

# QUALITY ASSURANCE COMPETENCY REVIEW AND EVALUATION

## Multi-Source Feedback Guide



[www.collegeofopticians.ca](http://www.collegeofopticians.ca)

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**Need Help?**

**Contact the College at:  
416-368-3616 ext 204**

**Toll-Free: 1-800-990-9793 ext. 204  
Email: [qa@collegeofopticians.ca](mailto:qa@collegeofopticians.ca)**

## Competency Review and Evaluation (CRE) Introduction

Welcome to the College of Optician's Competency Review and Evaluation Guide. You have been randomly selected to participate in the Competency Review and Evaluation (CRE). The CRE is an educational process which provides feedback to opticians to encourage practice improvements. The CRE tools are based on the National Competencies and were developed with practicing opticians.

This document provides you with an explanation of the Competency Review and Evaluation process and answers frequently asked questions.

### QA Competency Review and Evaluation includes a two-step peer and practice assessment:

**STEP 1:** Engage in the multi-source feedback process.

**STEP 2:** Some opticians may require a more in-depth, focused peer and practice assessment following completion of step 1.

### Professional Obligation

All opticians who are randomly selected are required to participate in the College's CRE process. If an optician does not fully participate in the process, they may be required to undergo a practice assessment at their expense. Additionally, the Quality Assurance (QA) Committee may refer the registrant to the Inquiries, Complaints, and Reports Committee (ICRC). This could result in a referral to discipline and a finding of professional misconduct.

The College acknowledges that extenuating circumstances may occur. Requests for deferral are considered on a case-by-case basis. To request a deferral, please download and submit the [deferral form](#) in the QA section of the College's website.

Requests are reviewed by the Quality Assurance Committee; registrants can expect a response in approximately 15 business days.

Employers must also cooperate with the College's CRE of an optician. Enclosed in your package is an information letter that explains an employer's obligations with regard to Quality Assurance and privacy legislation.

### At this time, you are required to complete the MSF portion of the CRE, which includes:



1. Reading this guide and following each step; and
2. Ensuring all multi-source feedback surveys are completed by **the due date in your notice letter.**

### Are the results kept confidential?

Yes, the Competency Review and Evaluation results are kept confidential. The results are not shared with your employer or the public. All information gathered through the QA program is confidential and may not be used in any other College proceedings.

## Multi-source Feedback Survey Overview

### What is the purpose of the multi-source feedback survey process?

The purpose of multi-source feedback process is two-fold:

1. it provides formative feedback to prompt practice awareness and improvement if needed; and
2. provides a screening tool to identify those opticians who require a more in-depth practice assessment.

The multi-source feedback surveys are designed to collect information about your professional interactions and evaluate your knowledge, skill and judgment related to professional behaviours and communication skills. This process involves colleagues and patients completing feedback surveys which help assess your practice.

### What do the survey tools look like?

There are three surveys:

- a. Self-survey
- b. Colleague survey
- c. Patient survey

Each survey consists of a series of statements that describe the practice of a competent optician (see survey sample on pages 14- 15 of this guide). Survey tools are meant to be relevant to different types of patients and in all practice settings and are developed in patient-friendly terms for ease of completion. In all the surveys, respondents rate each statement on a five point scale. The respondents may also indicate that they are "unable to answer" the question.

### How many surveys should be completed?

You are expected to submit at least:

- one self-survey
- 9 patient surveys
- 6 colleague surveys

### Why do I need to submit this number of surveys?

When an optician submits fewer than the required number of surveys, the data is considered too unstable for meaningful results, and anonymity may not be maintained.

### Who are Colleagues?

Colleagues include other opticians and other health care and non-health care professionals with whom you work. For example, staff who report to you, your manager or supervisor, suppliers, sales personnel, receptionist or administration support staff, students, interns, ophthalmologist, optometrist, fellow committee members or board members, etc.

Choose colleagues who know your work and performance and can provide constructive feedback. Please use your professional judgment to determine appropriate colleagues to complete the surveys and/or contact the College for further assistance.

