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Agenda

DAY TWO	
8:00–8:15 am	Welcome to Day Two <ul style="list-style-type: none"> • Objectives and Agenda
8:15–9:45 am	Alcon[®]'s Customers and the Surgical Environment <ul style="list-style-type: none"> • Who are our customers? • OR Safety and Etiquette • Activity: OR Learning Mat • Activity: What's Wrong with this Picture (AIME enabled)
9:45–10:00 am	Break
10:00 am–12:00 pm	DISC[®] <ul style="list-style-type: none"> • Understanding your DISC[®] Profile • Resource: DISC[®] Style Descriptions (accessed via AIME)
12:00–1:00 pm	Lunch
1:00–3:00 pm	The DISC Assessment (cont.) <ul style="list-style-type: none"> • Activity: Identifying DISC Styles of Others (scenarios accessed via AIME) • Activity: Identifying DISC Styles • Adapting your DISC Style • Communicating with your Customers
3:00–3:15 pm	Break
3:15–4:45 pm	The Cataract Journey <ul style="list-style-type: none"> • Cataract-related Anatomy and Disease State • Diagnosing Cataracts • Treatment of Cataracts • The Mackool Video • Cataract Overview Animation (accessed via AIME)
4:45–5:00 pm	Wrap-Up and Preview of Day Three

Icon Legend

The following icons are used throughout the course materials.



**Instructor Led Discussion
or Activity Debrief**



**Small Group
Discussion/Activity**



Individual Activity



Participant Workbook




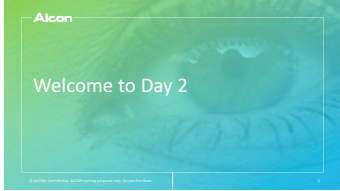

Video



Flipchart



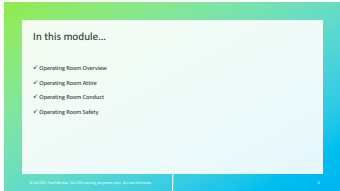

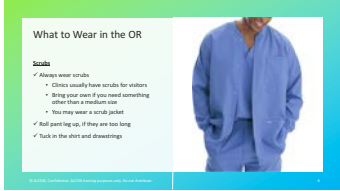
Welcome Day Two

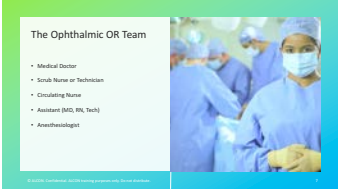
8:00–8:15 am

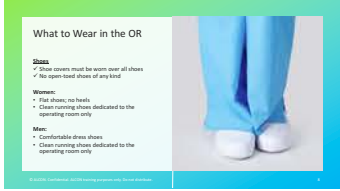
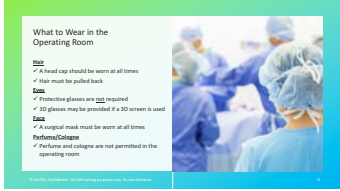
Icons	Slides	Notes
		<p>Timing: 15 minutes</p> <p>DO: Welcome participants to the workshop.</p>
		<p>DO: Review the Day Two Agenda.</p>


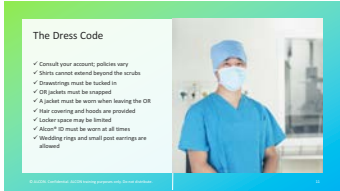
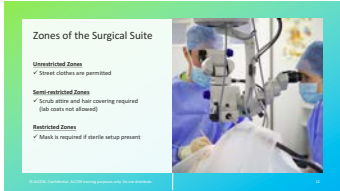
Alcon®'s Customers and the Surgical Environment

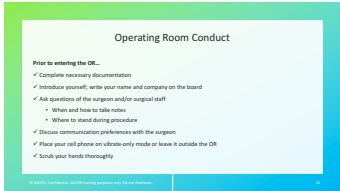
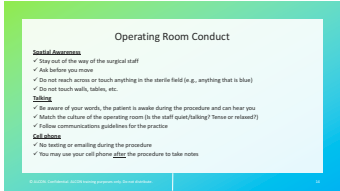
8:15–9:45 am

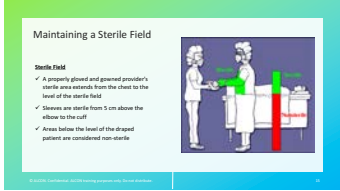
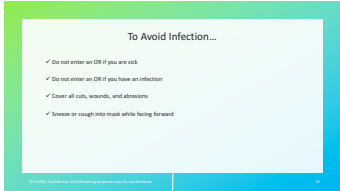
Icons	Slides	Notes
		<p>Timing: 1 hour 30 minutes</p>
		<p>SAY: In this segment, we'll talk about:</p> <ul style="list-style-type: none"> • Operating Room Overview • Proper Operating Room Attire • Proper Conduct in the Operating Room • Priorities and Goals for a Successful Clinical Procedure <p>ASK: Who has worked in an OR before? (Show of hands.)</p>
		<p>SAY: Operating rooms are designed and equipped to provide care to patients with a range of conditions, or to provide specialized care to patients with specific conditions. For example, operating rooms that treat primarily cataract patients are equipped with the necessary tools for this type of surgery.</p> <p>DO: Take a few minutes to review the Operating Room graphic.</p> <p>ASK: What do you see?</p> <p>DO: Acknowledge participant responses.</p> <p>SAY: Today, we'll talk about operating room safety, etiquette and protocol.</p>
		<p>ASK: So, what do you wear in the operating room? What is appropriate? What is required?</p> <p>DO: Discuss scrubs and shoes. Talk about appropriate attire and the reason attire is important. Show examples.</p> <p>Scrubs</p> <ul style="list-style-type: none"> • Always wear scrubs



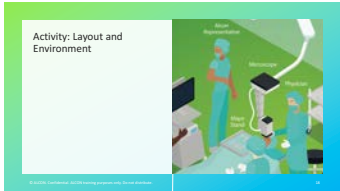
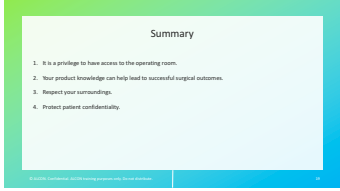
		<ul style="list-style-type: none"> ○ Clinics may have scrubs for visitors, but check ahead of time to make sure ○ You may need to bring your own scrubs, depending upon the supply and sizes available ○ You may wear a scrub jacket ● Roll pant leg up, if they are too long ● Tuck in the shirt and drawstrings
		<p>SAY: You will regularly interact with a variety of people while in an operating room. Typical roles include:</p> <ul style="list-style-type: none"> • Medical Doctor • Scrub Nurse or Technician • Circulating Nurse • Assistant (MD, RN, Tech) • Anesthesiologist <p>DO: Discuss each role.</p> <ul style="list-style-type: none"> • Medical Doctor (Typically Ophthalmologist) – Performs the surgery • Scrub Nurse or Technician – Prepares the room before the operation, works with the doctor during surgery, and prepares the patient for the recovery room. The scrub nurse, “scrubs in” with the surgeon, and hands the surgeon instruments and assists, when directed to do so. • Circulating R.N. – Is often referred to as the “Quarterback” of the OR. They are the patient advocate, and are responsible for patient. Their goal is to maintain patient privacy, safety, and confidentiality. These R.N.s “circulate” between rooms, and can enter and exit, based on the needs of the staff. • Assistant – Helps the surgeon during surgery. Assistants may include: an MD, an RN or a Technician • Anesthesiologist – Administers anesthesiology, and monitors the patient’s blood pressure, heart rhythm, temperature, level of consciousness, and oxygen.

