



DOCET
Directorate of Optometric Continuing Education & Training

DOCET Evaluation Project

Strand 1: Patient Survey Year 1

Report

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Introduction

Continuing Education and Training (CET) is now an integral part of the working lives of most professionals. With so many professionals participating in CET the Directorate of Continuing Education and Training (DOCET) has to determine that both its services and the CET undertaken by practitioners are having a beneficial impact. While common sense indicates that training should benefit patient care is this actually the case? All too often training in organisations is undertaken with little or no assessment of the relationship between the training and service. This lack of assessment and feedback then prevents the identification of opportunities for improvement which could drive better practice.

In 2000 DOCET embarked on a five year longitudinal study to evaluate its services and CET within the profession. Three main strands make up this study:

Strand 1: The relationship between the amount of CET undertaken and patient perception of care/service. The impact of additional CET over time.

Strand 2: The attitudes, behaviours and needs of practitioners in relation to CET and DOCET and practitioner assessment of CET impact.

Strand 3: The evaluation of CET course effectiveness.

This report relates to Strand 1 and the first year of patient perception information. Smaller samples of patients will be used in years two to four with a large scale patient survey again in year five.

Participants

In total 7030 practitioners were contacted by letter inviting them to support the DOCET patient survey. 202 (2.9%) of practitioners responded and were willing to help. Participants were required to specify the number of hours of CET that they undertook in the last twelve months on a scale of <5 Hrs, 5-10 Hrs, 11-20 Hrs, 21-30 Hrs, 31-40 Hrs, 41-50 Hrs, >50 Hrs. CET was defined as both accredited and non-accredited learning activities that the practitioner has undertaken. The final sample of practitioners chosen for the year one survey was 187 based on the amount of CET that they undertook.

The percentage of practitioners in each category was:

13% (<5), 17% (5-10), 31% (11-20), 16% (31-40), 13% (41-50), 10% (>50).

The minimum percentage in each cell for the statistical analysis is 5% so it can be seen that the sample is at its lowest double this criterion.

The band 21-30 Hrs was dropped as a mid point and practitioners sourced who undertook either more or less than this. Less than 12% of the participants were from multiples. This strand of the research is not a survey of practitioner opinions being an investigation of the effect on patients of the amount of CET practitioners undertake. Therefore the balance of independent practitioners to multiples is irrelevant to the present analysis.

Methodology

Questionnaire Development and Piloting

Two brainstorming sessions were held with members of the DOCET project working group to identify initial topics for the survey relating to services and activities that CET may have an impact upon. From these a list of potential topics was produced and used to develop actual questions for the draft questionnaire.

The draft was then reviewed by the working group, adjustments made and piloted with two practices, 200 patients per practice. The response rate from the pilot was 45% and all questions produced suitable variance indicating their discriminating potential.

Distribution of Questionnaires

The questionnaire was distributed with a covering letter from the survey project manager on College of Optometrists stationary. It was made clear in the letter that the survey was supported by the patient's practitioner and that completion and return was optional with all returned questionnaires being entirely anonymous.

The questionnaires also included a reply paid envelope direct to BEI Ltd. 80 questionnaires were collated and boxed per practitioner and sent to the practice for distribution to the patients.

Patient Sample and Response

The questionnaire was distributed to eighty patients per practitioner giving a total sample of 14,800 patients. In total 6580 questionnaires were returned giving an excellent 44% response rate (note how close this is to the pilot).

Data Processing and Transcribing

The rating scores for each question were entered into the specialist Statistica spreadsheet producing 48 variables and 315,840 data points in total.

Question 28 asked for written comment from the patient and these comments were transcribed into Word for Windows.

Analysis

One way Analysis of Variance was performed for all relevant questions using amount of CET as an independent between groups variable. Descriptive statistics were also performed as required for specific questions such as Q1.

Written comments were analysed for categories and trends.

Results

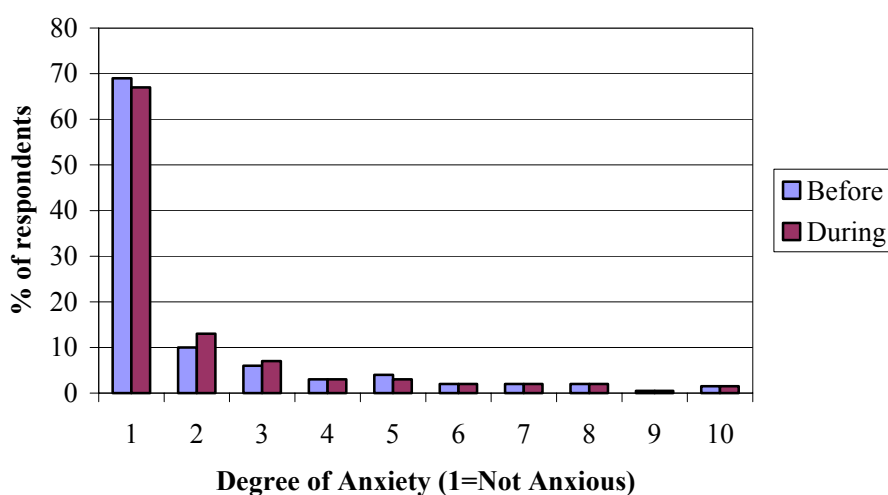
Anxiety

The first issue tackled in the questionnaire was the level of anxiety that patients experience prior to, and then during, the trip to the optometrist. Anecdotal evidence from optometrists had suggested that patient anxiety was quite high and perhaps even on a par with dentists.

Q1) How anxious about the trip to the optometrist were you before you arrived?

Q7) How anxious would you say you were during the visit to the optometrist?

Figure 1: Degree of anxiety experienced by patients before and during the trip to the optometrist



The results in figure one indicate that 85% of patients feel very little, if any, anxiety prior to the visit with almost the same, 87%, feeling little anxiety during the visit. Clearly the overwhelming number of patients do not report feeling anxious about visiting the optometrist. This does not necessarily mean that they are not psychologically concerned about the consequences of vision loss. Rather this result probably indicates that they are not getting aroused in the sense of racing heart, butterflies in tummy etc.



Effect of amount of CET on patient perception of eye care.

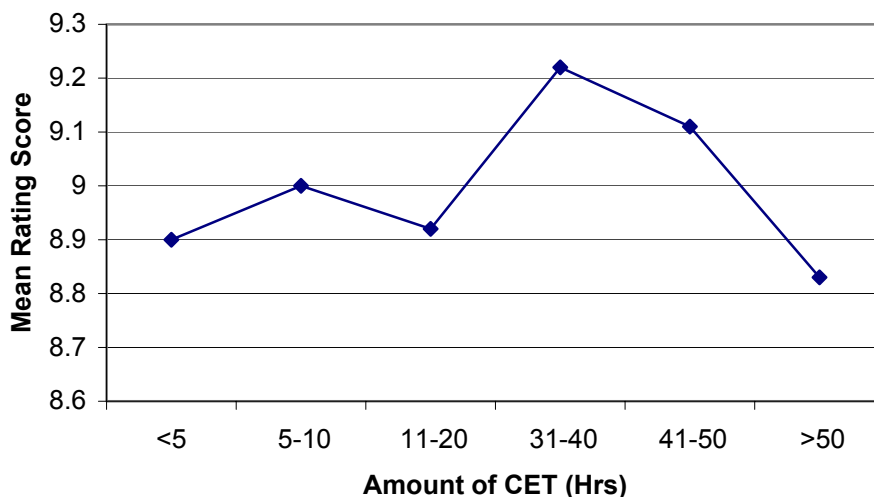
The main purpose of the questionnaire was to assess if there was a relationship between the amount of CET undertaken and patient perception of the eye care journey.

The following areas produced significant results indicating an impact of amount of CET.