## Who are patients?

Patients are defined as individuals, caregivers, family members of patients, substitute decision-makers who:

- a. you have provided services to within the last year; or
- b. are currently receiving service.

## If you approach a patient who is currently receiving your services:

Advise the patient that the information will be kept confidential between them and the College, and you will not be reviewing the individual survey responses; and advise the patient that their responses will not affect their current or future services.

If you are providing service to a patient who has several family members' responsible for the patient or a substitute decision-maker with whom you interact, it is appropriate to ask all of these people to complete a survey. Each family member may complete and submit a separate survey tool.

The College appreciates that some opticians may feel shy in asking patients family members and/or patients to complete a survey. Keep in mind that, in most situations, patients' family members and/or the patients may want to provide feedback on the care they have received.

## Tips for completing the surveys

To ensure you obtain valuable feedback from respondents and complete the required number of surveys consider the following:

- Approach your patients and colleagues well in advance of the due date.
- Ensure a sufficient number of surveys are completed by asking more than the required number of people to complete the surveys.
- Ensure that you leave enough time to allow the respondents to provide a thoughtful response and inform the respondents when the surveys must be completed by.
- Inform respondents that it only takes 5–10 minutes to complete the survey and their valuable input is required for ongoing practice enhancement.
- Inform the respondents that this process is confidential and individual survey responses are not shared with you.
- Ask a patient's family member or caregiver to provide support to those patients who require assistance to complete the survey tools.



### Your MSF Package contains:

1. One envelope addressed to you containing:
  - Registrant Notification letter
  - Self-Assessment Survey
  - Access to Patient records letter
2. A second large envelope marked "Colleague"
3. A third large envelope marked "Patient"



The envelopes marked "Colleague" and "Patient" hold the required number of sealed envelopes for each colleague and patient survey. **Please do not open the sealed envelopes.** The College's third-party mailing house has completed a quality control check on each envelope and has ensured its correct contents. Each envelope contains an instruction letter (see samples, page 11 and 12).

### Next Steps:

To access the CIDO portal, click on this link: [MSF tally sheet and self-assessment](#).

Once in the CIDO portal:

1. Complete your self-assessment.
2. Access your tally page and record the details of patient and colleague you have asked to complete the surveys. Click on "Save tally and send new emails".

Each patient and colleague you have identified will receive an email with a link to the survey and a unique password.

## Multi-source Feedback - RO Menu

1. Click [here](#) to complete your **Self Assessment**
2. Click [here](#) to access your **Tally Page and Save Patient/Colleague MSF Details**



### What to do with the Sealed Envelopes

1. Confirm that your unique identifier is printed on the exterior of the patient and colleague sealed envelopes (your unique identifier is printed on your notification letter).
2. Record the patient or colleague information beside the appropriate envelope number on your Multi-source Feedback Survey Tracking Page (see page 7 for an example).
3. Provide the selected colleagues and patients with the appropriate sealed envelopes, with instructions to complete the survey by the due date. Please contact the College if you are having difficulties obtaining the required number of surveys.

Choose 15 patients and 10 colleagues to complete the surveys. At least 6 colleague and 9 patient surveys must be submitted. Distributing extras will help ensure a sufficient number of surveys are returned. Record their names on the tally sheet next to their envelope number.

### How are the surveys submitted?

Patients and colleagues will complete the survey online. Each patient and colleague you identified on your tally page will receive an email with the survey link and a unique password.

You can verify completion of surveys on your tally page. Once the survey has been completed, there will be a check mark in the column beside the participants name.

Should you have a patient or colleague requiring paper accommodation, please contact the College by email [ga@collegeofopticians.ca](mailto:ga@collegeofopticians.ca) or call 416-368-3616 or 1-800-990-9793 extension 204.