		<p>DO: Discuss scrubs and shoes. Talk about appropriate attire and the reason attire is important.</p> <p>Shoes</p> <ul style="list-style-type: none"> • Shoe covers must be worn over all shoes • No open-toed shoes of any kind • Women: <ul style="list-style-type: none"> ○ Flat shoes; no heels ○ Clean running shoes dedicated to the operating room only • Men: <ul style="list-style-type: none"> ○ Comfortable dress shoes <p>Clean running shoes dedicated to the operating room only</p>
		<p>DO: Discuss the rules and rationale related to hair, eyes, face and perfume/cologne.</p> <p>Hair</p> <ul style="list-style-type: none"> • A head cap should be worn at all times • Hair must be pulled back <p>Eyes</p> <ul style="list-style-type: none"> • Protective glasses are <u>not</u> required • 3D glasses may be provided if a 3D screen is used <p>Face</p> <ul style="list-style-type: none"> • A surgical mask must be worn at all times <p>Perfume/Cologne</p> <ul style="list-style-type: none"> • Perfume and cologne are not permitted in the operating room <p>ASK: Why is perfume/cologne a concern in the operating room?</p> <ul style="list-style-type: none"> • Cannot be near excimer lasers, which may be present in some operating rooms • May bother the patient and surgical staff


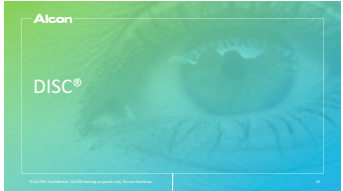
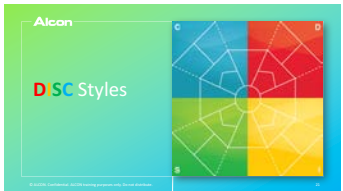
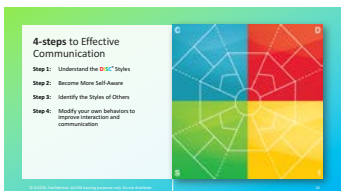
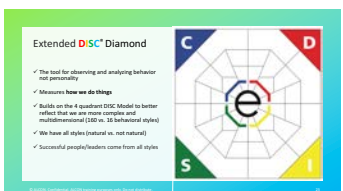
	 <p>The Surgical Mask</p> <ul style="list-style-type: none"> ✓ A mask is required in the procedure room when a case is in progress and/or there is a sterile set up present ✓ Masks should be tied tightly with no gaps ✓ Masks should be changed after each case 	<p>DO: Review important information about the surgical mask.</p> <p>SAY:</p> <ul style="list-style-type: none"> • A mask is required in the procedure room when a case is in progress and/or there is a sterile set up present • Masks should be tied tightly with no gaps • Masks should be changed after each case <p>ASK: Why should we change our masks after every case? Answer: Because moisture from conversations breaks down the filtering.</p>
	 <p>The Dress Code</p> <ul style="list-style-type: none"> ✓ Collared, short-sleeved, button-down shirts ✓ Shirts cannot extend beyond the scrubs ✓ Drawstrings must be tucked in ✓ OR jackets must be snapped ✓ A jacket must be worn when leaving the OR ✓ Hair covering and hoods are provided ✓ Locker space may be limited ✓ Alcon® ID must be worn at all times ✓ Wedding rings and small post earrings are allowed 	<p>DO: Discuss the dress code.</p> <p>DO: Remind participants that individual customer policies may vary. It's important to know your customers.</p> <p>SAY:</p> <ul style="list-style-type: none"> • Shirts cannot extend beyond the scrubs • Drawstrings must be tucked in • OR jackets must be snapped • A jacket must be worn when leaving the OR • Hair covering and hoods are provided • Locker space may be limited • Alcon® ID and/or hospital badge must be worn at all times • Wedding rings and small post earrings are allowed`
	 <p>Zones of the Surgical Suite</p> <p>Unrestricted Zones</p> <ul style="list-style-type: none"> ✓ Street clothes are permitted <p>Semi-restricted Zones</p> <ul style="list-style-type: none"> ✓ Scrub attire and hair covering required (lab coats not allowed) <p>Restricted Zones</p> <ul style="list-style-type: none"> ✓ Mask is required if sterile setup present 	<p>DO: Review the Surgical Suite Zones.</p> <p>Unrestricted Zones include:</p> <ul style="list-style-type: none"> • Dressing rooms • Restrooms and showers combined with dressing rooms • Lounge • Classroom or conference room • Unsterile or dirty linen • Offices and central administration <p>Semi-restricted Zones include:</p> <ul style="list-style-type: none"> • Supply and storage

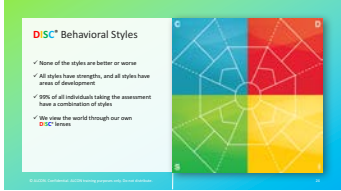
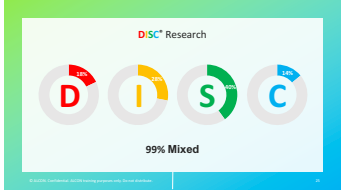

		<ul style="list-style-type: none"> • Sterile room and sterile supplies • Sterile instruments and packs • Unsterile rooms • Specimens, specimen cups and unsterile supplies • Utility rooms • Sterile or clean utility • Unsterile or dirty utility • Dark room for diagnostic x-rays <p>Restricted Zones include:</p> <ul style="list-style-type: none"> • Scrub area • Operating rooms
		<p>SAY: As part of your job, you will be required to enter an Operating Room. It's important to understand how to conduct yourself.</p> <p>SAY: Prior to entering the OR...</p> <ul style="list-style-type: none"> • Complete necessary documentation • Introduce yourself; write your name and company on the board, if one is provided. Ask first! • Ask questions of the surgeon and/or surgical staff <ul style="list-style-type: none"> ○ When and how to take notes ○ Where to stand during procedure • Discuss communication preferences with the surgeon • Place your cell phone on vibrate-only mode or leave it outside the OR • Scrub your hands thoroughly
		<p>DO: Review the slide and explain the content.</p> <p><u>Spatial Awareness</u></p> <ul style="list-style-type: none"> • Stay out of the way of the surgical staff • Ask before you move • Do not reach across or touch anything in the sterile field (e.g., anything that is blue) • Do not touch walls, tables, etc. <p><u>Talking</u></p>

