



Communication Skills in Everyday Practice

Assessing the patient's communication with you

KEY THINGS TO REMEMBER

EFFECTIVE COMMUNICATION is a part of the patient care process.

COMMUNICATION SKILLS involve observing, listening and explaining and these contribute to an excellent eye examination.

MANY PATIENTS may think that your competence is simply a vision test. It is important that you endeavour to educate them on the other benefits of the consultation and eye health care.

ASSESSING PATIENT FEELINGS about their vision, eye health and visit to the practice.

SOME PATIENTS can find the actual visit to the optometrist an anxiety provoking event.

PATIENTS MAY ALSO WORRY about many things both realistic and unrealistic concerning their vision before visiting you. Resolving their problems or changing their perceptions of sight related issues and the examination process will be crucial to their subsequent loyalty to you and your practice.

ANXIETY AND EMOTIONAL CONCERN may show themselves through a variety of behaviours. Some of these are fidgeting, rapid breathing, inarticulateness, shakiness of hands, apparent inattention to what you are saying, eyes wandering around as you speak or examine, clenched fists, actual wringing of hands or twisting of a handkerchief.

WHEN YOU SEE SUCH NON-VERBAL SIGNS, probe to try and find the cause. Open questions are essential here to ensure that you elicit patient's concerns. Enquire for example about general health, sleep, sight disturbances, experience with last spectacles. Such questions may spur the patient's discussion or their needs and concerns.

DON'T MENTION THE ANXIETY unless the patient has mentioned it.

MAKE IT CLEAR through your style of questioning, or if thought necessary by actually saying it, that there are no right or wrong answers to your questions. "Some people feel (this way), others feel (that way), about (this issue)."

MAKE IT CLEAR through your style of questioning, or if thought necessary by actually saying it, that there is no judgment on the patient's character, personality or situation in having any particular vision or eye health problem. "People sometimes feel that this is some reflection on them, but of course this is nonsense. Anyone can have such problems" etc. This should be undertaken after the eye examination but in the case of anxious patients can be discussed in advance. This is a hidden concern entertained by many patients in all areas of health care.

1 Letting the patient talk

The process must start immediately on first meeting the patient. Take time to let them express their eye concerns - do not on any account rush them into a technological and mysterious physical examination process.

Early discussion should have the aim of putting the patient at ease and showing them you are friendly and caring.

Treat every patient as though they are the only expert on their problem - you are only a collaborator in producing solutions and/or advice relating to those problems.

Pausing and silences on your part must be made to allow the patient "room" to speak their part.

Their ideas may be naive but must be accepted as their current viewpoint. During the explanation of the examination outcome your task is to educate patients and change erroneous beliefs about their vision and/or eye health.

Never needlessly reassure in an attempt to avoid the essential truth of your findings.

2 Communication from and with children and teenagers

It is not just older people who have worries about sight and blindness.

Watch carefully for signs of anxiety (as described earlier) from the child or on the part of the parent.

In dealing with children always treat them as sentient beings - over about age four they can understand a lot.

Perhaps it is obvious, but do use the language of vision known to the child - how do they feel watching TV, seeing the names on shops and buses, seeing the blackboard at school, reading books (or looking at the pictures), watching computer screens.

Do not address all information to parent(s) or carer(s) “over the head” of the child.

All information should be communicated directly to the child or to both child and parent(s), ensuring that the child remains at the centre of your attention.

Especially in teenagers and young adults, one may see intense shyness or self-consciousness. This manifests itself in very soft speech, obvious timorousness, looking down and away from your gaze, perhaps even blushing.

Reassure such patients with clear encouragement that they are acceptable and doing well. Give praise during each stage in the eye examination, “that’s good”, “well done”, etc. It is probably not a good idea to mention their shyness as such, but over-emphasise that all is well so far as you are concerned.

At the other extreme, even the confident, hurried young person will appreciate an attentive silence to let them have their say on their current vision and eye health concerns.

In eliciting information from children, special attention may be necessary to their unique set of needs and concerns. Such things as sport, computer use, and appearance are key issues. Children may fear wearing spectacles more than adults due to pressure and comments from peers.

Some young adults may prefer the purely “technological” eye examination which these fact sheets are designed to get away from! That’s fine so long as it is not an excuse for persisting in using it!

A good information booklet on childrens’ eye conditions and eye care can be most helpful, and produce more information from the parent on subsequent visits.

If complex or serious information must be communicated to the parent(s) alone, then arrange a separate appointment, or better still ring them at home later in the day or at an appointed time when the child is at school.

3 Older patients and people with learning difficulties

Dealing with old and infirm patients (whether mentally or physically disabled) requires many of the same rules as for children - the patient should always be the focus of your attention and where possible information exchanged with them as well as with family members/carers.

As with children the deaf will appreciate clear and exaggerated hand movements indicating left/right, bigger/smaller, etc. The patient will usually automatically copy your style.

Cartoon style and other diagrams may help with explanation of requirements in some procedures and the findings.

Some older people can hold back information feeling that it is not relevant or there is nothing that can be done. You may need to take more time to understand their true concerns and situation, as many older people do not want to “waste your time”.

Other older patients can have totally unrealistic hopes about their eye condition. You must again take time to explain in easy to understand language the findings of your examination and ensure they trust and understand your recommendations.

Patients with learning difficulties could have several problems in communicating with you. These may be due to an inability to understand your questions or requests, or an inability to express themselves verbally. Frequently these patients will come with a carer who will advise on limitations of understanding, language etc., and may use special ways to communicate e.g. Makaton signing.

If possible a family member or carer who has learnt the particular communication needs of this type of patient should be present throughout testing and your summing-up so that everyone knows the outcome.

REMEMBER, communication is essential to good patient care. Fact Sheet 1 emphasises your communication to patients, this fact sheet has focused primarily on patient communication (verbal and non-verbal). Fact Sheet 3 will present information on dealing with patients’ problems.