# COO MSF Survey Tally Page

As of: February 18, 2020, 09:03 am

	First Name	Last Name	Email	Received
<b>SELF</b>			<input type="text"/>	
<b>PATIENTS:</b>	First Name	Last Name	Email	0
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#5	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#6	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#7	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#8	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#9	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#10	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#11	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#12	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#13	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#14	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#15	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>COLLEAGUES:</b>	First Name	Last Name	Email	0
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#5	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#6	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#7	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#8	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#9	<input type="text"/>	<input type="text"/>	<input type="text"/>	
#10	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Save tally and send New Emails"/>				



## **Multi-source Feedback Survey Results**

### **How will the multi-source feedback survey results be used?**

The multi-source feedback survey process is a screening assessment for education purposes. As regulated health professionals, it is a legislative obligation that opticians participate in a self, peer and practice assessment. During the survey process, opticians obtain feedback from patients and colleagues to inform their practice. Opticians reflect on the results to encourage change or to maintain an acceptable level of performance.

The results are used by the QA Committee to select opticians for an in-depth practice assessment. The results provide an objective perspective from peers, patients and colleagues related to the national competencies.

### **How are the multi-source feedback surveys scored?**

A score report is provided to all participating opticians who have submitted the required number of surveys. The report provides your mean score for each survey question and the normative reference score. The normative reference scores are established from all of the co-worker and patient surveys that are submitted during the peer and practice assessment process.

Providing the norm reference score for each question encourages you to compare your scores to the scores generated by all participating opticians. You will see how your patients and/or colleagues rate you in comparison to your self-rating and the rating of all opticians who participated.

### **Do high scores on a norm-reference system still ensure a valid process?**

Yes. The norms — such as a means — in norm reference systems for highly educated professional who have passed an entry-practice-exam can be quite high. It is typical that multi-source feedback systems employing norm-referenced feedback for our College has high means since it deals with highly trained opticians.

### **Do "unable to answer" (non- applicable) scores apply to my overall score?**

No. When a patient and/or colleague indicate unable to answer the response is not considered in your average score.

## Interpreting Your Scores

### How should I use the feedback obtained from the multi-source feedback surveys?

**1. Calibrate or adjust your self-assessment.**

The results of the surveys provide valuable formative feedback. Research suggests that professionals tend to either overrate themselves or undervalue their abilities. Therefore, the results provide a method for opticians to adjust or “calibrate” their self-assessment. You are encouraged to review your results and consider adjusting your future self-rating by comparing your score with the colleague ratings.

**2. Use results as a self-reflection to develop goals in your professional improvement plan.** Take special note of any competencies that were scored lower than other competencies. Considering the gaps between the colleagues, self and norm reference scores may help you identify your learning needs. To determine a gap, review the results and look at scores for the competencies that show a negative rating for the GAPS analyst. Targeting the competencies that show the largest gap may provide you with insight into specific learning needs.

### How does the College use the results?

The Quality Assurance (QA) Committee sets a threshold score to determine which opticians require further assessment of their practice. When an optician successfully places above the established threshold for the multi-source feedback process, the College will notify the registrant that they have concluded the Competency Review and Evaluation (CRE) process.

Opticians who place below the threshold are required to engage in Step 2 of the CRE process. Step 2 is a more in-depth behaviour-based interview, a chart review, and an equipment inspection with a Peer Assessor. In Step 2, an optician’s multi-source feedback survey results and peer assessor report are reviewed by the QA Committee to determine which actions should be undertaken by the registrant to improve their competence. For this review, the QA Committee considers only the mean scores of the patient and colleague results. The self-assessment result is not reviewed.

### What happens if I am required to participate in a peer assessment?

If you are required to participate in Step 2 of the Competency Review and Evaluation, you will be provided with a detailed letter informing you of the process, the required preparation, and the timelines for assessment. Registrants who are required to participate in a Peer and Practice Assessment as a result of not meeting the established threshold in the Multi-source Feedback process are not required to pay the Peer and Practice Assessment fee.