Q2) On entering the consulting room how good was the optometrist at:

a) Meeting and greeting you as a person they were pleased to see rather than another patient

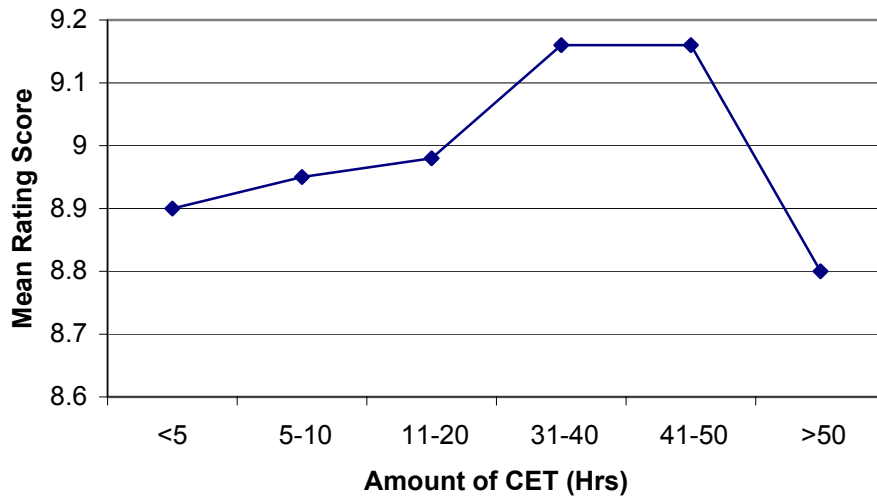
Figure 2: Effect of amount of CET on patient perception of meeting and greeting



There is a highly significant difference between those practitioners undertaking low amounts of CET (<5Hrs) and those undertaking 31-40 Hrs, $F(5,6483) = 5.5, p < 0.00005$. Indeed the graph indicates that 30-50 Hrs of CET has an impact on patient perception of meeting and greeting ability. Notice that those doing over 50 Hrs of CET are rated the lowest. This could be for a number of factors which are beyond the scope of the survey to answer.

b) Putting you at ease with an initial chat

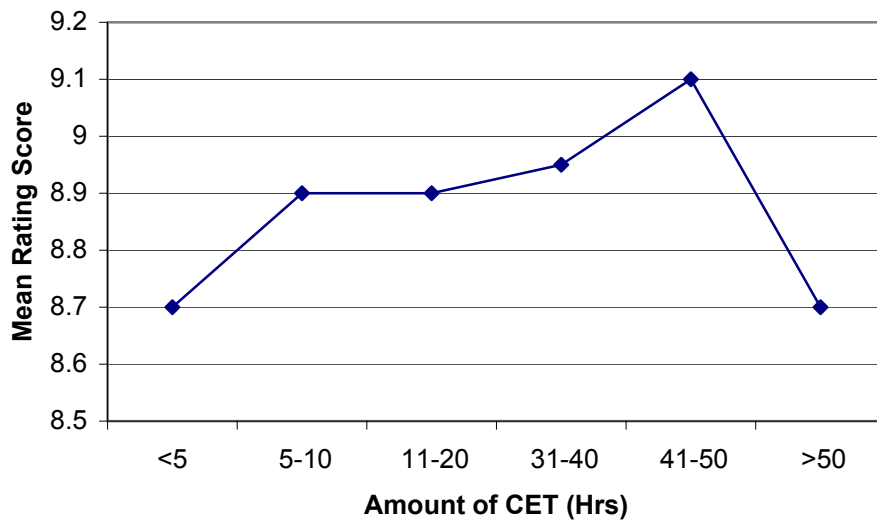
Figure 3: Effect of amount of CET on patient perception of practitioner putting them at ease.



Again the graph clearly shows the impact of increasing amounts of CET, $F(1,6473) = 3.34$, $p < 0.005$ with more than 50 hours of CET having a negative effect.

Q4) I was given an explanation of what was going to happen and what to expect before each stage of the eye examination

Figure 4: Effect of amount of CET on patient perception of explanation given prior to each consulting room procedure

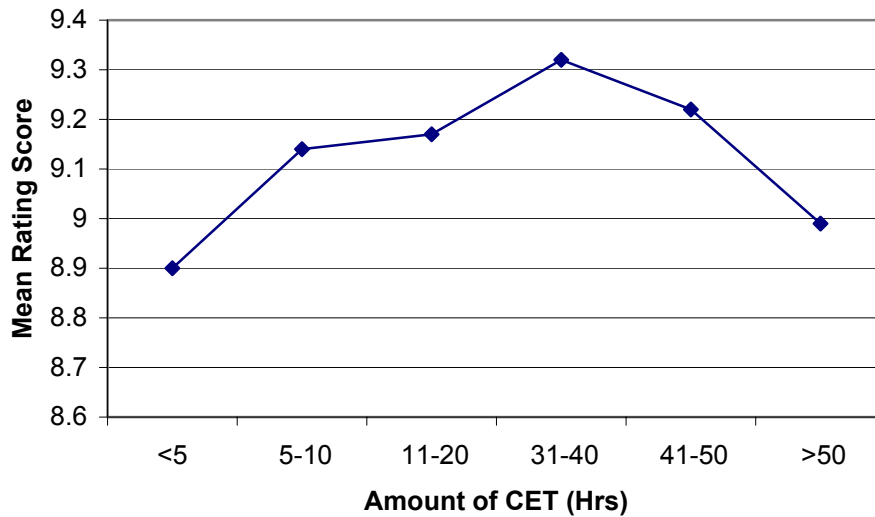


There is a significant difference in patient rating between those practitioners who do <5 Hrs of CET and those that do 41-50 Hours. The overall trend is upwards until those that do over 50 hours where it once again drops.

Q6) How good would you say the optometrist was at the following?

c) Giving you a final summary of the relevant eye health information

Figure 5: Effect of amount of CET on patient perception of the final summary of relevant eye health information



Performance peaks at 31-40 hours of CET which is highly significant $F(5,6324) = 3.8, p < 0.005$. This then reduces particularly in the >50 category.

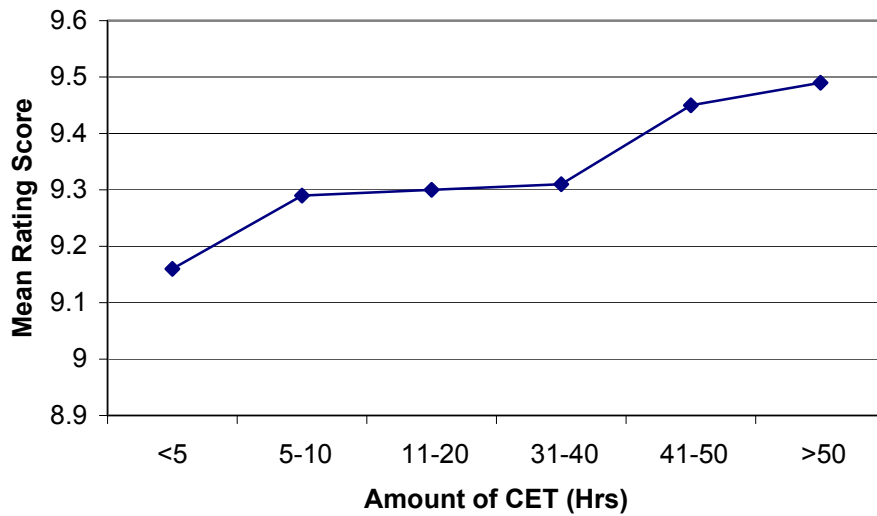
Q8) How knowledgeable about eye conditions and the health of your eyes did the optometrist seem to be?

This was supported elsewhere in the questionnaire by a similar question.

Q19) Did the optometrist give you the impression of being a particularly knowledgeable member of the profession?

The results to Q19 were significant and Q8 was marginally significant backing up the Q19 results with a similar overall trend.

Figure 6: Effect of amount of CET on patient perception of how knowledgeable the practitioner appeared.



