CHAPTER 26

Patient Communication

Stuart Rothman and Dan Runyan

What we got here is a failure to communicate.
Frank R. Pierson *Cool Hand Luke*

Successful health care practitioners find that the way they communicate with patients can be just as important as their clinical proficiency. Modern practitioners often spend as much time explaining procedures, tests, treatment options, and recommendations as actually examining the patient. This chapter reviews the basic tenets of effective communication, while providing a basis for patient communication in an optometric office setting.

A STANDARD MODEL OF CARE

The classic disease model of health care can be analyzed in the following six stages:

- The period when the patient is at no risk.
- The period when the patient is at risk because of a change in age or environment.
- The period after an agent strikes, during which the patient is in danger of acquiring the disease.
- The period when signs are present.
- The period when symptoms appear and the patient complains.
- The period when disability results.

In the past, health care focused on the last three stages of disease. Patients sought care only when they were in pain or extremely uncomfortable. Because a community's health care practitioners were educated and highly trained, they were respected and often revered. Communication between practitioner and patient was comparable to that between parent and child—the practitioner told the patient what to do; the patient listened and complied. The practitioner's advice was never openly questioned by the patient, who always assumed a passive role. This paternal model of health care persisted for many decades.

Today, the dynamics of health care and the doctor-patient relationship have changed. Contemporary practitioners are likely to be treating patients of equal education and economic level. Patients are more informed about health and the factors that relate to health. They also understand that health care needs to move beyond a pure disease model of care. Successful patient communication depends on the willingness of practitioner and staff to accept the patient as an equal and to consider the patient a participant in the treatment regimen.

Practitioners also must appreciate that a patient who understands diagnoses and treatment options will be a more compliant patient, with the attendant long-term benefits to health that this understanding brings.

A successful practitioner knows the expectations brought to the doctor-patient relationship. The practitioner should enter the relationship expecting to provide the highest level of care. When providing care, the practitioner expects the patient to comply with recommendations and to establish and maintain an open line of dialogue regarding needs, wants, and results. The patient's expectations include being treated with respect, kindness, and compassion in a highly ethical and professional manner. In any relationship, there can be different expectations by both practitioner and patient with each individual encounter. The practitioner who is able to fully understand the expectations of the patient at each encounter will be the one who establishes a long-term relationship with the patient.

THE NEED TO COMMUNICATE EFFECTIVELY

In today's competitive health care environment, patient communication is a key element in the successful delivery of care. The importance of patient communication can be attributed to the following factors:

Patients are more aware of health care issues and are more knowledgeable about the treatment options available to them. This has been dramatically advanced by the media and the proliferation of Internet use. Now, they come in armed with knowledge about their problems and treatment options. They are more likely to have found the practitioner through an Internet search and may have even responded positively to something that they saw on the practitioner's website.

There is more competition for health care revenues, which has led to increases in the advertising of health-related products and treatments.

Increased specialization in health care has forced patients to triage themselves so that they can see the specialist who best meets their needs.

Second opinions for major treatment options are expected by practitioners, patients, and insurance companies.

The risk of liability claims has increased the need for informed consent, requiring patients to understand the risks and benefits of treatment options.

The increasing automation of tests and procedures has allowed for greater use of technicians and assistants. In the efficient delivery of health care, the practitioner acts as an interpreter of information and has more time to discuss findings, diagnoses, and treatment options.

Excellent service depends on excellent communication.

This is the quickest and best way of building a successful patient base and of getting these patients to refer friends, coworkers, and relatives. Effective patient communication builds trust, and trust is the glue that binds these patients to the practitioner.

SETTING THE STAGE FOR EFFECTIVE COMMUNICATION

For effective patient communication to occur, the practitioner must identify the message or image to be conveyed to patients by the office. This message or image should be communicated to every patient or potential patient at every encounter by the practitioner or staff. It also should be conveyed in every other type of communication that comes out of the office.

The most important messenger that any practitioner will have is the office staff. The staff will be the first personal contact that a potential patient has with the office. Staff members also will be the first contact the patient has when arriving at the office. Effective patient communications require that the right staff members be hired and that they be trained to communicate properly. Even if an office has a staff manager, it is ultimately the practitioner who must select, train, and monitor staff members.