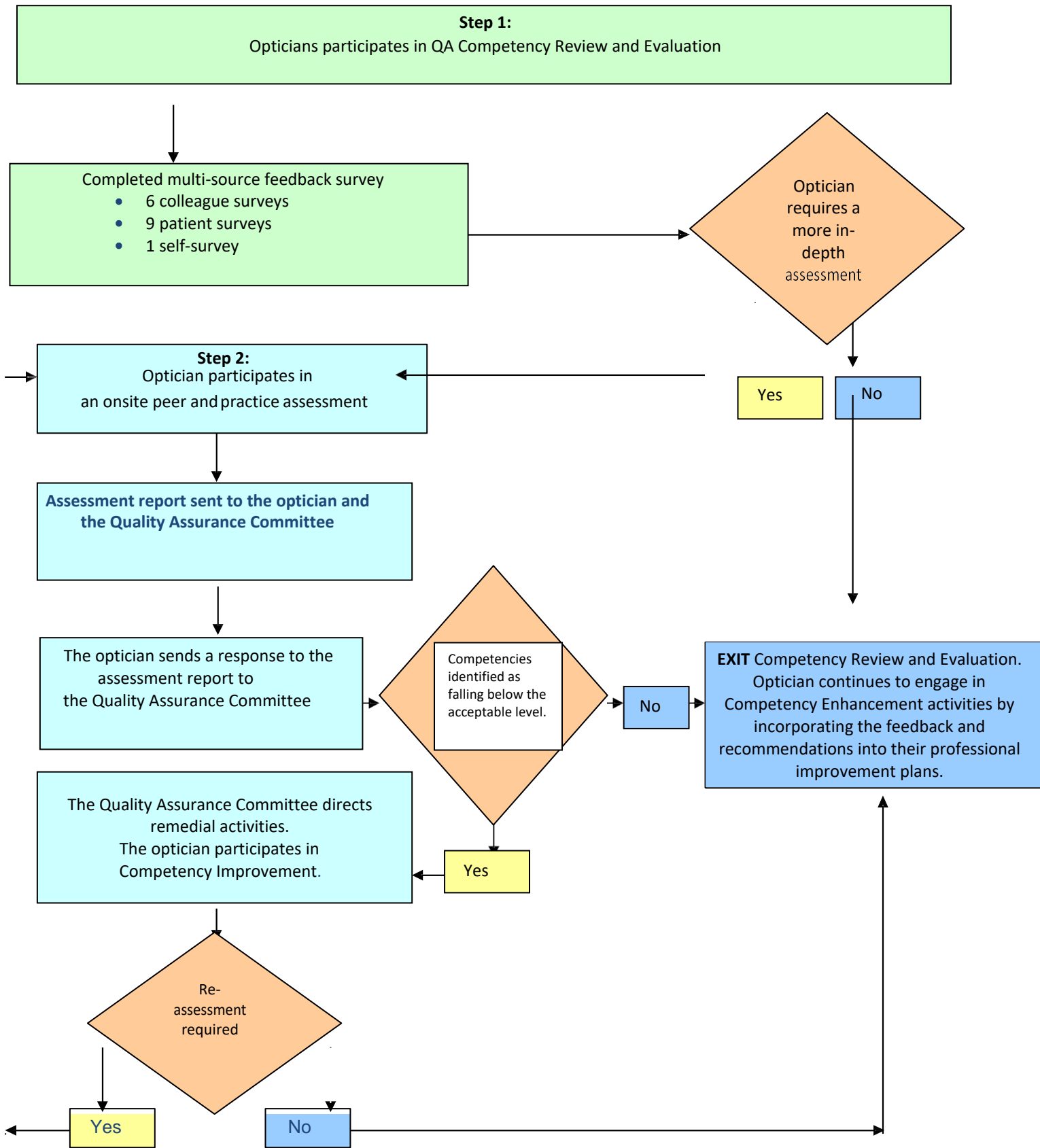
### College Contact Information

If you are requiring assistance with the process or have any questions, please contact the Quality Assurance Department:

Phone: 416-368-3616, ext. 204  
Toll-Free: 1-800-990-9793, ext. 204  
Email: qa@collegeofopticians.ca

# Competency Review and Evaluation Process Decision Tree

Following the completion of Step 1, most opticians will return to Competency Enhancement activities. If, however, the QA Committee determines more information is required, Step 2, a process that involves an on-site peer and practice assessment, will commence. Opticians whose level of competency is identified in Step 2 as falling below acceptable standards for the profession will be expected to engage in Competency Improvement, a remediation process.