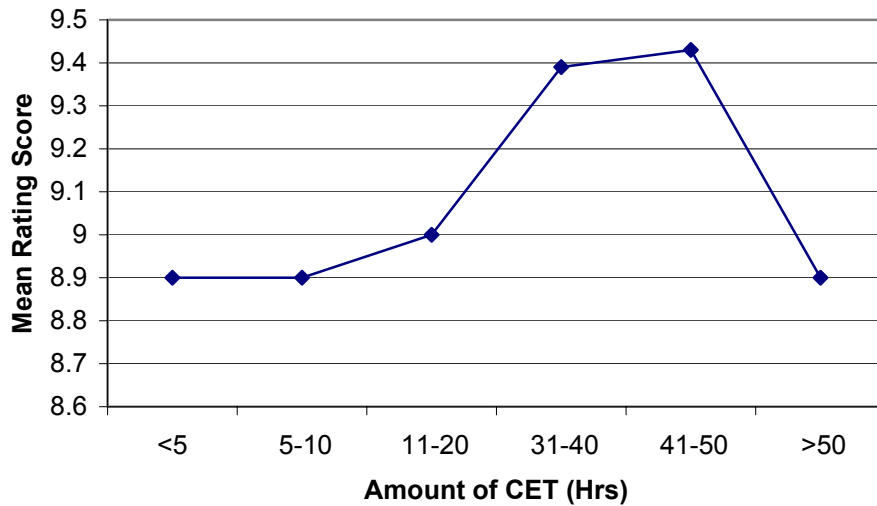
This Q19 result is an encouraging finding. It shows a significant difference between those that do less CET and those that do 40 and over hours on the patient perception of knowledge $F(1,6379) = 2.23, p < 0.05$. This time those that do the greatest amount of CET score the highest. Knowledge is an area where it would be hoped greater amounts of CET would have a greater impact.

Q14) Please indicate if you have any of the following conditions/needs and also how good the optometrist was at handling these conditions/needs.

b) Learning difficulties such as dyslexia, memory loss etc

See Figure seven over the page.

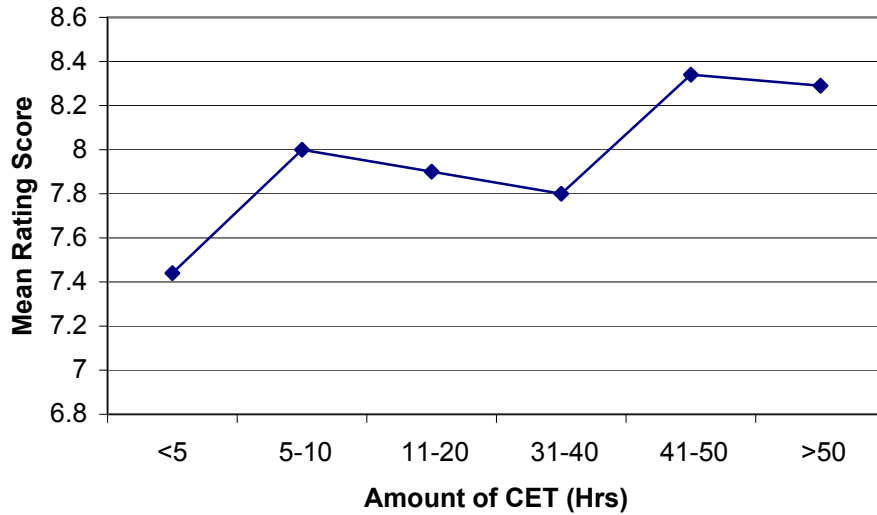
Figure 7: Effect of amount of CET on patient perception of the practitioner handling their learning difficulties



This graph indicates that practitioners doing between 30 and 50 hours of CET are rated more highly by patients with learning difficulties such as dyslexia $F(5, 494) = 1.8, p = 0.09$ and is statistically marginally significant. However, this effect was not found to be significant for any of the other special needs categories such as poor hearing, learning disabilities, low mood, physical disability.

Q23) Would you say that the consulting room/practice gave the appearance in investing in new equipment?

Figure 8: Patient perception of investment in the consulting room as a function of the amount of CET undertaken



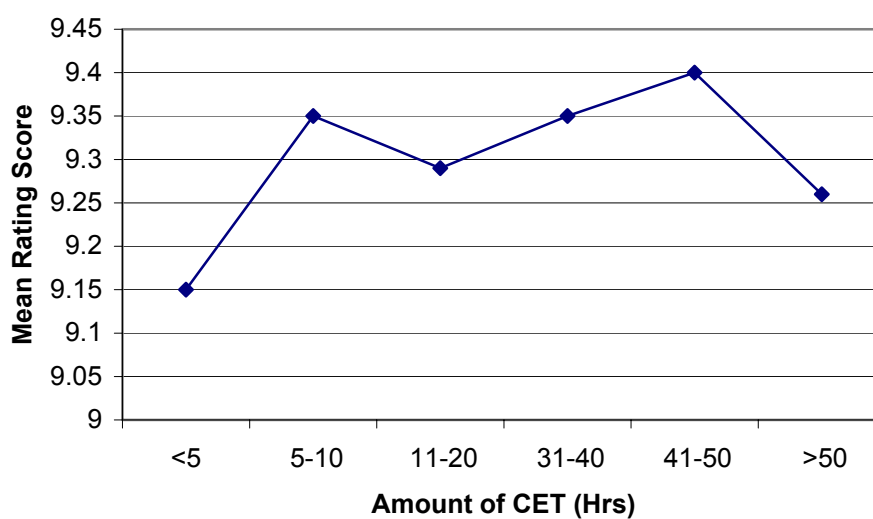
Overall patients of practitioners who do more CET rate the investment in the consulting room as being higher $F(5, 6188) = 9.89, p < 0.00005$. This is statistically very significant.

Q24) Did you receive any written educational information about your eye health and vision, other than a prescription?

21% of those practitioners who do more than 30 hours of CET are rated as having given out additional eye health information compared to only 13% of those that do less than 20 hours of CET. This result suggests that although those that do more CET are more likely to give out information all groups of practitioners could put more emphasis on written educational information.

Q26) Please now rate your perception of the overall professionalism and patient care of the optometrist

Figure 9: Effect of amount of CET on patient perception of overall professionalism and patient care.

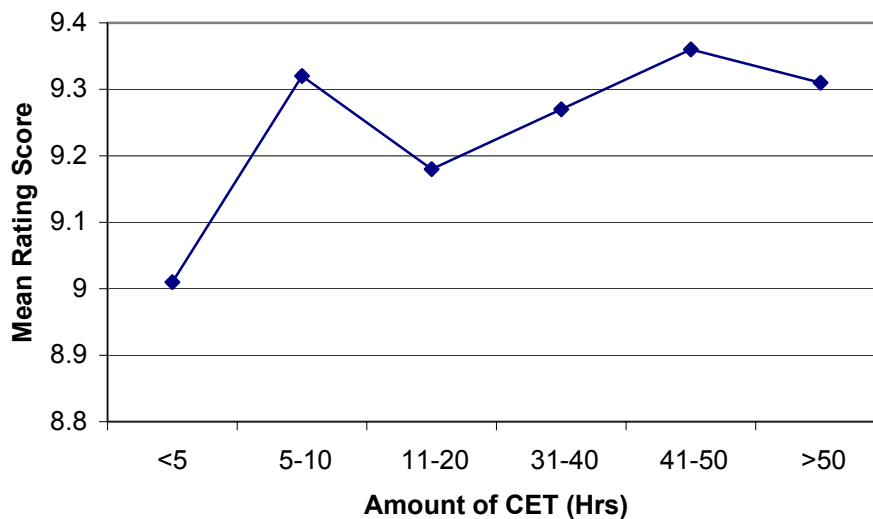


This is another encouraging finding and is highly significant $F(1, 6349) = 3.17, p < 0.01$. It shows that doing just a small amount of CET can have an effect on perception but that the optimum is around 30-50 Hrs. This is supported by the trends in the other graphs. Again more than 50 Hrs seems to reduce the patients' perception.

Q27) Does the optometrist strike you as a person who keeps up to date with current techniques and ideas?