The Internet

More and more offices are establishing websites on the Internet. These websites may be linked with insurance plan provider lists so that when a prospective patient locates a doctor through their participating provider list, they can find out about the office by viewing the office Website. Prospective patients may also locate the website through a search engine when they are looking for an office that provides a particular type of service like low vision, vision therapy, or orthokeratology. Prospective and existing patients of the practice may look to the practice website to provide them with current information about the practice, including hours of operation, directions to the office, current topics on eye care, and insurance plans accepted. The website needs to provide current and relevant information about the practice, the practitioner, and the services provided. It should be organized so that patients or prospective patients can negotiate easily from place to place and it should be designed to be visually pleasing to viewers of all ages. Patients who are seen in the office can also be redirected back to the website to get more information on a particular topic or treatment regimen.

The Website can also be a place where patients make appointments, order replacement contact lenses, try on virtual frames, download forms, and communicate with the office or practitioner.

Telephone Communication

Most patients have their first personal contact with an office through the telephone. This first encounter must convey warmth, caring, competence, and efficiency. The staff member responsible for answering the telephone must direct full attention to the person calling and must avoid diversions that convey a negative message. Many practice consultants advise putting a smiling face or humorous saying near the telephone to remind the staff member to convey a positive image to the patient. It is a good idea to have carefully scripted responses to common questions that might be asked in routine telephone conversations. This is most important in making an appointment for a patient. It is important for the staff person to get not only the patient's name and phone number, but also the type of appointment needed, the type of insurance, and the referral source. Patients must be informed of the information that must be brought with them to the appointment. Some practitioners prepare audiotapes of experienced staff members responding to questions so that they can be used during training of new staff members. Telephone communications require that a protocol be observed when responding to callers. Some common requirements are listed in Box 26-1. As optometrists increasingly engage in the treatment of eye disease, it is essential that the person answering the phone be trained to properly triage

BOX 26-1

Telephone Etiquette

Do

- Answer the telephone with a smile.
- Treat the patient the way you would want yourself or your family to be treated.
- Talk slightly slower than normal conversation and enunciate clearly.
- Offer to call a patient back rather than put the patient on hold for longer than 1 minute.
- Stay as close as possible to the office telephone script.
- Try to reinforce a caring, concerned attitude.
- Remember that the office is there to serve the patient, not the other way around.

Don't

- Be abrupt with the patient.
- Rush the patient.
- Continue to put the patient on hold more than once or keep the patient on hold for longer than 30 seconds without checking with the patient.
- Give professional advice.
- Assume that the patient understands everything about what the office does or the services it provides.

callers. Staff members must be told what constitutes an emergency or what is urgent, so that prompt and appropriate care is provided. It is recommended that the most experienced, most competent staff member be the primary responder to telephone calls. This assures that patients are given the most accurate information, and the practice message is conveyed most appropriately. It also will likely result in the most calls being converted to appointments.

Communication Through Marketing

Marketing comprises the whole range of efforts that go into building and maintaining a professional practice. To be most effective, the message that is communicated must be consistent, fill a need in the community, and be communicated in such a way that patients and prospective patients understand the potential benefits of having this need fulfilled. Specific marketing strategies will be based on the needs of a particular community, but there must be consistency in the message conveyed to the patient. Various themes can be observed in the advertising used by large corporations. These themes range from quality of care to specific product promotions with emphasis on price. Once a marketing niche is established, it becomes difficult to change the image that has been created. Therefore the initial message needs to be appropriate for the practice.

Prospective patients will find out about an office either through word of mouth; an insurance plan listing; external marketing using Yellow Pages listings, newspapers, television, or radio; or via a website on the Internet. Before making the decision to call an office for an appointment, these patients have made a decision that the office can provide the care they need in a setting in which they are comfortable. It is essential that these external marketing sources reflect the image that is to be conveyed to the public. They allow the office to present a capsulized image of itself. There also must be follow-through in supporting this image in the office and throughout the patient's experience in the office.

COMMUNICATION IN THE OFFICE

The following factors contribute to effective communication with patients while they are in the office: the appearance of the office, the practitioner, and staff; efforts to alleviate patient apprehension; use of printed materials; and verbal communication.