Dear Sir or Madam,

**Your optician colleague is asking you to rate their practice by completing an online survey.**

Your optician colleague has been randomly selected to participate in the Competency Review and Evaluation (CRE) process, which is a component of the College of Opticians of Ontario's Quality Assurance (QA) Program. The CRE is a regular QA activity, designed to collect information about the optician's practice. The College's objective is to have each optician participate in the process. The Multi-Source Feedback (MSF) survey is one step of this process, which involves co-workers and patients completing practice feedback surveys. The results will inform the optician about how a group of patients and co-workers view their performance. If any consistent concerns are expressed, the College will explore these further with the optician.

Your input is voluntary. In most situations, the optician will not know how you rated their performance, but they will receive an overall report of all the completed surveys. Although it is unlikely, there is a possibility that your feedback may be disclosed if there is a legal review of the College's interpretation of the results. The completed surveys will remain on record with the College for ten years. You can change your mind at any time and not complete the survey.

**Please complete the survey by May 4, 2020**

This survey should take about 15 minutes to complete. Please read each survey question carefully.

1. Rate the optician on a scale from 1 to 7 (1 being Strongly Disagree and 7 being Strongly Agree).
2. If you did not observe specific activities indicate "unable to answer" (UA) for related questions on the survey.

**Accessing the Survey**

Access and fill out the survey online by following these steps:

1. Click on the following link: <https://surveys.cidoresearch.com/coo/381883/>
2. Enter your unique password provided to you in the email from CIDO.

**Paper Accommodation**

Should you require a paper copy of the survey, please contact the Quality Assurance Department at [qa@collegeofopticians.ca](mailto:qa@collegeofopticians.ca) or by phone at 416-368-3616 or 1-800-990-9793.



Dear Sir or Madam,

**Your Optician is asking you to rate their practice by completing the following online survey.**

Opticians are health care professionals who are regulated by the College of Opticians of Ontario (the College). The College is responsible for protecting the public, and has a Quality Assurance (QA) Program in place to ensure that opticians practice safely and effectively. As part of the QA Program, opticians engage in ongoing learning each year. The QA Program also requires Opticians who are selected at random to obtain feedback on the service that they provide to patients.

Your input is voluntary. In most situations, the Optician will not know how you rated their service, but they will receive an overall report of all the completed surveys. Although it is unlikely, there is a possibility that your feedback may be disclosed if there is a legal review of the College's interpretation of the results. The completed surveys will remain on record with the College for ten (10) years. You can change your mind at any time and not complete the survey.

**Please complete the survey by May 4, 2020**

This survey should take about 15 minutes to complete.

1. Read each survey question carefully.
2. Rate the Optician on a scale from 1 to 7 (1 being Strongly Disagree and 7 being Strongly Agree).
3. If you did not observe specific activities indicate "unable to answer" (UA) for related questions on the survey.

**Accessing the Survey**

Access and fill out the survey online by following these steps:

Click on the following link:

<https://surveys.cidoresearch.com/coo/381883/>

Enter your unique password located in the email sent to you by CIDO.

**Paper Accommodation**

Should you require a paper copy of the survey, please contact the Quality Assurance Department at [qa@collegeofopticians.ca](mailto:qa@collegeofopticians.ca) or by phone at 416-368-3616 or 1-800-990-9793 extension 20

## Multi-source Feedback: Self Survey

Confidential Password

Optician Unique ID

You can complete the survey online at [www.optont.org](http://www.optont.org). Please follow the instructions on screen.

You will need the confidential password listed above to complete the survey.

Please rate yourself on these statements using the scale from 1 to 7  
(1 = STRONGLY DISAGREE, 7 = STRONGLY AGREE)

Please circle the appropriate number in each row.

