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The many roles of an ophthalmic nurse in a tertiary eye institution

Ophthalmic nurses have to juggle different tasks each day in order to meet the expectations and needs of their patients and colleagues – especially when working in a busy teaching hospital.

Who is the ophthalmic nurse?

Ophthalmic nurses play an important role in global eye health delivery, including eye health promotion; disease prevention, diagnosis and treatment; and low vision and rehabilitation services. In countries where there is a shortage of ophthalmologists, ophthalmic nurses often diagnose and treat patients, referring them where necessary and possible. In this article, we consider the roles of ophthalmic nurses in busy tertiary settings, where they are important members of the eye care team.



A clinical lecture and demonstration with other colleagues in the vitreoretinal clinic. NIGERIA

A new era in ophthalmic nursing

Modern ophthalmic nursing is dynamic and constantly evolving to meet the growing demands of patients and the ophthalmic profession. In a tertiary setting, the ophthalmic nurse is often faced with expectations to see more patients, more quickly, embrace new technology and treatments, and use their specialist ophthalmic skills to maintain and enhance the eye health and wellbeing of patients. These additional responsibilities have enabled ophthalmic nurses to broaden their skills and expand their practice in various settings where they are expected to play multiple key roles within the various domains of ophthalmic care.

Multiple roles

Undertaking multiple roles is influenced by one's skill and experience, and often requires critical thinking skills. Generally, nursing is considered a high-risk, high pressure profession, given the fast-paced working environment and constant need to handle emergencies, especially for those working in low-resource settings where there are high patient-to-nurse ratios. In a tertiary eye hospital, an ophthalmic nurse's role often involves both clinical and administrative duties, carried out in a way that is patient-centered and efficient.

Due to time pressures in a typical eye hospital, and the desire to be accessible to patients,¹ the ophthalmic nurse with multiple roles is also often under pressure to perform two or more tasks simultaneously. However, such multitasking can increase mistakes and impair one's ability to retain information in working memory.² Therefore, it's important that ophthalmic nurses are permitted and supported to manage their own time and priorities so they can concentrate on, and complete, one task at a time.



Measuring a patient's visual acuity using the tumbling E chart. NIGERIA



From the field

Timothy Adeyemo is an ophthalmic nurse with multiple roles in the vitreoretinal clinic at National Eye Centre, Kaduna.

My responsibilities include:

- **Routine examination.** Measuring visual acuity (VA), intraocular pressure (IOP), and vital signs
- **Special clinical investigations.** Carrying out ocular ultrasonography, fundus photography, biometry, ocular coherence tomography (OCT) and OCT A, and fluorescein/indocyanine green angiography
- **Patient counselling.** Counselling and health education
- **Training student nurses.** Organising periodic training or lectures for student nurses and other allied ophthalmic assistants
- **Other.** Providing emergency resuscitation, administration of prescribed medication, assisting the ophthalmologist as necessary, and other administrative duties.

At the vitreoretinal clinic, we attend to an average of 55 patients daily, excluding patients referred for diagnostic investigations. Clinic starts at 7:00am. As patients arrive, the medical health records officer confirms their appointment status. Once at the clinic, we check patients' vital signs, measure their visual acuity and intraocular pressure, and work out their body-mass index (BMI). We document the results in their respective files on the electronic medical record system (EMR) and place patients in a queue so the ophthalmologist can attend to them. The patients are often seen on a first-come, first-served basis, unless they need to be seen urgently, e.g., if the doctor requests that priority be given to older patients or children. The nurses and the community health officers (who work as ophthalmic assistants) work together to ensure a seamless workflow.

After the consultation with the ophthalmologist, the patients who require more detailed explanation or counselling are directed to me. Despite the fast pace of work and workload,

In conclusion, we hope this article will contribute to colleagues' and managers' understanding of the complexities of ophthalmic nursing, and that it will help them to recognise the daily achievements of ophthalmic nurses.

Ophthalmic nurses should consider how they can switch between their various roles more efficiently,



Ophthalmic nurse Timothy Adeyemo performs OCT angiography on a patient in the vitreoretinal clinic. NIGERIA

"I always ensure our patients understand their condition and the management plan."

I always ensure our patients understand the nature of their medical condition and the outlined management plan. I use eye models, illustrated charts, and articles from the *Community Eye Health Journal* to help them understand their condition and management plan. Most of the patients require slow and gentle explanation to ensure they understand. Often, these discussions are continued beyond clinic hours.

At several intervals during the day, I attend to patients referred for different investigations and scans. My ability to switch between roles within a short period of time, while paying attention to every detail, reduces patient waiting time and makes me a valuable member of the team. This is appreciated by the ophthalmologists, who are able to attend to many patients within a short time frame.

My various duties are often interrupted by patients requesting further explanation or clarification of their diagnosis and treatment options. While I consider these interruptions necessary for positive patient outcomes and satisfaction, occasionally they prevent me from completing my tasks within designated timelines, unless I skip my lunch breaks.



Ocular ultrasonography (B-Scan). NIGERIA

without becoming distressed or causing harm to patients. For example, they can work on mastering individual tasks and carefully anticipating what may be needed of them next. Ophthalmic nurses can also consider ways of minimising or managing interruptions, especially when performing tasks with a high risk of patient harm if something goes wrong, e.g., when dispensing medication.

References

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