		<ul style="list-style-type: none"> • Be aware of your words, the patient is awake during the procedure and can hear you • Match the culture of the operating room (Is the staff quiet/talking? Tense or relaxed?) • Follow communications guidelines for the practice <u>Cell phone</u> • No texting or emailing during the procedure • You may use your cell phone <u>after</u> the procedure to take notes
	 <p>Maintaining a Sterile Field</p> <p>Sterile Field</p> <ul style="list-style-type: none"> ✓ A properly gloved and gowned provider's sterile area extends from the chest to the level of the sterile field ✓ Sleeves are sterile from 5 cm above the elbow to the cuff ✓ Areas below the level of the draped patient are considered non-sterile 	<p>DO: Review the Sterile Field.</p> <p>ASK: Can anyone describe the Sterile Field?</p> <p>SAY: A sterile field is a specific area that is considered free of microorganisms. There are many opportunities to breach sterility during set-up and maintenance of the sterile area. To prevent infection, a sterile field should be prepared and maintained for every surgical patient.</p> <p>DO: Discuss ways to maintain the Sterile Field. Share stories and examples to illustrate key points.</p> <p><u>Sterile Field</u></p> <ul style="list-style-type: none"> • A properly gloved and gowned provider's sterile area extends from the chest to the level of the sterile field • Sleeves are sterile from 5 cm above the elbow to the cuff • Areas below the level of the draped patient are considered non-sterile
	 <p>To Avoid Infection...</p> <ul style="list-style-type: none"> ✓ Do not enter an OR if you are sick ✓ Do not enter an OR if you have an infection ✓ Cover all cuts, wounds, and abrasions ✓ Sneeze or cough into mask while facing forward 	<p>DO: The goal is to keep germs out of the OR and to avoid infection.</p> <p>SAY: To avoid infection,</p> <ul style="list-style-type: none"> • Do not enter an OR if you are sick • Do not enter an OR if you have an infection • Cover all cuts, wounds, and abrasions • Sneeze or cough into mask while facing forward


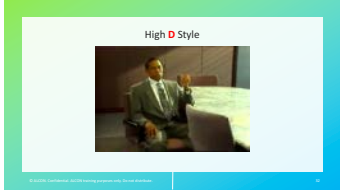
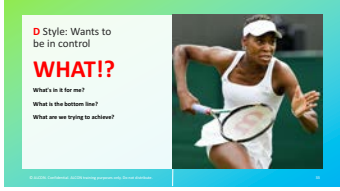
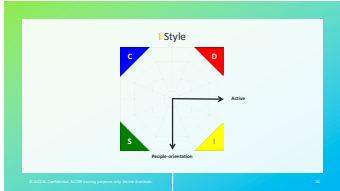
		<p>DO: Review the information on the slide.</p> <p>SAY:</p> <ul style="list-style-type: none"> You are a guest You are there to represent/support Alcon® products You NEVER scrub in or practice medicine Do not introduce sterile items onto the back table Never touch a patient Patient rights are paramount <p>DO: Discuss any certification requirements for entering the OR, including any patient privacy requirements.</p>
		<p>SAY: Let’s apply the information that you just learned.</p> <p>DO: Introduce the activity. Tell participants they will work at their tables in teams. Each team should select an impartial Judge.</p> <p><u>Instructions</u></p> <ul style="list-style-type: none"> Participants work in teams. Team members take turns selecting cards from the shuffled stack. The individual who picks the card, reads the card aloud and suggests an appropriate response. The “Judge” at the table determines whether the response is correct or incorrect. <p>DO: Allow 5 minutes for teams to review as many cards as possible.</p> <p>DO: Following the activity, answer any questions and discuss the scenarios. Correct any incorrect responses.</p> <p>DO: Ask teams to look at the top of the cards. When placed together, the cards reveal a message.</p>
		<ol style="list-style-type: none"> It is a privilege to have access to the operating room. Your product knowledge can help lead to successful surgical outcomes. If the customer asks a question you cannot answer, admit to not knowing and commit to finding an answer. Respect your surroundings. There is a natural cadence within an operating room. It is important to be as inconspicuous as possible. If there is an emergency, get out of the way! Protect patient confidentiality.

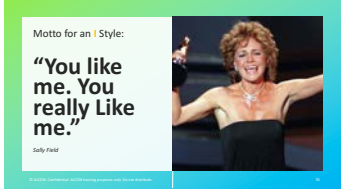
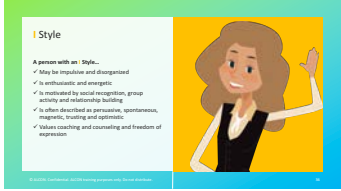
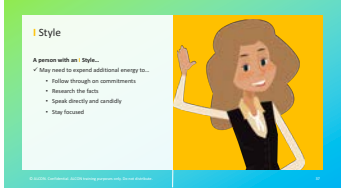
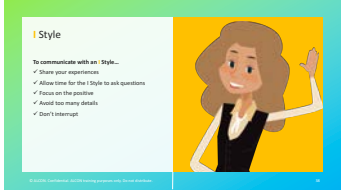
DISC®
10:00 am–12:00 pm


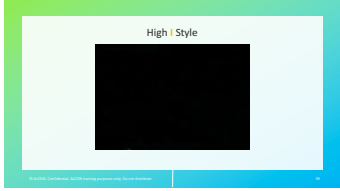
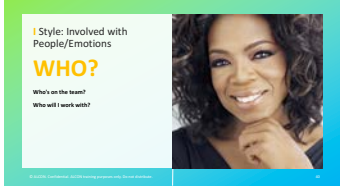
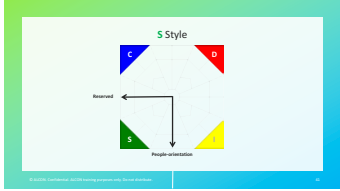
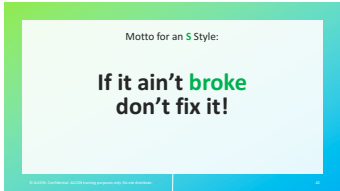
Icons	Slides	Notes
		<p>Timing: 2 hours</p> <p>DO: Welcome participants to the workshop.</p>
		<p>DO: Introduce DISC.</p> <p>ASK: Did everyone complete the DISC profile? For now, keep your results to yourself. Don't let anyone know whether you are a D, an I, an S, or a C. We'll get to that later.</p>
		<p>SAY: Over the next few hours, we'll learn more about the four DISC Styles. The goal is to help you learn more about your own style, and to help you identify the styles of others. By understanding your DISC profile, you can learn how to better communicate with others.</p> <p>SAY: Now, let's take a closer look at the DISC Diamond.</p>
		<p>DO: Describe the DISC Diamond.</p> <p>SAY: This is the Extended DISC Diamond. As you can see its colors represent the DISC styles: we refer to them as D Style (red), I Style (yellow), S Style (green), and C Style (blue).</p> <ul style="list-style-type: none"> • The top half of the model (C & D) represents styles that are more task-oriented • The bottom half (S & I) represents styles that are more people-oriented • The left half of diamond (C & S) represents styles that are more reserved • While the right half (D & I) represents more active styles. <p>SAY: The Extended DISC diamond builds on the original 4-quadrant DISC model, providing more detail and greater</p>

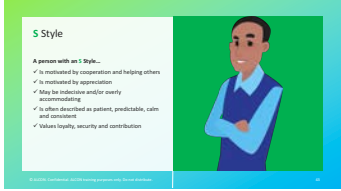
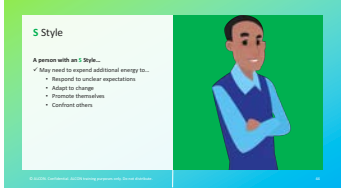
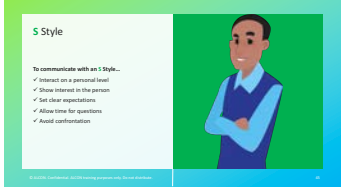