See figure ten over the page.

Figure 10: Effect of amount of CET on patient perception of how up to date the optometrist is with latest techniques and ideas.



Again this final graph supports the previous one in suggesting that practitioners who do relatively small amounts of CET can benefit from a positive impact on patient perception with this benefit peaking at 41-50 Hrs.

Q28) Please comment on any areas where, in your opinion, training would benefit the optometrist?

There were a lot of comments from patients indicating where they felt practitioners could improve. These comments do not just relate to a few practitioners but are taken from all 187 practitioners participating. The trends in comments are therefore representative of the large sample of practitioners. See the appendices for the transcripts of these comments. A separate report shows frequencies of comments. Comments fall into the following main areas:

- Awareness of special needs and skills in handling these patients i.e wheelchair users, disabled, deaf etc.
- Communication skills of the optometrist and of staff. This has been mentioned a lot by patients and covers all areas such as:

Listening to the patient

Explaining what is going to happen in the consultation

Explaining findings of examination and products available

Breaking bad news

- Behavioural style of the optometrist. This includes the manner of interaction, approachability, level of interest, ability to empathise with the patient

- Time management

- Written information about eye health and products

- Time spent with patients especially parents of children who have had an eye examination

- Knowledge and ability of support staff

The results from the comments indicate that although the majority of practitioners received high rating scores the patients felt there was room for improvement. It may be that the patients did not want to “badmark” their practitioner and tended to rate higher, but felt they could give written comment at the very end of the questionnaire. There are certainly numerous comments all indicating room for improvement.

Summary & Conclusion

The DOCET year one survey of patients was designed to gather information that would have three main uses as follows:

- 1) Data on patient perception of eye care that could be analysed to assess the relationship between undertaking different amounts of CET and the patient eye care experience.
- 2) Qualitative comments data that would inform DOCET of the current opportunities for improvement and associated training as perceived by the patients.
- 3) Best practice standards data that could be reported back to all practicing practitioners in the form of a published overall report and articles as well as individual reports to the 187 participating practitioners to drive their personal development and CET.

The successful implementation, analysis and reporting of the survey has enabled all three of the above uses to be achieved as beneficial outcomes of undertaking this patient strand of the DOCET project. Patient opinions and views are all too often overlooked or inadequately measured amidst the focus of day to day operations.

Each of the three data uses has value in their own right. The value of this material far outweighs the investment in strand one of the research. Additionally this research is groundbreaking in its aims and achievements and testifies to the proactive and continuous improvement orientation of DOCET.

The response rate for the survey was high at 44% and the overall response sample large at over 6000 patients. This size of sample enabled a statistically adequate number of patients to be included for each of the 187 practitioners and adds to the validity of the results. In particular with Analysis of Variance as the chosen statistical analysis method this size of sample enabled the cell size for each category of CET (amount of CET undertaken) to be high and adds to the validity of the statistical process.

The results convincingly show a relationship between the amount of CET undertaken and the patient perception of eye care. The statistical significance of the results is sound with probability values reaching 0.00005 in some cases. Not all questions in the survey found a relationship and this is not surprising. Indeed the practitioner areas where no significant relationship with CET

was found to exist were issues more to do with practitioner housekeeping, personal appearance and practice type, rather than skills in eye care such as practitioner knowledge and eye examination approach. This finding significantly weakens the argument of those who may try to reduce the significance of CET and infer personality in its many guises as the sole causative factor for heightened perception scores. Indeed many of the same personality factors will be spread across the sample of practitioners doing both little and large amounts of CET. Moreover it was possible to remove practitioners who were rated as warm people from the analysis and the relationship of increased perception score with increased amounts of CET held as statistically significant.

The findings can be summarised as follows:

- Undertaking quite small amounts of CET (>5 Hrs) is related to an increase in patient perception of two aspects of eye care namely:

The practitioner's overall professionalism and eye care delivery

How up to date with the latest techniques and ideas the practitioner appeared

- The largest difference in patient perception arose for practitioners undertaking <5Hrs CET and those undertaking from 30-50 Hrs of CET. Patients of practitioners undertaking 30-50 Hrs of CET rated significantly higher on:

Meeting and greeting skills of the optometrist

Optometrist ability to put the patient at ease

Optometrist's explanation prior to each examination procedure

Final summary of relevant eye health information given by the optometrist

Optometrist ability in handling patients with learning difficulties

The overall professionalism and patient care of the optometrist

- For the above two bullet point patient care areas optometrists undertaking more than 50 hours of CET scored much lower in patient perception than those undertaking between 30-50 Hrs. The reasons for this are beyond the scope of the current project but a speculative suggestion is that these practitioners may be overly focused on learning which is drawing their time and focus away from patients. This is pure speculation and there may be many other contributory factors.
- In three instances undertaking over 40 hours of CET (and therefore over 50Hrs) had a beneficial relationship with patient perception. These were:

The optometrist knowledge

The appearance of investment in consulting room equipment

The optometrist keeping up to date with the latest techniques and ideas

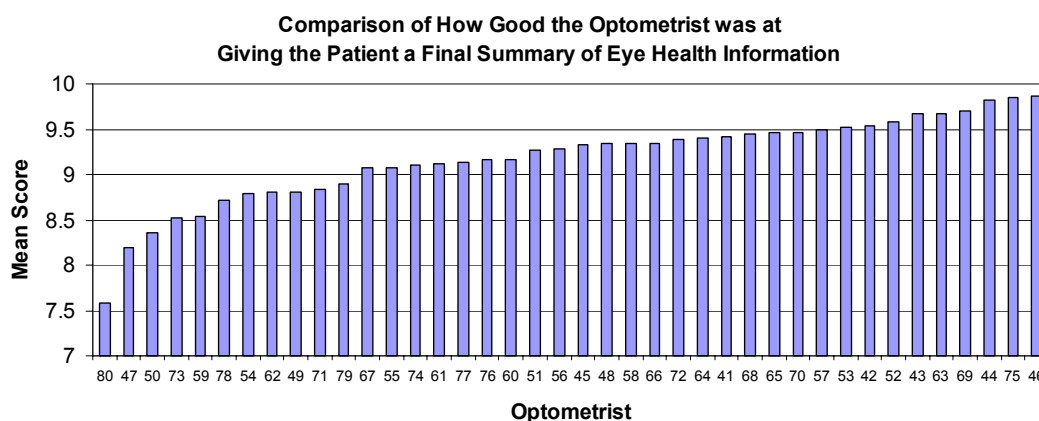
The questionnaire also found that optometrists who undertake over 30 Hrs of CET are more likely to give written educational material to patients; 21% of patients receiving this as opposed to 13% of those who do under 20 Hrs . However this was still only one in five patients. There is a long way to go in providing more educational material for patients! This is backed up by the masses of patient comments from the questionnaire where the cry for more information is voiced.

The patient comments data provides a valuable body of information from users of eye care services across the UK. Although the patients scored quite highly in the rating of practitioners overall they were able to voice room for improvement in the nature of their comments.

Communication skills were mentioned frequently by patients as an area where training would be of benefit.

The questionnaire also produced an enormous body of best practice performance information. Business Excellence International produced summary reports for each practitioner that took part showing how their mean patient rating scores compared with their peer group. An example of a graph from this report is shown on the next page.

Figure 11:



The above graph visually represents best practice as those practitioners scoring on the right hand side of the graph. Clearly there is a large variation in performance with scores of over 9.5 possibly indicating near excellence.

This summary report will be invaluable for those practitioners that helped DOCET as it provides information normally only available through specialised fee based programs run by BEI Ltd.

This information can feed into the practitioner personal development plan process thereby further ensuring the value of CET.

In conclusion this patient questionnaire strand of the DOCET evaluation project has provided information that is beneficial in not one but three main areas;

- 1) As an investigation into the relationship between CET and patient perception of eye care.
- 2) As a source of useful comments from patients about where training may be needed by optometrists.
- 3) As a source of best practice information relating to patient eye care.