	Strongly disagree	Somewhat disagree	Disagree	Neutral	Somewhat agree	agree	Strongly agree	Unable to answer
1. I ensure confidentiality and security measures to protect patient information (e.g. log off computer, applies password protection, share confidential information only when required).	1	2	3	4	5	6	7	UA
2. I demonstrate the knowledge and skill required to provide opticianry services.	1	2	3	4	5	6	7	UA
3. I am non-judgmental of patients.	1	2	3	4	5	6	7	UA
4. I explain the general care and cleaning protocols to patients.	1	2	3	4	5	6	7	UA
5. I communicate effectively with patients.	1	2	3	4	5	6	7	UA
6. I assess the patients' needs and wants.	1	2	3	4	5	6	7	UA
7. I perform troubleshooting procedures to address problems.	1	2	3	4	5	6	7	UA
8. I address the patient's visual needs related to daily activity and work.	1	2	3	4	5	6	7	UA
9. I evaluate the quality of the product dispensed.	1	2	3	4	5	6	7	UA
10. I provide service to patient based on the priority needs.	1	2	3	4	5	6	7	UA
11. I inform my supervisor / manager if assigned care activities are outside my role or knowledge.	1	2	3	4	5	6	7	UA
12. I demonstrate flexibility in meeting unexpected demands.	1	2	3	4	5	6	7	UA
13. I demonstrate knowledge of lens designs, materials and manufacturing methods.	1	2	3	4	5	6	7	UA
14. I communicate with co-workers and team members in a clear and respectful manner.	1	2	3	4	5	6	7	UA
15. I properly and efficiently develop and verify lens orders.	1	2	3	4	5	6	7	UA
16. I establish and monitor a reasonable delivery time.	1	2	3	4	5	6	7	UA
17. I demonstrate openness to others' opinions.								
19. I work with team members in a collaborative and co-operative manner.	1	2	3	4	5	6	7	UA
20. I demonstrate understanding of co-workers' role and responsibilities.	1	2	3	4	5	6	7	UA
21. I provide positive guidance to co-workers and students / interns.	1	2	3	4	5	6	7	UA
22. I manage overlap of role and responsibilities with other health professionals.	1	2	3	4	5	6	7	UA
23. I demonstrate a willingness to learn from others.	1	2	3	4	5	6	7	UA

# Multi-Source Feedback Survey: Colleague Survey

Confidential Password

Optician Unique ID



You can complete the survey online at <https://surveys.cidoresearch.com/coo/381883/> by clicking on the CIDO link  
 You will need the confidential password listed above to complete the survey. Please follow the instructions once logged in.

Please rate your colleague on the statements using the scale from 1 to 7  
 (1 = STRONGLY DISAGREE, 7 = STRONGLY AGREE)

Please circle the appropriate number in each row.

**THE OPTICIAN:**

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree	Unable to answer
1. Ensures confidentiality and security measures to protect patient information (e.g. log off computer, applies password protection, shares confidential information only when required).	1	2	3	4	5	6	7	UA
2. Demonstrates the knowledge and skill required to provide opticianry services.	1	2	3	4	5	6	7	UA
3. Is non-judgmental of patients.	1	2	3	4	5	6	7	UA
4. Explains the general care and cleaning protocols to patients.	1	2	3	4	5	6	7	UA
5. Communicates effectively with patients.	1	2	3	4	5	6	7	UA
6. Assesses the patients' needs and wants.	1	2	3	4	5	6	7	UA
7. Performs troubleshooting procedures to address problems.	1	2	3	4	5	6	7	UA
8. Addresses the patient's visual needs related to daily activity and work.	1	2	3	4	5	6	7	UA
9. Evaluates the quality of the product dispensed.	1	2	3	4	5	6	7	UA
10. Provides service to patient based on the priority needs.	1	2	3	4	5	6	7	UA
11. Informs supervisor/manager if assigned care activities are outside his/her role or knowledge.	1	2	3	4	5	6	7	UA
12. Demonstrates flexibility in meeting unexpected demands.	1	2	3	4	5	6	7	UA
13. Demonstrates knowledge of lens designs, materials and manufacturing methods.	1	2	3	4	5	6	7	UA
14. Communicates with co-workers and team members in a clear and respectful manner.	1	2	3	4	5	6	7	UA
15. Properly and efficiently develops and verifies lens orders.	1	2	3	4	5	6	7	UA
16. Establishes and monitors reasonable delivery times.	1	2	3	4	5	6	7	UA
17. Demonstrates openness to others' opinions.	1	2	3	4	5	6	7	UA
18. Applies conflict resolutions skills to resolve concerns and/or complaints.	1	2	3	4	5	6	7	UA
19. Works with team members in a collaborative and co-operative manner.	1	2	3	4	5	6	7	UA
20. Demonstrates understanding of co-workers' role and responsibilities.	1	2	3	4	5	6	7	UA
21. Provides positive guidance to co-workers and students / interns.	1	2	3	4	5	6	7	UA
22. Demonstrates a willingness to learn from others.	1	2	3	4	5	6	7	UA
23. Manages overlap of role and responsibilities with other health professionals.	1	2	3	4	5	6	7	UA
24. Would you recommend this optician to a family member or friend for their eye care needs?	Yes					No		