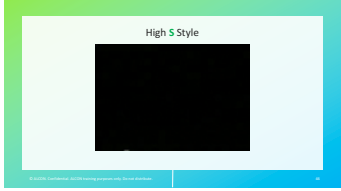

		<p>flexibility. The 4-quadrant model has 16 behavioral styles, while the Extended DISC diamond involves 160 styles!</p>
	 <p>The slide titled "DISC Behavioral Styles" features a 2x2 grid of colored quadrants: top-left is blue (D), top-right is red (I), bottom-left is green (S), and bottom-right is yellow (C). To the left of the grid is a list of key points:</p> <ul style="list-style-type: none"> ✓ None of the styles are better or worse ✓ All styles have strengths, and all styles have areas of development ✓ 99% of all individuals taking the assessment have a combination of styles ✓ We view the world through our own DISC lenses 	<p>SAY: As you learn about the DISC profile, it's important to remember these important points...</p> <p>SAY: DISC measures <i>how</i> we do things, or how we react. The extended DISC Diamond is a tool for observing and analyzing behavior. It is not a commentary on an individual's personality.</p> <p><i>(Note: "Behaviors" speak to what you do in a comfortable state, and how you respond to your environment. "Personality" refers to the complex characteristics of an individual, or the totality of behavioral and emotional characteristics.)</i></p> <p>SAY: It is important to remember that:</p> <ul style="list-style-type: none"> • The tool does not classify good or bad, nor does it measure intelligence, knowledge or skill • All styles have strengths and areas for development
	 <p>The slide titled "DISC Research" shows four circular gauges representing the distribution of styles: D (18%), I (28%), S (40%), and C (14%). Below the gauges, it states "99% Mixed".</p>	<p>ASK: Can you guess the percentage of people who fall into each style?</p> <p>SAY:</p> <ul style="list-style-type: none"> • 18% of the population fall into the D Style • 28% of the population fall into the I Style • 40% of the population fall into the S Style • 14% of the population fall into the C Style <p>SAY: Interestingly, 99% of all individuals taking the assessment have a combination of styles!</p>
	 <p>The slide titled "DISC Styles" shows a diamond shape divided into four quadrants: top-left is blue (D), top-right is red (I), bottom-left is green (S), and bottom-right is yellow (C).</p>	<p><i>Note: As you discuss the DISC Styles, remind participants to try their best not to reveal their personal styles.</i></p> <p>SAY: So, let's learn more about D-I-S and C.</p>

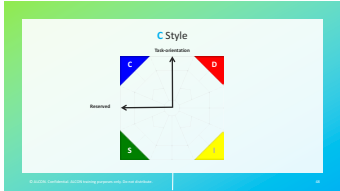

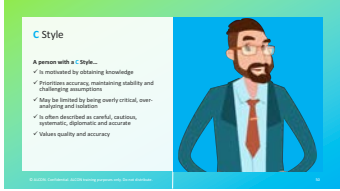
		<p>SAY: Let's start with the D Style.</p> <p>SAY: People with the D Style place an emphasis on shaping the environment by overcoming opposition to accomplish results.</p>
		<p>SAY: The motto for a D Style might be "I did it my way," like Frank Sinatra. Does it resonate with you?</p>
		<p>DO: Review the characteristics associated with a D Style.</p> <p>SAY: A person with a D Style...</p> <ul style="list-style-type: none"> • Is motivated by competition and success • Enjoys a challenge • Likes taking action and achieving immediate results • Is often described as direct, demanding, determined, fast-paced, self-confident • Values competency, action and freedom
		<p>DO: Review the characteristics associated with a D Style.</p> <p>SAY: A person with a D Style may need to expend additional energy to...</p> <ul style="list-style-type: none"> • Demonstrate patience • Display sensitivity • Focus on details
		<p>SAY: When communicating with a D Style, you will want to...</p> <ul style="list-style-type: none"> • Be direct, brief and to the point • Focus on the task • Use a results-oriented approach • Identify opportunities and challenges • Allow him/her to win • Use a logical approach • Touch on high points; don't overuse data

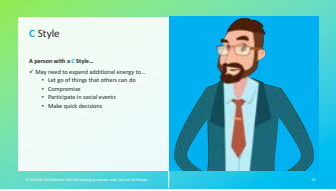
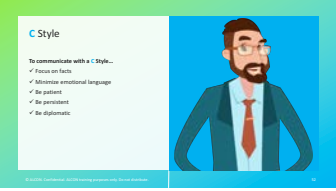

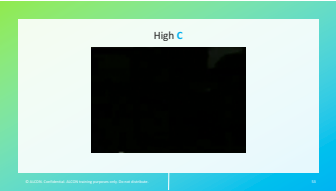
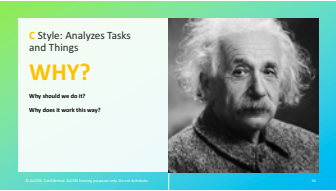
		<ul style="list-style-type: none"> • Keep your distance • Control the level of emotion • Act quickly
		<p>DO: Play the video.</p> <p>DO: Ask participants to comment on the attributes that may indicate that this individual is a D Style.</p> <p>ASK: How can you tell that this individual is a “High D”? (In other words, D is his dominant personality.)</p>
		<p>SAY: People with a D Style want to be in control. They tend to ask “What?”</p> <ul style="list-style-type: none"> • What's in it for me? • What is the bottom line? • What are we trying to achieve? <p>ASK: Can you name other famous people who might fit the D Style?</p> <p><u>D Styles:</u></p> <p>Madonna</p> <p>Steve Jobs</p> <p>James Bond</p> <p>Darth Vader</p> <p>Venus Williams</p> <p>Beyonce</p> <p>Captain Kirk</p> <p>Simon Cowell</p>
		<p>SAY: Now, let’s look at the I Style. People with the I Style place an emphasis on relationships and emotions.</p>


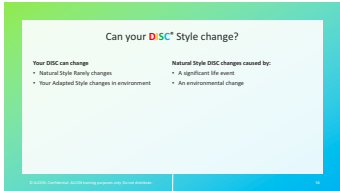

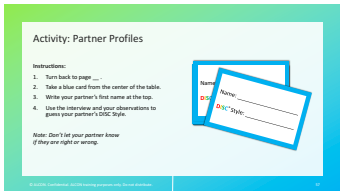
		<p>SAY: The motto for an I Style could be, “You like me, you really like me!”. Does this motto resonate with you?</p>
		<p>DO: Review the characteristics associated with an I Style.</p> <p>SAY: A person with an I Style...</p> <ul style="list-style-type: none"> • May be impulsive and disorganized • Is enthusiastic and energetic • Is motivated by social recognition, group activity and relationship building • Is often described as persuasive, spontaneous, magnetic, trusting and optimistic • Values coaching and counseling and freedom of expression
		<p>DO: Review the characteristics associated with an I Style.</p> <p>SAY: A person with an I Style may need to expend additional energy to...</p> <ul style="list-style-type: none"> • Follow through on commitments • Research the facts • Speak directly and candidly • Stay focused
		<p>SAY: When communicating with an I Style, you will want to...</p> <ul style="list-style-type: none"> • Share your experiences • Allow time for the I Style to ask questions • Focus on the positive • Avoid too many details • Don't interrupt


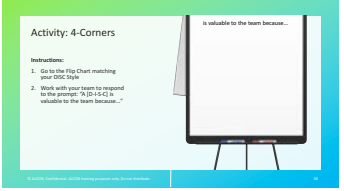

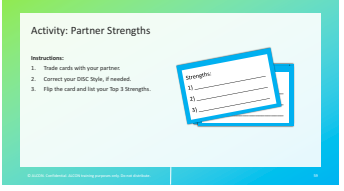
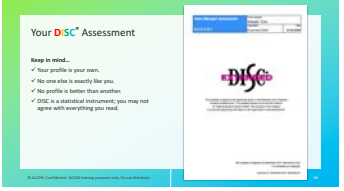


