



Communication Skills in Everyday Practice

Monitoring your communication with patients

IMPORTANT CONSIDERATIONS

EFFECTIVE COMMUNICATION is an essential part of the patient care process in the practice from the moment patients walk in the door to the moment they leave. All staff have a responsibility to understand patient needs and expectations and communicate the right practice message to meet those needs.

IT CAN HELP TO ENSURE that a patient becomes or remains a loyal patient, one who will return to your practice and mention your good service to others - one of the most valuable assets of an optometric practice.

IT IS ALSO MUCH MORE THAN SIMPLY VERBAL INTERCHANGES, it involves words, tone of voice, pausing, breathing, posture, gestures, speed of movements, eye contact, etc.

WE ALL BOTH PRESENT AND INTERPRET such non-verbal signals automatically and continuously - communication skill means that we know about, attend to and sometimes alter our own verbal and non-verbal styles, and that we can interpret those of others.

IT INVOLVES ASSESSING THE PATIENT in terms of all of these indicators.

OUR OWN STYLE WILL TEND TO REFLECT others around us, so if your style is relaxed and attentive it's likely that this will be the patient's style too.

COMMUNICATION SKILLS centrally involve observing, listening, questioning and explaining.

This fact sheet is structured around each stage of the patient experience in the practice. Remember that improvements in communication can always be made even by the most experienced, and efforts in this area are repaid in patient loyalty and their word of mouth recommendations to others.

1 The patient meets you on coming for the eye examination

Ensure that the patient record card has a clear summary of patient history, needs and the outcome of the examination (not just prescription values) so that both the optometrist and reception can benefit from good information on the next visit.

Where possible leave the examining room so you can greet the patient and escort them into the consulting area.

Know their surname and greet them by it.

Relieve the patient of heavy bags or outdoor coat where appropriate.

Both be seated for a chat where possible.

Make clear that you want a chat first, and where necessary say not to worry about the equipment.

The chat can start on neutral topics such as weather, shopping, prices, parking.

It must however be a vehicle for reassurance and relaxation. Be relaxed in your own posture and style.

The chat should merge into the next step which is the initial interview.

2 Your initial patient interview and information gathering

The informal chat blends into enquiry about the patient's reason for attendance.

This may include reference to past records.

While you may lead in the informal chat your major task now is listening and being seen to attend, this may include note taking.

Even where the person is known and/or responding to a reminder card their feelings about their current vision and eye health must be raised.

It is imperative that the patient be given time and conversational space to elaborate on their concerns and/or expectations.

Don't be frightened to leave long pauses in conversation to enable even the shy patient to say something.

This is “active eliciting” of information, lean slightly forward, make eye contact and look anticipatory.

This can have **diagnostic importance** but it is crucial because of the importance of the patient’s emotional satisfaction.

Research shows that emotional satisfaction is critically important in producing patient loyalty.

Emotional satisfaction concerns overall feelings, impressions and positive or negative reactions to your practice, the patient’s gut-feelings about their visit.

It **depends entirely** on the patient feeling that they have been able to disclose all their problems early in discussion with you.

Do be tolerant of the patient “going on” about issues even when you have decided that you know more than enough for diagnostic purposes.

The patient’s emotional satisfaction can be reasonably assured given patience and obvious attention at this stage.

The importance of listening carefully and prompting for “anything more you would like to tell me about your sight” cannot be over emphasised.

Give information as required on topics.

Again this stage can blend into the eye examination.

3 Interactions during the eye examination

People will differ in the amount they will want to know about the examining instruments and procedures.

Do have pre-prepared and memorised both simple and more detailed descriptions of the main functions and objectives of testing.

Assure all patients that there are not right or wrong answers to your questions.

Maintain your air of relaxed professionalism at all times no matter what your own mood state is that day.

Be careful to give praise for appropriate exam behaviour that’s good; fine; that tells me just what I want; good, let’s go on, etc.

Be careful not to praise inappropriate exam behaviour, if you want the response “one” or “two” instead of “that one” then only praise the appropriate.

Emphasise the responses you want by firmly saying the desired words even if the patient has answered by giving another response.

4 Appropriate interchanges and information giving as the patient leaves the eye examination

A **standard set of procedures** is necessary for conveying the examination results.

Research shows that the second form of patient satisfaction is cognitive satisfaction.

Cognitive satisfaction emerges from being given an adequate explanation at the end of a consultation. This is the second key to patient loyalty.

Do have pre-prepared and memorised both simple and more detailed descriptions of the main eye examination outcomes and prescription requirements.

Do have pre-prepared and printed or ready to print from a computer, descriptions of the main eye examination outcomes and prescription requirements.

These explanations need not be highly technical, but should be interesting and relevant.

The explanations should refer to the real-life circumstances where the spectacles will help.

Computerised printouts can personalise the message which you give to the patient and would usually require only a minute to select the paragraphs appropriate to this patient.

Such printed material helps ensure that the patient remembers what was said, a key to patient satisfaction and loyalty.

Ensure that the prescription is not the only information which the patient takes with them. Usually only one third of patients remember with any accuracy what was said during a consultation, their loyalty depends on their remembering more. Ensure that your communications are equal to the task.