In undertaking this project DOCET is using intelligence to increase value both in the services that it is funded to offer and the services that practitioners provide to patients.

Appendix 1

Patient Comments On Training Needs

- ❑ The consultation proceeds at a fair pace. Quiet, shy or retiring patients could miss an opportunity to discuss matters fully.
- ❑ Don't really feel they are proactive in organising regular examinations on a frequent basis.
- ❑ More understanding of disabled, ie no chairs suitable for old or infirm – very low, no arms for assistance. Elderly struggle to sit and rise.
- ❑ It would maybe make the optometrist more serious and teach him to listen a bit more.
- ❑ Only in keeping up to date, which is ongoing.
- ❑ Understanding disability. Equality issues from training, also disability awareness for staff (receptionist etc). Provision of facilities for disabled people, eg ramp, loop system etc.
- ❑ I tried budget varifocals a little while ago but thought the frames were budget and did not understand the lenses would not be as good as a dearer lens. I do feel this should have been explained to me.
- ❑ Although I am obviously very happy with my optometrist, I suggest that it is necessary for all professional people to be aware of any new developments in their field of care.
- ❑ Better time management.
- ❑ Time management and the 'cosmetic' appearance of lenses – ie thinness and whether the frames are flattering, but this is just a very minor thing.
- ❑ It would be useful if the pros and cons of spectacle frames were explained or information leaflet given with the new frame, because it is difficult to work out how much visual field is lost with the new smaller lens frames that now exist. As the patient's initial choice of frame is made without the prescribed lens, there is no way of knowing how much visual field will be lost, particularly if the prescription is for distance.
- ❑ Perhaps more advice/benefits of various lenses/frames/lens cleaning/care etc. I broke a pair of frameless lens glasses due to cleaning them incorrectly, ie putting undue stress on attachment fittings.
- ❑ Fitting – I needed to return – too loose.
- ❑ The optometrist spoke extremely quietly and because of this I found it difficult to ask questions – he was rather unapproachable. Therefore, perhaps a course in patient relations would be beneficial.
- ❑ The optometrist gives the impression of being shy and timid. This affects his ability to communicate verbally, but a very good old fashioned professional.

- ❑ Speaks very quietly and tentatively and appears to be unconfident when communicating with patient.
- ❑ A little more conversation and remarks as to what he thought, no conversation when a simple question was asked, but I understand from local people that he is good at his job. However, difficult to feel comfortable with, as no response.
- ❑ Dealing with people skills.
- ❑ Treating a patient like a person. Explaining and talking about what is to/will happen and the new/improved prescription.
- ❑ Using new equipment.
- ❑ Felt he didn't understand learning difficulties. As my daughter is only 10 years of age, she didn't understand his question. He gave no encouragement and made us feel we didn't have enough money for him. We were private, not NHS.
- ❑ Did not appreciate on initial visit of my daughter, being first shown designer frames costing a lot of money. Children will always choose those if given the opportunity!
- ❑ I would like a little more explanation about how my eyes are doing and what glasses should I have and why.
- ❑ Time management.
- ❑ Allowing people more time to explain their problems, fears etc. (Consulting room very small, gloomy and unfriendly).

- ❑ Meeting and greeting. Putting people at ease.
- ❑ A little more responsive in client greeting would go a long way.
- ❑ Eye exercises for patients to relax the eyes generally, and particularly before the eye tests.
- ❑ Office staff, receptionist need to be more up to date. Could not answer simple eye questions and prices of contact lenses.
- ❑ Patient education on eye health and explaining to patients the reason for each procedure/test carried out and the outcome, rather than just proceeding non stop!
- ❑ Regular training is always beneficial.
- ❑ People skills – explanations of procedures etc and outcome of eye test even if no prescription required.
- ❑ Not trying to always sell new frames when prescription changes for eyes and new lens is needed. When explaining thickness of lens/showing it against frame – ie different thicknesses to fit into frame.
- ❑ Communicate more effectively with patient. Keep to appointment times.
- ❑ When patient makes an appointment for say 4 pm, they should be seen at that time, not 25 minutes late and the receptionists should be helpful instead of chatting away with each other.
- ❑ The optometrist was running 30 minutes late. I felt rushed as I was asked to go back to have the visual field check. This meant another appointment which I wasn't pleased about and I still haven't been back due to work and family commitments (the eye test was in mid January). I haven't had new prescription made yet for same reason. I had taken half day annual leave to have eyes tested. Working in the public sector, I do however realise how easy it is for appointments to run over. Perhaps extra time could be allowed for elderly?
- ❑ The surgery appears to have a different optometrist at each yearly visit, so a patient does not have the opportunity to create a professional relationship and discuss long term health issues.
- ❑ I was seen by the optometrist 30 minutes late. The receptionists could have let us know the optometrist was running late instead of sitting there chatting away with each other.
- ❑ More training/options re contact lenses.
- ❑ I think it would be good to offer patients a 'help' pack – a) for very small children needing glasses – under 2 years, and b) for children at school where they need to sit in the right place (blackboards, games etc) – anything the mothers should be told.

- ❑ Knowledge and apparent competency high – only drawback, is not particularly articulate. Needs to work at clear, direct statements. Mutters and mumbles incoherently as he goes about his work.
- ❑ He may need to try to get to know the patient before proceeding with the consultation.
- ❑ He seemed shy, so confidence training would be useful.
- ❑ The only finding not satisfactory during my visit was a very rude receptionist.
- ❑ The only problem is due to a natural shyness.
- ❑ Appears to be not very friendly towards patients.
- ❑ To be more forthcoming about findings of his own volition rather than providing detailed information when questioned.
- ❑ Setting up of peripheral vision equipment to suit individual patients – height adjustments etc.
- ❑ Perhaps as more lenses are made, a little training would be an advantage.
- ❑ No testing with puffer for glaucoma.
- ❑ Poor communication skills, can't speak English well.
- ❑ To make a person feel relaxed is very important.
- ❑ To stop answering the telephone herself and having private conversations whilst you are waiting/having eye examination – looks unprofessional.
- ❑ To be more warm to children and make them feel secure, especially being their first experience in eye testing – maybe having more consideration or allowing their mother or father to be with them if they wish when the test is taking place.

- ❑ While being tested, I wasn't quite sure on how clear a circle on red and green background was. The optician shouted at me, saying 'Either you can see it or you can't' - was very rude while testing me and I will never attend this optician again. I felt very hurried and pressured into making the wrong choice.
- ❑ Glaucoma is still being understood. Opticians will need more help to diagnose it in the future.
- ❑ Most definitely , new machines are needed to check eye examined, so training in this.
- ❑ Perhaps a warmer, more friendly relationship with the patient would be beneficial.
- ❑ My daughter who has severe learning disabilities was tested as well as myself. Any extra training or communicating with special needs could be offered – although she was very good.
- ❑ Someone who would talk to you before your examination.
- ❑ Arthritis – the disablement of the condition requires better furniture to enable me to see the screen (the green and red spots).
- ❑ Brush up on manners and listening to people who wear glasses.
- ❑ Keeping to time.
- ❑ Make more eye contact with patient when giving explanations. Training to understand the concerns of older patients – for example confusion about new services.
- ❑ Having checked my children's eyes, the time allowed and explanation given to me as a parent was not long enough.
- ❑ My daughter came away concerned about her eyes as much as before she went in. No link was given with the diabetes she has. Everything was very vague.
- ❑ Handling of and reassurances to children and more time to explain details to parent in waiting room.
- ❑ People are individuals and not hospital numbers – show some interest in people – run to appointment times. Staff are very rude and ignore you on occasions!
- ❑ Only training needed – keeping up with further advances in eye technology.
- ❑ I am 63 years old and wear contact lenses, not into spectacles. I feel quite distressed when I have to pay full amount (£130.00 a pair), especially when I am on Income Support. My optometrist wasn't very helpful when I asked him if I could pay monthly reduced payment. It's either full amount or no contact lenses. Bitterly disappointed. Old aged people like me are not treated properly where finance is concerned.
- ❑ My last appointment in January was for 2.00 pm and the optometrist arrived at 2.20 pm – room for improvement here.