		<p>DO: Play the video.</p> <p>DO: Ask participants to comment on the attributes that may indicate that this individual is an I Style.</p>
		<p>SAY: People with an I Style tend to ask “Who?”</p> <ul style="list-style-type: none"> • Who's on the team? • Who will I work with? <p>SAY: Oprah is an I Style.</p> <p>ASK: Can you name other famous people who might fit the I Style?</p> <p><u>I Styles:</u></p> <p>Ellen DeGeneres Bill Clinton Will Smith Serena Williams Pope Francis Jack Nicholson Oprah Winfrey Prince Harry Jim Carrey Jackie Chan Luis Miguel Julio Iglesias</p>
		<p>SAY: People with the S Style place an emphasis on planning.</p>
		<p>SAY: The motto for an S Style might be, “If it ain’t broke, don’t fix it!”. Does this motto resonate with you?</p>

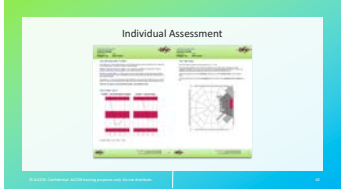
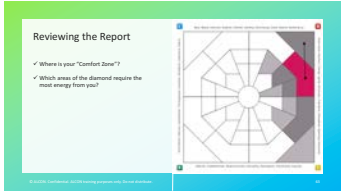
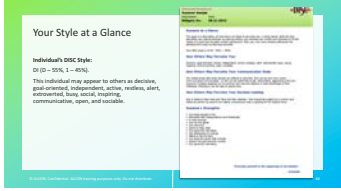

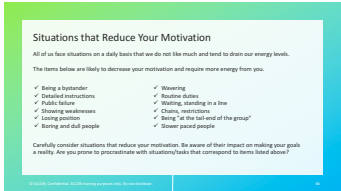
		<p>DO: Review the characteristics associated with a S Style.</p> <p>SAY: A person with an S Style...</p> <ul style="list-style-type: none"> • Is motivated by cooperation and helping others • Is motivated by appreciation • May be indecisive and/or overly accommodating • Is often described as patient, predictable, calm and consistent • Values loyalty, security and contribution
		<p>DO: Review the characteristics associated with a S Style.</p> <p>SAY: A person with an S Style may need to expend additional energy to...</p> <ul style="list-style-type: none"> • Respond to unclear expectations • Adapt to change • Promote themselves • Confront others
		<p>SAY: When communicating with an S Style, you will want to...</p> <ul style="list-style-type: none"> • Interact on a personal level • Show interest in the person • Set clear expectations • Allow time for questions • Avoid confrontation
		<p>DO: Play the video.</p> <p>DO: Ask participants to comment on the attributes that may indicate that this individual is an S Style.</p>
		<p>SAY: People with an S Style tend to ask “How?”</p> <ul style="list-style-type: none"> • How are we going to do this? • How does this impact me? <p>SAY: Lady Diana is an S Style.</p> <p>ASK: Can you name other famous people who might fit the S Style?</p>

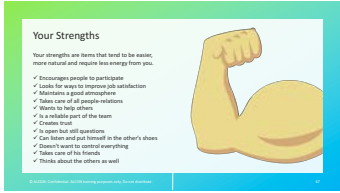
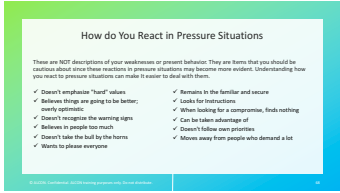

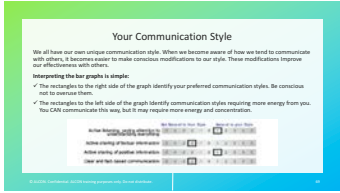
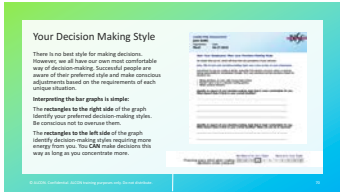
		<p><u>S Styles:</u></p> <p>Julia Roberts</p> <p>Tom Hanks</p> <p>Lady Diana</p> <p>Dalai Lama</p> <p>Nelson Mandela</p> <p>Magic Johnson</p> <p>Michael J. Fox</p> <p>Mahatma Gandhi</p> <p>Mother Teresa</p>
		<p>SAY: People with the C Style place an emphasis on analyzing tasks and things.</p>
		<p>SAY: This quote reflects the C Style. Does it resonate with you?</p>
	 <p>C Style</p> <p>A person with a C Style...</p> <ul style="list-style-type: none"> ✓ Is motivated by obtaining knowledge ✓ Prioritizes accuracy, maintaining stability and challenging assumptions ✓ May be limited by being overly critical, over-analyzing and isolation ✓ Is often described as careful, cautious, systematic, diplomatic and accurate ✓ Values quality and accuracy 	<p>DO: Review the characteristics associated with a C Style.</p> <p>SAY: A person with a C Style...</p> <ul style="list-style-type: none"> • Is motivated by obtaining knowledge • Prioritizes accuracy, maintaining stability and challenging assumptions • May be limited by being overly critical, over-analyzing and isolation • Is often described as careful, cautious, systematic, diplomatic and accurate • Values quality and accuracy

		<p>DO: Review the characteristics associated with a C Style.</p> <p>SAY: A person with a C Style may need to expend additional energy to...</p> <ul style="list-style-type: none"> • Let go of things that others can do • Compromise • Participate in social events • Make quick decisions
		<p>SAY: When communicating with a C Style, you will want to...</p> <ul style="list-style-type: none"> • Focus on facts • Minimize emotional language • Be patient • Be persistent • Be diplomatic
		<p>DO: Play the video.</p> <p>DO: Ask participants to comment on the attributes that may indicate that this individual is an C Style.</p>
		<p>SAY: People with an C Style tend to ask “Why?”</p> <ul style="list-style-type: none"> • Why should we do it? • Why does it work this way? <p>SAY: Albert Einstein is a C Style.</p> <p>ASK: Can you name other famous people who might fit the C Style?</p> <p><u>C Styles:</u></p> <p>Mr. Spock (Star Trek)</p> <p>Al Gore</p> <p>Albert Einstein</p> <p>Johnny Depp</p> <p>Keanu Reeves</p> <p>Batman (Bruce Wayne)</p> <p>Bill Gates</p> <p>Steffi Graff</p>

