



Communication Skills in Everyday Practice

Dealing with problem patients

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.

In Fact Sheet 2 we pointed out that patients will have, to a lesser or greater extent, a set of feelings and possible anxiety about their visit to the practice, their vision and eye health. In that fact sheet we discussed the patient signs of anxiety and how to approach communication with such a patient.

This fact sheet explores the type of issues that patients may perceive as 'problems' that need to be 'solved' by their visit to the optometrist. Solutions are not of course always possible but advice can always be given.

In each fact sheet we have stressed that communication is part of the patient care process. Focusing in on the key problems as perceived by patients requires good observing, listening and questioning skills.

Patients' problems can be divided into concerns about:

1. The visit to the optometrist
2. Functioning adequately in home, work and everyday situations
3. The future evolution of any eye condition(s)
4. Their attractiveness to others because of visual deficits and the encumbrance of wearing lenses and spectacles.
5. Affording specific frames and lenses

1 Patient concerns about visiting the practice

Looking, sounding or feeling socially inappropriate is a fear among many typically poorer or older patients and ethnic minority groups (though it can apply to many others). Reception staff must be most careful to make everyone feel at ease, and not on any account to allow judgements on social difference to become known in any way to the patient.

Associated with the above are feelings that tests are designed to show one up or catch one out, and that somehow one's competence is being evaluated in the testing process. It is important to stress during testing that there are no right or wrong answers.

Many patients will feel educationally inferior to the staff and especially the optometrist. This may make them less coherent than normal, and emphasises the importance of leaving the patient plenty of room to speak, especially early in the initial interview.

2 Patient concerns about functioning

Functioning concerns vision in all the circumstances of life - reading prices, signs and notices, while shopping, speed and accuracy at work, computer usage, driving, watching TV and reading, etc. You will have built up experience in paying attention to these different circumstances.

The key is not to become too set in your questioning and explaining. You must address the important life activities of that particular patient.

3 Patient concerns about future evolution of any eye condition(s)

The future evolution of their eye condition is a concern of many patients, not just the elderly. How will my sight be in three months/years? Usually, simple reassurance will suffice, but on occasion you must make a prognostic estimate, and be realistic.

Where patients have persisting problems with frame comfort or weight, this often points to a failure to accept the true nature and extent of their eye condition(s).

Emphasise pride and satisfaction in coping with deficits rather than shame or embarrassment at having this peculiarity.

Unrealistic expectations of magically transformed and near perfect sight as a result of new lenses often lead to disappointment and frustration. Exact information about what it is realistic to expect as an outcome can help to prevent this, and aid patient satisfaction as well as loyalty.

4 Patient concerns about attractiveness

Personal and sexual attractiveness are centrally important to many, especially younger, people as the vogue for designer frames illustrates.

Spectacles may be seen as a personal disaster by some patients - "men don't make passes at girls who wear glasses". This taunt is seen as a terrible truth for many younger patients of both sexes. The lightness, colourfulness and attractiveness of modern frames may help counter this fear. It should be raised and discussed with first time patients in this age group.

5 Patient concerns about price

Affording frames should be touched on in the initial interview, even if only with reference to possible frames being considered.

Where necessary, these issues should be dealt with by you, even though this is often left to the dispensing optician. You should have information with reassurances about exact lowest and highest prices on both lenses and frames, any special offers and possible payment plan information available. Care should be taken to allay all anxieties early in the patient's contact with you.

6 Patient responses to and expectations of their eye examination

There are two mechanisms involved in the patient's acceptance of your advice and prescription(s), and a clear distinction should be made between them. A distinction should be made between a patient's cognitive acceptance of information which persuades a patient that these lenses will solve her problem. This is the routine and simpler form of acceptance.

The other is the patient's affective or emotional response. The affective response means that the general ambience of your practice, your professional style and any special visual properties or aesthetic considerations about the lenses and spectacles have an important, hopefully positive, impact on the patient. All these elements of the eye care visit to your practice imbue the patient with the positive feelings which are essential to her feeling satisfaction with your spectacles. It is this positive affective response which will cause the patient to persist in wearing her spectacles sufficiently often and for long enough periods to be useful in coping with her eye condition(s) and to persuade her that her investment is worthwhile.

Paradoxically this affective response depends most on the patient feeling that they have had the opportunity to state all their problems early in the pre-examination interview, rather than through any direct information which you may impart.

What the patient expects in terms of success is very important in encouraging their persistence in implementing any eye care recommendations.

This expectancy will be fostered by the optometrist's verbally and non-verbally expressed confidence in his/her testing.

Realistic goals help foster positive expectancies - if perfect sight is not achievable then the degree of vision attainable must be carefully explained so as to encourage positive feeling when a lesser goal is reached.

Rather than discuss academic aspects of vision which might be achieved, emphasise what the patient will be able to do or to aim for as a goal.

Real behavioural targets must be emphasised - and preferably communicated in print for the patient to take with them. "You should be able to cross the road near home and catch the bus to X", for example, implying expectation of adequate vision to negotiate traffic and identify bus destination signs.

Careful and realistic goal setting is essential in this process.

Mastery of specific targets in mobility or in reading, for example, should be set - targets should be discussed in terms of behaviours achieved, rather than estimates of clarity of sight.

Anxiety often inhibits a patient's ability to express their needs or to respond accurately on eye examination tests.

7 Psychological problems interfering with testing

Anxiety betrays itself through pallor or flushing, restlessness, hand rubbing or in exaggerated circumstances hand ringing, failure to make eye contact, stuttered or rushed speech (further examples are given in Fact Sheet 2).

Where anxiety is detected then pause in interviewing or testing, and sit relaxed to chat about something, if only about what you will do next - do not mention the anxiety.

A depressed person may be almost monosyllabic, soft spoken, eyes downcast, perhaps showing signs of tearfulness and be slow in responding.

The depressed person often feels and is helpless. They can't see the point of doing things because they know, correctly or not, that nothing will improve their condition.

You can emphasise the advantage of better sight.

Little can be done by you to remedy true depression on the spot; but make your own speech slow and repetitive and instructions very explicit.

Reduction of pathological disturbance, whether in the form of strange theories about eyes and vision, or in the form of "psychological" problems, can be achieved by your careful vigilance, and result in much greater patient satisfaction.

Realism in goal setting, with praise for achievement, is the basis for maximising patient satisfaction and ultimately of ensuring patient loyalty.