- ❑ A more careful study of case notes regarding changes previously applied. My new glasses, reading and distance, were far too strong – retested and changed to meet needs – judged to be clinically correct, but too strong and strength had to be reduced.
- ❑ Possibly to try out new equipment, home visits etc!
- ❑ In explaining what is going to happen and what to expect.
- ❑ My only criticism was that, after a very thorough examination, I was given no feedback about the condition of my eyes , but then I could have asked. Training in giving feedback would help.
- ❑ Breaking the results to the patient – or in my case, to me about my child’s test. I was asked ‘Who is your doctor?’ before being told the results of the test or that the test was ok.
- ❑ Must learn to keep appointments to time!!
- ❑ Explaining diabetes related eye problems without scaring the patient – I had to go and see my diabetes consultant for reassurance and a simple explanation!
- ❑ I was completely satisfied, except for having benefits of each type of lens explained.
- ❑ The latest technology.
- ❑ Written information on my eye condition would have been a bonus.
- ❑ The optometrist appeared to be relatively new to the practice and I would think that he could improve in the explanation of his findings and especially the recommended solution/course of action. In my case, I am of the opinion that I lost a perfectly good pair of lenses unnecessarily through this.

- ❑ Giving patients more privacy when asking personal details. I feel this should not be done in reception/shop where everyone else can listen to you.
- ❑ He needs to be more child friendly- talk to them, not over them!
- ❑ A little more on customer relations.
- ❑ On a previous visit, I was given a letter to pass to my doctor as optometrist felt there was a potential problem. I was not given an explanation of the ‘problem’ or what the letter to my doctor was about. An explanation of some kind would have prevented a lot of worry.
- ❑ Slightly concerned over ability to diagnose other medical conditions.
- ❑ The optometrist does not appear to receive any feedback of the results of referral to a specialist. This information seems to be left to the patient, thus depriving the optometrist of valuable first-hand knowledge.
- ❑ It could help by bringing optician up to date with new technology. It could also help him to know if a new illness has occurred in his patient. He could then get the right treatment.
- ❑ The first 2 pairs of glasses were wrong, the third pair seems ok, but I am not sure if they are as good as they should be. For the first time at this practice, I felt the optometrist was more interested in selling me 2 pairs of glasses.
- ❑ Keeping appointments to time.
- ❑ Training in customer care.
- ❑ Administration has been poor in the past.
- ❑ Dry eye syndrome. Silicone plugs – even my GP hadn’t heard of them.
- ❑ Training in listening skills.
- ❑ Needs to explain things in an easy to understand way.
- ❑ Customer/patient relations. He tried to contradict me when I expressed a problem with bifocal lenses. I acknowledged his viewpoint but, because I did not change to his way of thinking, he insisted on trying to prove me wrong. I shall change my practice at next eye test or speak to another optometrist at same practice.
- ❑ Training on making the patient feel more at ease during the actual examination perhaps.
- ❑ Better fitting of frames to patient.
- ❑ The optometrist was very abrupt with my 9 year old daughter when she had to have eye drops put in. She was very upset by his manner – he was not reassuring about the procedure at all.
- ❑ Invest in training receptionists in communicating with customers/public in a more professional way.

- ❑ Lacking bedside manner, but excellent at his job.
- ❑ I have every faith in my optometrist but find I have to ask questions to get information about my eyes and would prefer it if he offered this information. Training in communication would therefore benefit him.
- ❑ Listening to the patients when they tell the optometrist about problems with new glasses. Helping him to train his telephone staff on handling patients.
- ❑ Introducing and using computerised records.
- ❑ Sometimes feel female staff need more training when glasses need adjustment.
- ❑ The necessarily very close proximity of optometrist and patient during examination could in some cases be quite intimidating, especially to females.
- ❑ New equipment (and training in it) for field tests, but this may not be possible for a smaller practice, due to cost.
- ❑ Maintaining the in-service training essential for keeping abreast of modern developments and research.
- ❑ Communication techniques with severely dyslexic children.
- ❑ Giving information more slowly, and supporting this with promptly produced reports or summaries of the sessions. Better layout of premises would assist patient, optometrist and vision training staff.

- ❑ Interpersonal communications. A warmer greeting/general manner/smile more. Give parents more attention when they are asking questions important to them or are trying to voice their concerns or observations. We felt he didn't want us to interject or voice our opinions.
- ❑ School visits – it would be helpful if optometrist could do sessions at the school or if his girls could do the vision training in the afternoons.
- ❑ Explain to children why they need glasses and why they need to do eye exercises.
- ❑ Vision training/children with learning difficulties.
- ❑ Vision related diseases, up to date equipment – ongoing.
- ❑ Although the optometrist was very helpful, he did seem like a repeating record when going through the general eye procedure and I got the impression he did this procedure too many times.
- ❑ Only as new techniques/advances are made in eye care to keep abreast of the situation.
- ❑ Computerised technology.
- ❑ Time keeping – not making patients wait half an hour in the waiting room.
- ❑ Listening skills. The eye test was finished without warning and I had no chance to ask my questions, most of which I had kept until the end, so was unable to ask important things before being deposited with the girl at the desk.
- ❑ Patient care could be improved. Perhaps training in social skills – although I was not very anxious, I was upset that I needed glasses. I would have liked the optometrist to empathise and be less formal.
- ❑ Any training in eye care skills.
- ❑ Refresher courses.
- ❑ An open forum/talk/lecture/demonstration to the public at large – thus giving explanations about the eye as an organ and the associated physics and equipment used.
- ❑ Time keeping.
- ❑ They should be as careful as possible with issuing patients the correct strength of glasses/contact lenses. I was issued with the wrong strength of glasses, leading to worse eyesight and infection as a result of severe strain on eyes.
- ❑ I felt I was rushed through the eye examination and only seemed to be in there for approximately 10 minutes. When I spoke to someone else, their check was a lot more thorough.
- ❑ Unfriendly atmosphere, room looked like a storeroom and equipment was not up to date, so training would benefit in these areas.

- ❑ Explaining about all the testing machinery.
- ❑ Listening skills! Having said that I did not use a computer in my work, he persisted in assuming that my prescription needed to accommodate this.
- ❑ Training in dealing with children.
- ❑ I think the optometrist was probably just rather shy, but he needs to become more welcoming – perhaps some customer care training.
- ❑ Very competent, but not a very welcoming manner. Some people might find him rather brusque.
- ❑ Training in time management.
- ❑ Asking about specific requirements of the patient. I was only quoted for plastic lenses when I have used glass lenses all my life. I was wearing glass at the time and this should have been obvious. I was massively and incorrectly quoted for spectacles.
- ❑ Very good with the eye test – needs more training in sales.
- ❑ Lifestyle dispensing. Identify lifestyle needs, such as wearing different lenses when driving, to working at a computer screen. Needs to understand the patient more.
- ❑ Keeping everything child friendly, but professional.
- ❑ Putting people at ease. I feel slightly uncomfortable with really close examination of eyes. Think I would feel better if they made light of it and acknowledged the proximity. My son feels this even more and has to stifle giggles – worse when the practitioner is very serious!!
- ❑ Patient care, more friendly.