		<p>Bjorn Borg</p> <p>Clint Eastwood</p> <p>Sherlock Holmes</p> <p>Monica (<i>Friends</i>)</p>
	 <p>The slide titled "Two DISC Behaviors" defines two types of behavior: 1. Natural Behavior: The behavior you bring to the job. 2. Adapted Behavior: The behavior you think is necessary to succeed in a job.</p>	<p>SAY: There are two types of DISC Behaviors: Your Natural Behavior and your Adapted Behavior.</p> <p>SAY: Your Natural Behavior is the behavior you bring to the job, while your Adapted Behavior is the behavior you think you need to exhibit to succeed in a job.</p> <p>SAY: Keep in mind...if there is a significant difference between your Natural and Adapted Behaviors, you may feel pressured to change or mask your behavior Natural Behavior.</p>
	 <p>The slide titled "Can your DISC Style change?" lists factors that can change a person's DISC style. Under "Your DISC can change": Natural Style Family changes, Your Adapted Style changes in environment. Under "Natural Style DISC changes caused by": A significant life event, An environmental change.</p>	<p>SAY: People often ask if their DISC Style can change, or if they can change it with intention.</p> <p>SAY: The answer is, "Yes and yes!" Your DISC Style can absolutely change!</p> <p>SAY: Typically, a person's Natural Style will remain consistent barring a significant life event or significant change in their environment. However, your Adaptive Style may adjust to your environment to help you acclimate, conform, or fit in.</p>
	 <p>The slide titled "Activity: Partner Profiles" provides instructions for a partner guessing game. It includes a list of four steps: 1. Turn back to page ___. 2. Take a blue card from the center of the table. 3. Write your partner's first name at the top. 4. Use the information and your observations so far to guess your partner's DISC Style. A note says: "Note: Don't let your partner know if they are right or wrong." An image of a blue card with fields for Name, First Name, and DISC Style is shown.</p>	<p>SAY: Before you reveal your DISC Style, let's see if others can guess what it is.</p> <p>SAY: Take a look back to page __ in your Participant Workbook, where you captured your partner's responses to the early morning interview questions.</p> <p>SAY: Take a blue card from the center of the table. Write your partner's first name at the top. Then, using the information you gathered and your observations so far, see if you can guess their DISC Style. When your partner tries to guess yours, don't confirm whether they are right or wrong... at least not yet.</p> <p>DO: Allow approximately 3 minutes for this activity.</p>


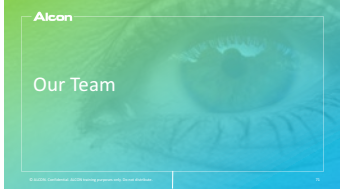
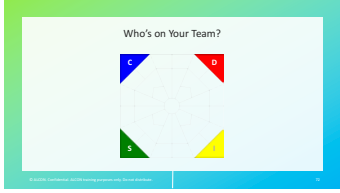

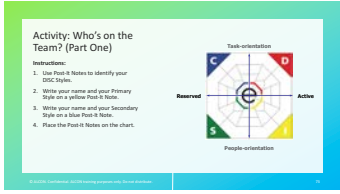

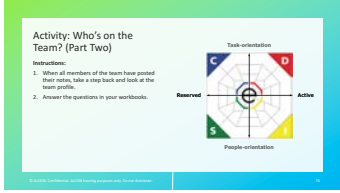
		<p>(Facilitator set up: Prior to the activity, position a flip chart in the four corners of the room. Label the charts D-I-S and C. At the top of each chart, write: “A [D-I-S-C] is valuable to the team because...”)</p> <p>SAY: Okay, you’ve held out long enough!</p> <p>DO: Ask participants to reveal their DISC Styles by standing in an appropriate corner of the room – D, I, S or C.</p> <p>DO: Once teams are standing at the charts that reflect their styles, ask them to work together to respond to the prompts by listing the attributes that their style can bring to a team.</p> <p>DO: Allow 5 min. for this activity.</p> <p>DO: Debrief by asking a spokesperson from each group to summarize the team’s discussion.</p>
		<p>DO: Reconvene the original pairs to discuss their observations and share their strengths.</p> <p><u>Instructions</u></p> <ol style="list-style-type: none"> 1. Trade cards with your partner. 2. Correct your DISC Style, if needed. 3. Flip the card and list your Top 3 Strengths. <p>DO: Allow 10 min. for this activity.</p>
		<p>ASK: So, you’re a D, an I, an S, or a C. What does it all mean?</p> <p>SAY: Let’s take a closer look...</p> <p>SAY: When looking at your profile, keep in mind that...</p> <ul style="list-style-type: none"> • Your profile is your own. • No one else is exactly like you. • No profile is better than another. <p>DISC is a statistical instrument. You may not agree with everything you read, and that’s okay.</p>
		<p>DO: Encourage participants to review their individual reports. Guide the group through the process, highlighting key areas.</p> <p>SAY: The report contains a lot of information. There is no right or wrong way to go through the report.</p>


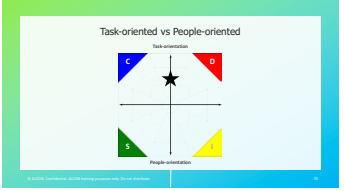
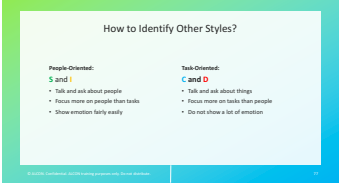
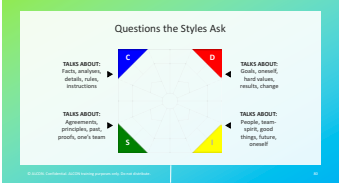
		<p>DO: Use the slides that follow to quickly highlight key areas of the sample report.</p>
		<p>DO: Discuss the meaning of the shaded areas.</p> <p>SAY: [ENTER DESCRIPTIONS]</p> <p>ASK:</p> <ul style="list-style-type: none"> • Where is your “Comfort Zone”? • Which areas of the diamond require the most energy from you? • How accurate is this assessment?
		<p>SAY: This section shows how this style person might be viewed by others.</p> <p>SAY: For example, in this example, the individual’s DISC Style is DI (D – 55%, I – 45%). This individual may appear to others to be decisive, goal-oriented, independent, active, restless, alert, extroverted, busy, social, inspiring, communicative, open, and sociable.</p>
		<p>DO: Continue to review the sample report.</p> <p>SAY: This page of the report speaks to Motivators.</p> <p>DO: Highlight key points.</p>
		<p>DO: Continue to review the sample report.</p> <p>SAY: This page of the report speaks Situations that Reduce Your Motivation.</p> <p>DO: Highlight key points.</p>