# Multi-Source Feedback Survey: Patient Survey

Confidential Password

Optician Unique ID



You can complete the survey online at <https://surveys.cidoresearch.com/coo/381883/> by clicking on the CIDO link  
 You will need the confidential password listed above to complete the survey. Please follow the instructions once logged in.

Please rate your Optician on the statements using the scale from 1 to 7  
 (1 = STRONGLY DISAGREE, 7 = STRONGLY AGREE)

Please circle the appropriate number in each row.

THE OPTICIAN:

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree	Unable to answer
1. Considered my privacy when they asked me personal questions.	1	2	3	4	5	6	7	UA
2. Treated me with respect.	1	2	3	4	5	6	7	UA
3. Asked my permission for another co-worker to be involved when providing service.	1	2	3	4	5	6	7	UA
4. Shared his/her knowledge with me.	1	2	3	4	5	6	7	UA
5. Invited me to ask questions.	1	2	3	4	5	6	7	UA
6. Explained the general care of my eyeglasses or contact lenses.	1	2	3	4	5	6	7	UA
7. Made or suggested changes to my eyeglasses or contact lens care to improve comfort and vision.	1	2	3	4	5	6	7	UA
8. Made an effort to address my concerns.	1	2	3	4	5	6	7	UA
9. Asked me if I was satisfied.	1	2	3	4	5	6	7	UA
10. Explained the pros and cons of my frame choice (for example weight, strength, level of care needed) or the type of contact lenses most suitable.	1	2	3	4	5	6	7	UA
11. Recommended the suitable type of frame and/or lenses to meet my life style (daily activity, work environment, level of physical activity) and prescription needs.	1	2	3	4	5	6	7	UA
12. Observed a variety of frames on me.	1	2	3	4	5	6	7	UA
13. Asked me why I wanted contact lenses (for daily activities such as sports and hobbies or for occupation/work purposes).	1	2	3	4	5	6	7	UA
14. Asked me how many hours a day I will be wearing contact lenses.	1	2	3	4	5	6	7	UA
15. Discussed the type of contact lenses solution I should use.	1	2	3	4	5	6	7	UA
16. Followed infection control measures when they provided service.	1	2	3	4	5	6	7	UA
17. Disinfected tools and instruments and/or wiped equipment.	1	2	3	4	5	6	7	UA
18. Maintained clean sample frames on display.	1	2	3	4	5	6	7	UA
19. Asked me questions to determine the type of frames, lens or contact lenses needed.	1	2	3	4	5	6	7	UA
20. Taught me how to properly take care of my eyeglasses or contact lenses.	1	2	3	4	5	6	7	UA
21. Provided instructions and information so I could understand.	1	2	3	4	5	6	7	UA
22. If I needed further service, I would go back to this optician.	Yes				No			
23. I would recommend this optician to someone who needed eyeglasses or contact lenses.	Yes				No			