- ❑ Public relations. How to treat a patient who is not as clever as he is. Explaining what he is doing and why.
- ❑ Equipment used for check up after Lasik laser eye surgery was not explained to me and neither was the outcome. I found myself asking questions which should have already been explained rather than me asking for information at my eye check up.
- ❑ I feel all staff are more interested in sales than the customer. Perhaps they should realise that they need us, we do not need them – there are plenty more optometrists.
- ❑ Optometrist excellent – not so the practice. People on front desk are the ones who need the training!!!
- ❑ Optometrist I visited was very patient, but I have seen others who were not. Perhaps it could be emphasised in training that it is important to give the patient time to decide which lens gives the best vision.
- ❑ Explain things clearly to avoid confusion, eg with contact lens cleaners/solutions etc.
- ❑ I have had cataract operations with multi focal lenses put in both eyes – very few people have had these lenses in my area. The optometrist was very interested and attended a lecture on this new development and so was able to explain to me the visual problems I was experiencing with changes in light intensity. Training in this area would be beneficial.
- ❑ Testing for glaucoma.
- ❑ Very slow when you have problem wearing the lenses, but happy to take the direct debit. Not impressed.
- ❑ More training in talking to deaf people.
- ❑ Personal communication skills.
- ❑ Time keeping. Not to give same excuse of traffic for lateness of appointment twice running.
- ❑ The only criticism I have of this practice is the interruptions by other members of staff during consultations. A little professional training might help here.
- ❑ Time keeping. I pay a lot of money, my time is valuable. I expect my appointment to be on time and do not expect to wait whilst he is chatting on the phone.
- ❑ He shows great knowledge and skills but is lacking in warmth and is not very sympathetic to ideas that do not agree with his. Has said in the past, ‘I will not accept you as a patient if you ignore my advice’.
- ❑ Very professional and thorough, but has a very quiet manner through concentration, which is sometimes off-putting when you are nervous.

- ❑ He needs to develop his personal skills. His interest did not extend one iota past the eyes.
- ❑ Slightly more friendly.
- ❑ I would welcome more explanation.
- ❑ Training in fitting suitability of frames for bifocal glasses.
- ❑ To explain a bit more about each stage and especially to warn you when you have the test for pressure in your eyes – the puff of air can really make you jump if you don't expect it.
- ❑ Corrective eye treatment.
- ❑ I have never in 10 years had an appointment on time, but he is very relaxed and I would never go to another practice.
- ❑ I think they don't really take the time to understand what is wrong. It is as though they can't be bothered. I was not pleased because I know I need glasses yet was told to come back in a couple of months. Not good service.
- ❑ One would expect ongoing training to be normal.
- ❑ More relaxed approach rather than a stern professional. A smile would be nice.
- ❑ Ongoing training is always a good thing.
- ❑ He appears quiet, shy and reserved. I feel he needs to smile more, have more conversation, explain things more and be more interested in you as a person.
- ❑ Only to keep up to date with any further improvements in modern techniques.
- ❑ I feel he is rather a shy person, but trust him completely.

- ❑ The optometrist was excellent and very professional, but the reception staff are not efficient or organised.
- ❑ Looking out for ulcers on eye. Mine went unnoticed during the examination.
- ❑ More patient friendly.
- ❑ Using new equipment. More detailed explanation of diagnosis.
- ❑ More emphasis on personal conversation with patient, with the objective of creating a warm, open and non anxious rapport. Less brusque.
- ❑ Charm. I felt the optometrist I saw felt he was superior and was definitely out to sell.
- ❑ Too much pressure to sell glasses.
- ❑ Training in contact lenses may be beneficial to customers.
- ❑ Some more customer care orientated training, eg allowing the patient more opportunity to ask questions. Also giving patient more literature/information during their time with the optometrist.
- ❑ Optometrist was not a very good 'people person', so overall effect of the test was not as positive.
- ❑ An explanation as to how bad/good my eyes were, also discussion on possible option of contact lenses would have been helpful as I have never had an eye test before.
- ❑ I felt I would have benefited from the optometrist having read my notes more extensively prior to the examination.
- ❑ I think a smile goes a long way in putting a client at ease. Also, being a good listener helps. I will be looking for an alternative practice!
- ❑ My appointment was very rushed and the optometrist was not interested in my concerns for my needs.
- ❑ During the eye test, the optometrist does not give the patient time to be sure. I have had to ask if it could be done again.
- ❑ I had to return for a retest because he had not checked the prism. This caused me a lot of time, trouble and worry and, after I had spent nearly £300, I still had difficulty seeing.
- ❑ Keeping appointments running to time.
- ❑ He was quite business like – perhaps a more personal approach.
- ❑ Use of computer.
- ❑ Communication. Had to return the next day for another test which involved making my pupils bigger – was not told this fact beforehand, nor that I should not drive to the appointment.
- ❑ Communication skills. Cleaning of equipment.

- ❑ Learning to put people at ease – she was really boring.
- ❑ Able to give more information about what causes double vision and why it seems to recur.
- ❑ Explaining procedures and advising on eyecare. Also, making you aware of any problems regarding your eyes.
- ❑ Not making the patient feel as if they are on a conveyor belt.
- ❑ Speak more to child – eg jokes, to make them feel included.
- ❑ Keeping up to date.
- ❑ Old fashioned in his ways and a little behind the times with his presentation.
- ❑ More training in aftercare and complaints.
- ❑ Less hard sell on new lenses.
- ❑ Less pressure on sales for new lenses/spectacles would be appreciated after a routine check. It becomes embarrassing when asking for a prescription and they persist in trying to sell.
- ❑ Bedside manner lacking – obviously he knows what he is doing, but he doesn't seem particularly friendly or interested in putting you at ease.
- ❑ The optometrist and his assistants should spend more time discussing the cost of lenses and frames with the patient.
- ❑ Training in and giving more written details about the philosophy and practice of behavioural optometry would be useful, as the approach is not widely used.
- ❑ Training in use of special lenses for specific problems such as 'eye drift'.

- ❑ Natural vision improvement – Janet Goodrich. Eye exercises – Bates method. People skills – talking about what he is doing before doing it. Listening skills, having respect for patient’s views and needs rather than just money making.
- ❑ Personal hygiene. Explaining what he is doing before he is doing it.
- ❑ Attitude problem with patients – eye exam very good, however.
- ❑ Laser beam treatment for short sightedness.
- ❑ Listening to customers and encouraging discussion on the differing types of lenses etc. My optometrist is quite dismissive about questions and is, I feel, very retail/cost orientated. Patient care should be a priority.
- ❑ He could learn to listen to patients and given them ‘eye contact’ when they are talking. Appointments are too rushed.
- ❑ Train other people in the practice to measure for varifocal glasses. Would save having to wait for one particular person to do it.
- ❑ Perhaps reinforcing previous training on interpersonal skill/stress management.
- ❑ Training in ensuring the receptionist is fully trained in her particular skills!
- ❑ Advising patients on the suitability of different styles and types of glasses.
- ❑ Giving a clear explanation of the problems occurring with advancing age.
- ❑ A little more charm would not go amiss.
- ❑ A more caring attitude rather than coming across as aloof. A little more patience as well.
- ❑ Patient care.
- ❑ Not to be pressed for time. Should listen to individual needs, even if it takes longer than the allowed consultation time.
- ❑ Giving patient written information/copies of referral letters etc.
- ❑ Her manner, especially with children, could be more relaxed. Perhaps less goal orientated.
- ❑ Needs to ask questions about what is on the screen more clearly, eg, instead of saying ‘blacker’, say ‘sharper’ etc.
- ❑ Testing and fitting of varifocals.
- ❑ The only thing that is wrong is that he gets annoyed if you go back to him because the glasses are not fitting properly.
- ❑ He and his staff need to join in the 21st century – ie become computer literate!
- ❑ Providing written information perhaps.
- ❑ Training in staff assessment – one member of staff was below par.

- ❑ Dispensing – display frames appear to be adapted rather than the correct size being ordered. Spectacles are poorly fitted and need many visits for alterations.
- ❑ Listening and communication skills. Time management. Dental treatment.
- ❑ Taking x-ray photos of back of eyes.
- ❑ Speaking slightly louder if someone is deaf.
- ❑ The training of his staff – very disorganised.
- ❑ Advising on or explaining developments in eye conditions due to ageing or other factors such as macular degeneration.
- ❑ Marketing.
- ❑ Attitude – tends to be pompous and ‘know it all’.
- ❑ Staff training – needs to make the receptionists more professional. Had to call back twice to chase them up after promised return calls were not made.
- ❑ Training in helping patient change to varifocals – it felt like a leap into the unknown.
- ❑ Communication.
- ❑ Poor communication from the practice in general.
- ❑ Staff training – reception.
- ❑ Patient care – seemed purely interested in vision rather than eye health. Offered no follow up advice and seemed rushed.