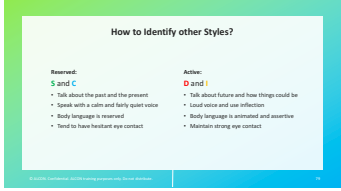
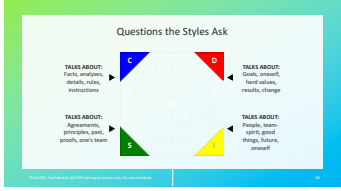
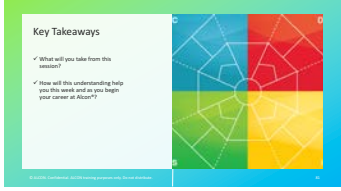
	 <p>Your Strengths</p> <p>Your strengths are items that tend to be easier, more natural and require less energy from you.</p> <ul style="list-style-type: none"> ✓ Encourages people to participate ✓ Looks for ways to improve job satisfaction ✓ Maintains a good atmosphere ✓ Takes care of all people relations ✓ Wants to help others ✓ Is a valuable part of the team ✓ Creates trust ✓ Is open to ask questions ✓ Can listen and just benefit in the other's shoes ✓ Doesn't want to control everything ✓ Takes care of his hands ✓ Thinks about the others as well 	<p>DO: Continue to review the sample report.</p> <p>SAY: We've been talking about strengths a lot today. This page of the report can provide insight and/or confirmation.</p> <p>ASK: Does your report ring true to you? Do you agree with your list of strengths?</p>
	 <p>How do You React in Pressure Situations</p> <p>These are NOT descriptions of your weakness or present behavior. They are items that you should be cautious about since these reactions in pressure situations may become more evident. Understanding how you react to pressure situations can make it easier to deal with them.</p> <ul style="list-style-type: none"> ✓ Doesn't emphasize "hard" values ✓ Believes things are going to be better ✓ Doesn't recognize the warning signs ✓ Believes in people too much ✓ Doesn't take the ball by the horns ✓ Wants to please everyone ✓ Reacts in the familiar and secure ✓ When looking for a compromise, finds nothing ✓ Can be taken advantage of ✓ Doesn't follow own priorities ✓ Moves away from people who demand a lot 	<p>DO: Review the sample report.</p> <p>SAY: This is an interesting page of the report. It describes how you might naturally react in pressure situations. These are NOT descriptions of weaknesses, instead, this information is designed to raise your awareness about possible tendencies.</p>
	 <p>Your Communication Style</p> <p>We all have our own unique communication style. When we become aware of how we tend to communicate with others, it becomes easier to make conscious modifications to our style. These modifications improve our effectiveness with others.</p> <p>Interpreting the bar graphs is simple:</p> <ul style="list-style-type: none"> ✓ The rectangles to the right side of the graph identify your preferred communication styles. Be conscious not to overuse them. ✓ The rectangles to the left side of the graph identify communication styles requiring more energy from you. You CAN communicate this way, but it may require more energy and concentration. 	<p>DO: Review the sample report and discussion communication styles.</p> <p>SAY: The more aware you are of your own unique communication style, the better you can become at making conscious modifications to your style to better communicate with someone else.</p> <p>DO: Ask volunteers to share insights about their communication styles by providing examples...</p> <ul style="list-style-type: none"> • What type of communication comes naturally for you? (Example: I naturally share positive information. I enjoy recognizing others and sharing good news.) • What situations are more challenging? (Example: I have difficulty providing direct feedback, especially if it is negative.)
	 <p>Your Decision Making Style</p> <p>There is no best style for making decisions. However, we all have our own most comfortable way of decision-making. Successful people are aware of their preferred style and make conscious adjustments based on the requirements of each unique situation.</p> <p>Interpreting the bar graphs is simple:</p> <ul style="list-style-type: none"> ✓ The rectangles to the right side of the graph identify your preferred decision-making styles. Be conscious not to overuse them. ✓ The rectangles to the left side of the graph identify decision-making styles requiring more energy from you. You CAN make decisions this way as long as you concentrate more. 	<p>DO: Review the sample report. Discuss Decision Making Styles.</p>

Our Team

1:00–3:00 pm


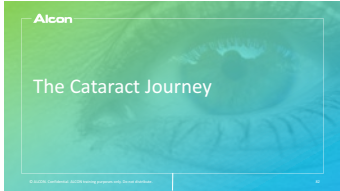
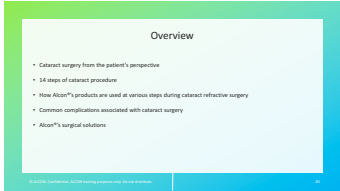

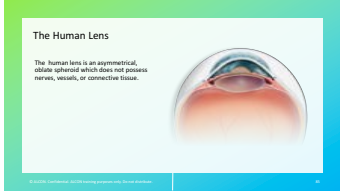
Icons	Slides	Notes
		<p>Timing: 2 hours</p>
		
		<p>DO: Review the instructions for the activity. Demonstrate from the front of the room, if needed.</p>
		<p>DO: Review the instructions for the activity. Direct participants to page __ in their workbooks.</p> <p>DO: Ask participants to respond to the questions:</p> <ul style="list-style-type: none"> • What are your observations about your team? • Are the members of the team more alike? Less alike? Diverse? • What strengths do you each bring to the team? • How might you have to adapt to one another to be successful this week?

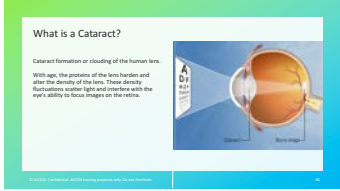
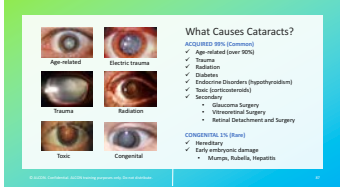
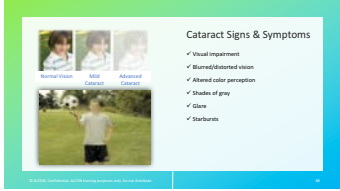
		<p>ASK: How can you identify another person’s DISC Style?</p> <p>SAY: Follow these three steps: Observe, Assess and Recognize.</p> <p>SAY: Pay close attention to the things the person talks about (family, hobbies, accomplishments).</p> <ul style="list-style-type: none"> • Are they outgoing or reserved? • Do they talk a lot or a little? <p>SAY: Notice the words the person uses. (descriptive, economical with their words)</p> <p>SAY: Observe their body language.</p> <ul style="list-style-type: none"> • Are they animated? • Do they use their hands when they speak? • What are their facial expressions? <p>SAY: Listen to their tone of voice.</p> <ul style="list-style-type: none"> • Is the person loud or quiet? • Are they animated or monotone? • Do they speak with confidence? • Are they emotional?
		<p>SAY: Once you’ve made your observations, where would you place the individual? Is the individual more task-oriented or more people-oriented?</p>
		<p>SAY: S and I Styles are people-oriented styles. S and I Styles talk about, and ask about, people. They focus more on people than tasks, and they show emotion fairly easily.</p> <p>SAY: C and D Styles are task-oriented. They talk and ask about things, focus more on tasks than people, and tend not to show much emotion.</p>
		<p>SAY: What about the horizontal axis? Where would you place the individual? Is the individual more reserved or more active?</p>

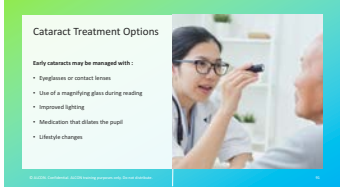
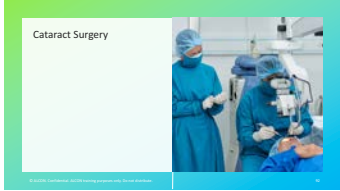
	 <p>How to Identify other Styles?</p> <p>Reserved: S and C</p> <ul style="list-style-type: none"> • Talk about the past and the present • Speak with a calm and fairly quiet voice • Body language is reserved • Tend to have hesitant eye contact <p>Active: D and I</p> <ul style="list-style-type: none"> • Talk about future and how things could be • Loud voice and use inflection • Body language is animated and assertive • Maintain strong eye contact 	<p>SAY: S and C Styles are reserved. S and C Styles talk about the past and the present. They speak with a calm and fairly quiet voice. Their body language is reserved, and they tend to have hesitant eye contact.</p> <p>SAY: D and I Styles are active. They talk about the future and how things “could” be. They tend to be louder and more animated than their S and C counterparts. And they tend to maintain eye contact.</p>
	 <p>Questions the Styles Ask</p> <p>TALKS ABOUT: Facts, numbers, details, rules, instructions</p> <p>TALKS ABOUT: Goals, ideas, results, change</p> <p>TALKS ABOUT: Agreements, principles, goals, people, and a team</p> <p>TALKS ABOUT: People, team, spirit, good things, future, oneself</p>	<p>DO: Use this slide to summarize the Style types.</p> <p>ASK: How might you interact with, or adapt to, individuals in each quadrant?</p> <p>Answer: By mirroring their preferences and avoiding the things they dislike or fear.</p>
	 <p>Key Takeaways</p> <ul style="list-style-type: none"> ✓ What will you take from this session? ✓ How will this understanding help you this week and as you begin your career at Alcon®? 	<p>ASK:</p> <ul style="list-style-type: none"> • What will you take from this session? • How will this understanding help you this week and as you begin your career at Alcon®? <p>SAY: Record your responses in your workbooks on page ___.</p> <p>DO: Thank participants for their participation. Transition to the next section of the workshop.</p>

