



# Communication Skills in Everyday Practice

## Dealing with Bad News and Summary

### DEALING WITH BAD NEWS AND FINAL SUMMARY

#### 1 Referring patients

The **worst news** that most optometrists have to convey in normal practice is that referral for further investigation to a hospital or eye clinic is necessary. Your role in these circumstances is to be seen to be expedient and professional in referring the patient. Emphasis here could be placed on ensuring that the patient understands what will happen next. Let them know your letter of referral will be off quickly and the likely waiting time for the hospital to contact them. You could also explain the role of the ophthalmologist versus the optometrist.

In **referral situations** others should have dealt with breaking news about the most upsetting aspects of a diagnosis. Research undertaken for the Royal National Institute for the Blind (RNIB), with patients of hospital eye clinics shows, however, that the patient will often want further explanations of their condition, and above all reassurance.

#### 2 Ongoing Support from the Practice

**Patients who** are subsequently registered as partially sighted or blind can feel anxious and uncertain about what is now going to happen to them. They often forget parts of what was said by the ophthalmologist during the consultation.

**Research shows** that the patient satisfaction is best at hospitals that have a voluntary or other support worker who is available after the consultation. Few have this at present. Some patients do not know about possible help from low visual aids. Further advice and support from optometrists could help here. Of course patients can be their own worst enemy not persevering with low vision equipment. Ongoing support from the optometrist in the use of equipment could help.

**Patients may not** be aware of local societies for the visually impaired, if they exist in their area. This information, if available at the hospital, may not be picked up or taken on board by the patient.

Your practice could ensure that support information is available to patients. This could include local society numbers, information on eye conditions, entitlements etc.

**Patients feel more confident** if they keep in touch with a professional. Patients could be encouraged to keep in touch with and visit their local optometrist on an agreed schedule. They will be reassured by discussing their visual condition by receiving advice on coping strategies and if appropriate low vision equipment, there is nothing worse than feeling there is no one who really understands. Even if there is little that can be done to help, many patients would like to keep in touch.

#### 3 Communication when first meeting after a referral

A **patient** will have a range of emotional feelings upon visiting you some time after diagnosis at the hospital. They may be relieved with the result or of course upset if there is a significant eye condition. Be sympathetic, empathic, be seen to be professional. The key is to ensure that the patient and any others involved understand the situation and the positive provision which you and other bodies can make.

**The most important thing** is to ensure the quality of the communication about the visual condition, and then to point the patient to a means of coping.

**Let us look first** at quality of communication - this simply means that we should be even more careful in these circumstances to apply the messages of the past four fact sheets.

**Where possible bring others** to share the burden. Accompanying friends or relatives may help not only in comforting the patient, but more importantly in understanding and remembering what you are saying.

**Remember the patient may remember** very little from their visit to the hospital. This is an opportunity to ensure they understand the situation confronting them.

**Speak quite slowly** if the person is in any way distressed, but even if they don't appear distressed follow the same rule. The fact that some patients don't appear especially upset by bad news should not make us think that these rules do not apply.

**Silence on your part** to allow the person to express themselves is essential. Only when you hear what the patient has to say can you assess how much has been understood, and with care repeat the essential messages where they have not been received.

**If the message** is for parents of a child, or spouse of someone who may not understand the circumstances, while remaining focused on the dependent person, ensure that the guardian adult understands and is happy with your instructions

**As a rule of thumb** try to repeat all essential messages three or more times.

**Never argue or use negatives** to persuade in such circumstances. “No, you don’t understand, it’s like this” is useless and confusing in these circumstances. Only repeat the facts as you understand them.

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## 4 The benefit of printed material and/or videos

**Most patients** find printed material very useful to help them remember and understand what they have been told. The RNIB ‘Understanding’ series of leaflets provides patient information about specific eye conditions. Each leaflet in the series is available at £25 per 100. Please contact RNIB Customer Services on 0345 023153.

**Where appropriate** reassure patients of your services such as low vision equipment and emphasise the need for perseverance. Prepare a list of additional information such as names and phone numbers of contact and support groups, local and council facilities, charities, hospitals, etc. Be aware that some patients may forget or be afraid to approach other agencies. It may be useful for you to make some contact for these patients if possible.

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## 5 Now a final summary of some key messages from the fact sheets

**Effective communication** is an essential part of the patient care process

**Communications skill** is a two way process and involves the core skills of observing, listening, questioning, explaining and summarising.

**Patients can feel anxious** about the eye examination and good communication will make the patient care experience a better one. This will influence their satisfaction with the visit.

**Good communication also** involves a careful explanation of procedures and then conclusions to the eye examination. Remember people find it hard to take in information and often forget what is said to them. Repeat the message several times. Why not give a written summary of the outcome.

**Pausing to let the patient communicate** is a central part of good interviewing - especially if the person is anxious, shy, upset or has learning disabilities. Do allow such short deliberate pausing while directly addressing the patient. This gives them an opportunity to formulate their thoughts and make any comment of their own. Special questioning, examples and patience may be needed for people with learning disabilities.

**Research shows** that emotional satisfaction is critically important in producing patient loyalty and this satisfaction directly relates to their feelings that they were able to express their own symptoms and feelings about them in their comments to you.

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

**What the patient thinks** about the visit, however, depends on the adequacy of your communication to them near the end of their visit.

**This is one of the reasons** why we strongly advocate giving written information to the patient describing the outcome of the eye examination and any spectacle recommendations. Software is available to help produce these reports.

**Such written information** gives the stamp of your professionalism, and avoids the persisting problem of patients inadequately remembering your advice.

**Be firm** while polite if patients are being difficult. Few patients come into this category but remember there are techniques for interacting with such people. The key is to calm them down and control the discussion.

**Dealing with old and infirm patients** (whether mentally or physically disabled) requires precisely 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 or friends.

**When discussing hospital diagnoses where possible bring others** to share the burden. Accompanying friends or relative may help not only in comforting the patient, but more importantly in understanding and remembering what you are saying.

**Remember communication** is part of the patient care process. It should not be seen as an add on but part of what you do. This skill can be learned. Why not have workshops on communication skill within the practice and use role play. Consider external courses.

**Above all be genuinely patient focused** while observing, listening, questioning, explaining and summarising. Treat every patient as if they were your only patient.