- ❑ Sensing the patient's learning style and pacing to that would aid communication between the patient and examiner. The eye test was carried out in an automated way, as would be the case with anyone following a set routine. Someone who does not process information quickly would have difficulty in keeping up with the questions being asked.
- ❑ More advice on cost, since his estimate didn't coincide with the salesman's!
- ❑ Giving better information on types of glasses – varifocals/bifocals etc.
- ❑ Explaining what is going to happen and discussing findings.
- ❑ Everyone needs to be kept up to date with the latest technology and regular checks to be made on their claimed abilities.
- ❑ Dealing with dispensing as well, rather than passing patient over to another person.
- ❑ He was uncooperative regarding obtaining company funding for my VDU operations, but quick to sell me non-reflective lenses.
- ❑ Training in computerised equipment, offering video snaps of how glasses look.
- ❑ General eye health.
- ❑ Training of reception staff to be more friendly and even just to smile at the customer. However, the optometrist was really kind and friendly. She looked tired but still had a big smile on her face!
- ❑ To listen to the patient's needs and questions and to supply what the patient wants and not what they want to sell him.
- ❑ Needs to be less detached and to cultivate a friendlier attitude, however expert he/she is.
- ❑ Dealing with children – so called 'bedside manner' with them.
- ❑ Providing a care package booklet. Perhaps sales technique – not pressurising patient into changing frames when perhaps they are unable to buy new ones, due to circumstances at the time.
- ❑ A little more simple explanation as test proceeds. This would help you to relax.
- ❑ Perhaps ongoing training and keeping up to date, leading to improved service and efficiency.
- ❑ Training in taking photographs of the back of the eye.
- ❑ He was not very good at listening to what I wished to say.
- ❑ I don't know about training, but it took more than 5 weeks, 3 sets of contact lenses and 2 sets of glasses to get my vision properly sorted. I was very disappointed and will not be back.

- ❑ Appointment times were not kept. Practice run like a factory and very impersonal, though the optometrist was excellent. Having recently been diagnosed as diabetic, I would have liked some written information regarding my eyes.
- ❑ To be more understanding to the needs of the patient, to listen more and then to offer advice, rather than to be completely uninterested in what the patient feels is wrong. It is only the optometrist who can tell the person what is wrong, so try and 'look' like you care.
- ❑ To chat more to the patient about their condition and not to be so average and basic. The tests did not seem advanced or detailed and did not take very long.
- ❑ Keep to appointment time. Explain about the various lenses. I had varifocal lenses without knowing the pros and cons of using them. Try to find some way of letting patients see themselves with different frames if they can't see close up.
- ❑ Staff training and giving clearer explanations. Receptionist made me feel rather second class. I was receiving a service supplied to the council and didn't have to pay for the glasses, which was made very clear to me. I am also still unclear about what the prescription means, despite asking twice for an explanation.
- ❑ Would have liked some help or advice when choosing new frames and lenses. Also, a little more time to decide, as your spectacles are a part of your life for the next 2 years so need to suit you and your requirements.
- ❑ Training encouraging good 'bedside manner'.

- ❑ Training in accurate testing. I went to see the optometrist as I was having difficulty in reading small print and was told I did not require any glasses, but have since gone to another company who say I require glasses.
- ❑ Dealing with children. My son feels that some of the phrases and language used by the optometrist were not understandable to him. Hence, some questions he had he did not ask.
- ❑ Not making patient feel rushed and giving a longer consultation, especially when someone wears both spectacles and contact lenses.
- ❑ Explaining what is happening at each stage of the eye exam, particularly when dealing with younger children.
- ❑ Tends to be a bit old fashioned, but friendliness and expertise make up for that.
- ❑ Giving more information/explanations. Early cataracts diagnosed, but no referral or advice given.
- ❑ Not him, but his staff – not as outgoing as might be with customers.
- ❑ Training in new equipment – seems quite old fashioned compared to other practices.
- ❑ Customer interaction – optometrist was very clinical/cold and her first words to me were – ‘Have you got an appointment?’ – at no time did she say ‘Hello’!
- ❑ Training of staff. The receptionist was speaking on the phone to a friend rather than dealing with patients, so the optometrist had to help us.
- ❑ Just to have the opportunity to be trained in the most up to date equipment.
- ❑ Training in giving more explanation/discussion about signs of glaucoma when family history of it is present.
- ❑ Giving educational information on eye health.
- ❑ Giving more information – not a lot was volunteered unless I asked. Many people won’t ask questions unless prompted. Diabetics are often given horrific stories of eye problems by clinics/leaflets etc and would welcome some accurate assurances of their actual risks after the tests.
- ❑ None for the optometrist. However the other staff need to have more care over discussions/telephone calls with other patients etc which can be clearly overheard by patients in the waiting room.
- ❑ Training of younger staff and customer communication.
- ❑ Having standards for entrance tests such as fire service and other services.
- ❑ Perhaps organisational skills to cut down waiting times.

- ❑ Communication – would benefit from saying exactly what she intended to do before actually doing it.
- ❑ The only training needed would be to be kept up to date on modern developments.
- ❑ To be aware of any special needs the patient may have and to explain things in a simple way.
- ❑ Perhaps being more child friendly – my children are 3 and 6 years old.
- ❑ Eye/head injury traumas following accident.
- ❑ Accuracy in testing – had to return for adjustment of prescription.
- ❑ Special needs. It is necessary to be aware that some people with special needs cannot read and sometimes have difficulty in reading the alphabet and knowing their left from their right. It takes quite a bit of understanding.
- ❑ Following up on requests – I asked a member of staff if the optometrist could advise me on private medical care for cataracts and was promised a phone call – not received.
- ❑ Talking to patients – less insincere chat.
- ❑ Explaining results of test. I am aware of peering and difficulty reading small print and feel my eyes tired at night. I was told it was up to me to decide if I needed specs – most confusing. It was a new young optometrist and I feel I will need to go back and speak to someone else as my vision is not what it used to be.
- ❑ In the area of migraine causing varying disturbances in vision related to bright sunlight and fluorescent lighting.

- ❑ I hope to ask the Royal National Institute for the Deaf to help the staff to learn the basic sign language. I am profoundly deaf and the interpreter did not arrive for my appointment. The staff did their best but still had difficulty in lip reading in the dark room.
- ❑ Giving more information on eyesight – whether it has improved or worsened.
- ❑ Using less jargon and giving more information on certain procedures which are carried out.
- ❑ Training in any new developments in eyecare should be beneficial to keep up high standards.
- ❑ Only keeping up to date.
- ❑ Should get rid of severe halitosis – personal hygiene.
- ❑ Optometrist and staff should try to get to know the patient a little bit more and know what their needs are.
- ❑ Communication – I was told the price quoted was for a new pair of glasses and for new lenses in my old glasses. When I went to collect them I was told this was not the case and that lenses for my old glasses would cost an extra £100.00+. I will not be back!
- ❑ Attitude – the optometrist was very professional and good at his job, but was clearly bored.
- ❑ Time keeping – ‘punctuality is a virtue’. The optician is no doubt a busy person but so is his customer – a 20 minute wait is not acceptable.
- ❑ Taking more care to ensure eye machine is properly set for particular width between eyes. I had to tell her that it was not adjusted to suit me!
- ❑ The optometrist seemed efficient, but was rather brusque in manner.
- ❑ Seemed to know what to do, but rushed appointment. You are paying for a check up, so the optometrist should be well mannered and should be interested in the person’s eye health or they are in the wrong job!
- ❑ Always to explain everything in detail, especially to older people, in a way they can understand.
- ❑ Attitude and technical skills.
- ❑ English was not the optometrist’s first language, hence I had difficulty in understanding him. He tended to speak while I was trying to talk to him and did not appear to be prepared to wait for me to finish speaking. He spoke very quickly and not very loudly.