you face this type of situation.

Proper Follow-Up

Make sure that once you have closed the situation an internal follow-up is done. In our office we utilize incident reports to make sure that systems and people are operating in the best possible manner.

Don't assume that the office is always right and that patient is wrong. Take each complaint seriously and evaluate if any changes are needed. We sometimes "outgrow" policies and procedures without realizing a change is needed until someone complains.

Let's go back to the story of the bad meal in the steak house. What do you think the waitress did after we told her our food wasn't good? Did she tell the manager or simply dump our plates in the dish tub for the clean-up team? Did the clean-up team notice that two whole plates of food were returned basically untouched? I doubt that anyone did anything different even though there were clear signs of unhappy customers. We didn't make a scene, so a change probably wasn't made.

Several years ago we started receiving complains about the length of check-in time in our office. We carefully analyzed each step of our process. We discovered that it took up to a half hour for some older patients to fill out our admissions forms. We creatively changed our forms into a check mark system, allowing patients

to finish the forms in two-thirds less time. It may have been easier to ignore complaints about the waiting time and tell yourself that's what happens in a busy practice. Instead, we took the issue seriously and looked for several ways to improve.

Taking the Pulse of Your Practice

When I do consultation work with optometric practices, we spend a lot of time talking about superior service. We all realize that with competition what it is today, we better have patient loyalty or we won't survive.

I support the policy that many offices have of calling all patients after the dispensing of contact lenses or spectacles to gauge the satisfaction of the product. Not long ago, an office manager told me that this type of follow-up was discontinued because the office didn't want to encourage complaints.

My response? Yes, you most certainly *do* want to encourage complaints. There is a right way and a wrong way to handle this task. First of all, experienced staff members must initiate the calls. The questions and responses to the most common statements must have a scripted response—scripted, but not robotic. I mean well-thought-out responses that are concise, accurate and consistent.

Never say: "Mrs. Green, are you having any trouble with your new glasses?" This implies that you expect her to have problems. In fact, you may plant the idea in her head that she should be looking for something to be wrong.

Instead say: "Mrs. Green, I'm following up, as I promised I would, to make sure your new glasses are perfect for you."

Will your team find itself doing more adjustments? Maybe, but that's great. Your patients are going to tell their friends about you one way or the other. It's better to have them sharing the news of the professional manner in which they were treated than voicing complaints to friends and family.

Use these four tips for building value and patient satisfaction. Seek patient participation by asking what they are thinking. Keep your promises and back up what you put in your advertisements. Talk to competitors' patients to find out what works and what doesn't. Make it easy for patients to complain by training employees to handle difficult situations.

Remember, when you allow a patient complaint to go unsolved, you let a patient go. If you have questions or would like my one-page fax sheet on dealing with angry patients, e-mail me at laurie@careercafe.biz.

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.

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Midwest Optical Conference 2006

Looking for an excellent educational opportunity? The OAI is a co-sponsor of the Midwest Optical Conference.

Featured Speakers for 2006

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Varilux Physio and Physio 360

Through W.A.V.E. Technology, Essilor has adapted the wavefront technology used in laser surgery to correct vision by detecting and even eliminating many surface distortions inherent in progressive lenses. Simply put, a wavefront is similar to when you throw a rock onto the surface of water the waves are distorted. In optics it is a similar phenomenon: the lens is the obstacle (rock) for light and distorts the waves passing through. For the first time, Essilor engineers can analyze the entire beam of light entering the pupil (not just a single ray) so they can identify distortion and correct it, managing the quality of the wavefront passing through the lens to achieve optimal acuity.

Varilux Physio 360° is designed for the discerning patient who wants the most advanced progressive vision, individuals with more complex prescriptions and those who have not adapted to other progressive lenses. Patients with a prescription higher than -7.00 sphere or -2.00 cylinder are ideal candidates. Essilor has developed 360° Digital Surfacing, which combines a patented calculation engine to optimize design, as well as a patented digital surfacing manufacturing process to produce the back side surface of the lens.

Shamir Creation and Autograph

Freeform Technology®, a registered trademark of Shamir Insight, Inc, is the most advanced and accurate technology lens manufacturing process. Using this technology, Shamir Optical engineers generate finished and create semi-finished lenses to the most stringent level of optical accuracy (1/100 diopters). Shamir Freeform capitalizes on patented technologies to deliver two new forms of optical excellence: Shamir Creation and Shamir Autograph.

Developed with patented Freeform Optics™, Shamir claims that the Shamir Creation® enables the most accurate prescription, six-times more accurate than standard manufactured PAL's. Shamir Creation, features an extended Base Curve selection to provide a flatter, cosmetically superior lenses (up to 40% flatter). This extensive base curve selection not only produces flatter lenses, but also results in an optimally divided prescription range that guarantees the best optical performance for each prescription.

Each Shamir Autograph is a custom-made personalized lens created with enhanced optical accuracy by combining each patient's personalized measurements (Rx, PD, frame measurement and seg height) and Personalized Freeform technology. Shamir Autograph's backside design provides wider fields of vision through all zones of the lens by bringing fields of vision closer to the eye. This concept is also known as the "keyhole" effect, which is similar to looking through a keyhole in a door: from a distance, only a small area of the room is visible, but if you place your eye very close to the keyhole, you see a wide panoramic view.

Zeiss GT2

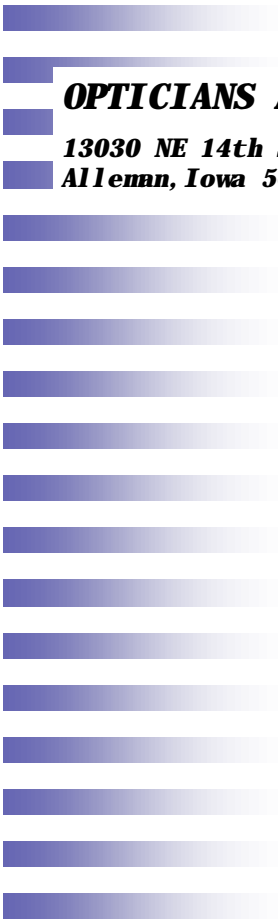
The latest progressive lens in Zeiss' Gradal® series incorporates horizontal symmetry and variable near inset, as well as a 17mm fitting height that retains 100% add power. Other features in the GT2™lens include wide distance, clarity in every direction, a larger near area for enhanced reading comfort, and smooth transitions for easy movement between visual activities. Other features in the GT2™lens include wide distance, clarity in every direction, a larger near area for enhanced reading comfort, and smooth transitions for easy movement between visual activities.

Mike Morris, OD, CZV's senior director, professional relations and clinical affairs, detailed the refinements in the GT2 design. "Our new understanding of visual ergonomics has led us to shorten the corridor," he noted. "As a result, the top of the reading area corresponds to the average visual angle of the eyes when reading the first line of text on a printed page. GT2 also delivers up to 50 percent more reading vision than Gradal Top, to provide even more reading comfort, even at the minimum fitting height of 17mm. And we've accomplished this while still providing outstanding distance and intermediate vision and low peripheral astigmatism."

Will Benton, CZV's brand manager for progressives, said "GT2 offers an even higher level of visual satisfaction than Gradal Top, with more frame choices, easier processing, and easier verification."

OPTICIANS ASSOCIATION OF IOWA

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Save The Date !



Save The Date!
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- Speakers
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