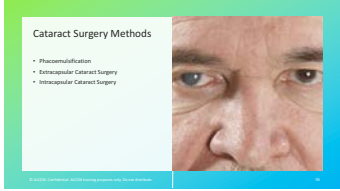


The Cataract Journey

3:15–4:45 pm

Icons	Slides	Notes
		<p>Timing: 1 hour 30 minutes</p> <p>DO: Transition to the Cataract Journey.</p> <p>SAY: You were introduced to the “Cataract Patient Journey” as part of the pre-work. In the next few segments, we’ll review what you learned, answer your questions, and take a deeper dive into cataract surgery and Alcon®’s solutions.</p>
		<p>SAY: In the segments that follow, we’ll talk about cataracts and cataract surgery from the patient’s perspective. We’ll examine the 14 steps of cataract procedure, and talk about how Alcon®’s products are used at various steps during cataract refractive surgery. We’ll also talk about common complications associated with cataract surgery, and you’ll have the opportunity to get a closer look at Alcon®’s surgical solutions.</p> <p>ASK: How does that sound?</p> <p>SAY: Okay...let’s go!</p>
		<p>SAY: Let’s start by talking about the human lens.</p> <p>SAY: The human lens, or crystalline lens, is located behind the iris and pupil in the Posterior Chamber of the Anterior Segment of the eye. It is made up largely of water and protein.</p>
		<p>SAY: The human lens is an asymmetrical, oblate spheroid which does not possess nerves, vessels, or connective tissue. At birth, the natural lens is nearly transparent. It’s purpose is to focus light rays on to the retina allowing us to see.</p>



		<p>SAY: The human lens works like a lot like a camera. It focuses light on the retina and adjusts the eye for clear vision.</p> <p>SAY: Clouding of the lens may occur with age, as the proteins of the lens may clump together and harden, altering the density of the lens. These density fluctuations scatter light and can interfere with the eye’s ability to focus images on the retina.</p>
		<p>SAY: Although cataracts are often age related, they may be acquired or congenital. (Various types of cataracts are shown on this slide.) Although the cause of cataracts has not been determined, scientists have identified potentially contributing factors. In addition to aging (over 90% of cataracts are the result of advancing age), cataracts may be caused by:</p> <p><u>ACQUIRED 99% (Common)</u></p> <ul style="list-style-type: none"> • Trauma • Radiation • Diabetes • Endocrine Disorders (hypothyroidism) • Toxic (corticosteroids) <p>SAY: Secondary causes include:</p> <ul style="list-style-type: none"> • Glaucoma Surgery • Vitreoretinal Surgery • Retinal Detachment and Surgery <p>SAY: Congenital conditions are rare, accounting for only 1% of all cataracts. Causes of congenital cataracts include:</p> <ul style="list-style-type: none"> • Family history (hereditary) • Early embryonic damage <ul style="list-style-type: none"> ○ Mumps, Rubella, Hepatitis
		<p>SAY: Patients with cataracts may experience blurred vision, faded colors, poor night vision, and/or glare. If the cataract is not removed, vision will decline and symptoms will increase.</p> <p>SAY: For most people, the development of cataracts is a slow process that could go unnoticed for some time, and are typically diagnosed by a vision professional.</p>

	 <p>Clinical Diagnosis</p> <ul style="list-style-type: none"> • Slit lamp examination • Eye chart examination • Brückner's Test (retroillumination of lens) 	<p>SAY: To determine whether a patient has a cataract, the doctor will review their medical history and symptoms, and perform an eye examination. Tests may include:</p> <ul style="list-style-type: none"> • Slit lamp examination • Ask to read an eye chart which measures visual acuity • Brückner's Test (retroillumination of lens)
	 <p>Cataract Grades</p> <p>Grade 0 - No cataract</p> <p>Grade 1 - 20/20-20/40; central portion of lens has a little clouding</p> <p>Grade 2 - 20/40-20/70; 20/50 or worse peripheral wedge shape</p> <p>Grade 3 - 20/70- 20/100</p> <p>Grade 4 - 20/100 or worse</p>	<p>SAY: At times, surgeons may reference cataract grades from 0 to 4. A grade of 0 indicates that there is no evidence of a cataract, while a Grade 4 indicates a very hard/dense cataract. (This is not a scientific way to classify or establish the density of a cataract, it is just a form of reference. Grades can be interpreted differently by as many people who use these terms.)</p>
	 <p>Cataract Treatment Options</p> <p>Early cataracts may be managed with:</p> <ul style="list-style-type: none"> • Eyeglasses or contact lenses • Use of a magnifying glass during reading • Improved lighting • Medication that dilates the pupil • Lifestyle changes 	<p>SAY: Early in the progression, some symptoms of cataracts may be improved with treatment. Some treatments may slow further development. Early cataracts may be managed with:</p> <ul style="list-style-type: none"> • Eyeglasses or contact lenses • Use of a magnifying glass during reading • Improved lighting • Medication that dilates the pupil • Lifestyle changes <p>SAY: However, the effects of cataracts cannot be reversed. The surgical removal of cataracts is recommended when the loss of vision interferes with daily activities.</p>
	 <p>Cataract Surgery</p>	<p>SAY: With cataract surgery, surgeons remove the occluded lens and replace it with an artificial intraocular lens. The procedure is performed in an outpatient setting, typically in a surgical center. Surgery is performed with local anesthesia, and the patient is released upon recovery. When patients require the replacement of both lenses, the procedures are typically performed one at a time to minimize potential complications.</p>

		<p>SAY: Common methods for cataract surgery include:</p> <p><u>Phacoemulsification</u> (phaco) is the <i>most</i> common type of cataract removal. With phaco, an ultrasonic device – vibrating at a very high speed – is inserted into the eye through a tiny incision. The device emits ultrasound waves that break up the lens, allowing it to be removed by suction. The surgeon then inserts an artificial lens, or IOL, into the eye, and closes the incision with a single stitch, or none at all. (ASK: Can anyone name the Alcon® devices used for phacoemulsification?)</p> <p><u>Extracapsular Cataract Surgery</u> is similar to phacoemulsification, but requires a larger incision to allow the nucleus to be removed as a single piece. Because of the larger incision, multiple stitches are required for wound closure. This is less common than phacoemulsification due to an increased risk for complications, slower healing, and induced astigmatism.</p> <p><u>Intracapsular Cataract Surgery</u> is the least common of the three methods. With this procedure, the surgeon removes the entire lens and capsule through a large incision. This method is often used in cases of advanced cataract formation or trauma.</p>
		<p><i>Note: You may want to warn participants about the nature of the video, as it may be difficult for some people to watch.</i></p> <p>SAY: Watch this video as Doctor Richard Mackool walks us through the phacoemulsification process.</p> <p>DO: Highlight key points and tell participants that you will be breaking down the 14 steps of the surgical process in the segment that follows.</p>

Wrap-Up and Preview of Day Three

4:45–5:00 pm

Icons	Slides	Notes
		<p>SAY: Here’s an overview of the 4-day agenda.</p> <p>DO: Review the agenda.</p>
	