Office Appearance

Patients expect to be cared for in an office that is clean, neat, uncluttered, and up-to-date. The reception room should be large enough to accommodate several patients without being crowded. The furniture does not need to be "living room" quality but should not be sterile and impersonal. Refreshments, such as coffee and soft drinks, convey a caring attitude.

These refreshments can be placed in the reception area in practices that cater mostly to adults, or internally in practices that see a large number of pediatric patients. Patients should be offered a choice of materials to view while they are waiting to be seen. Brochures, pamphlets, books, magazines, videotapes, and DVDs can be used to entertain and inform patients while they wait.

One of the biggest complaints by patients is the time that must be spent waiting to be seen by practitioners. Patients are expected to arrive at or before their appointment times. They, in turn, expect practitioners to begin the examination within a reasonable period after the scheduled appointment time. No amount of plush furniture, entertainment, or refreshments will negate a 1-hour wait. On days when the office is running well behind schedule, a call to the patient at home or work or a text or instant message should be standard procedure.

Patient treatment rooms should convey a feeling of security to the patient. Equipment does not need to be brand new but it should be in excellent working order and have a modern appearance. Even though the patient might not know the difference between a phoropter that is 20 years old and one that is new, an examination chair that is worn will be readily apparent.

Patient expectations usually are highest in the dispensary. If the patient has been to or seen a "super-optical" showroom, an inevitable comparison will be made. The patient might not expect to see the same number of frames displayed but will expect to see frames arranged in an attractive and tasteful manner. The appearance of the dispensary can be crucial in the patient's decision to purchase eyewear. The image and feeling that the dispensary conveys to the patient will affect the patient's impression of the quality and value of the eyewear being displayed.

Practitioners should set aside a portion of each year's budget for the purchase of new equipment or for the improvement of the office. Existing patients will notice changes that have occurred in the office and will talk about these changes to friends and relatives. This enthusiastic promotion of the practice can help pay for the changes many times over.

Personal Appearance

As competent and as caring as a practitioner might be, the patient will form an impression at the first encounter that can be quite difficult to change if it is negative. This first impression depends as much on the practitioner's appearance as it does on what the practitioner says or does. The office staff also can convey a negative first impression. There are many schools of thought about what constitutes appropriate attire for practitioner and staff. Authority can be conveyed by more formal attire, such as a white clinic jacket or uniforms, but this image can be offset by too much formality. Comfort is important, but practitioner and staff should be dressed in attire that patients are comfortable with as well. Proper attire can vary from one part of the country to another, and even within a relatively small area. What is appropriate for a large city might not be appropriate for a rural community just a few miles away. Appearance also can vary, depending on the type of patient seen in the office (e.g., children as compared with adults). Practitioners must take

note of all these factors and determine the type of image that is appropriate for the practice and patient population. Personal hygiene on the part of the practioner and staff is extremely important. No amount of fancy dress or stylish uniforms will negate poor personal hygiene.

Alleviating Patient Apprehension

Many patients come to the office of a health care provider with a sense of apprehension. This feeling is not limited to new patients—it can be held by existing patients as well. New patients are entrusting their health and well-being to an individual they only know by the recommendation of a friend, relative, other practitioner, or preferred provider insurance listing. Aside from the uncertainties these patients might have about this new practitioner, there are the obvious concerns about vision or health that caused them to seek care in the first place. Existing patients share this apprehension, whether they are seeking care for a problem or for a routine examination with no symptoms. Few people can "be themselves" under these circumstances. Understanding this apprehension can help practitioner and staff make patients feel more at ease, allowing the practitioner to obtain greater insight into the person being treated and generally permitting better treatment to be provided. The patient's openness also will lead to greater willingness on the part of the practitioner to communicate treatment options and will lead to greater understanding of treatment options by the patient.

Calling the patient by name and discussing the patient's hobbies, family, work, and avocational interests help the practitioner and staff relate on a more personal level while also alleviating the patient's apprehension about the office visit. Many practitioner's remember these personal bits of information through notes on the patient's chart that they can update from visit to visit. The patient should feel that he or she is being given the undivided attention of the doctor and the staff throughout the encounter.

Use of Printed Materials

Many offices offer printed materials that describe the practice (e.g., a "welcome to the office" brochure), the services the office provides, new ophthalmic materials available in the dispensary, or treatment options for various ocular conditions. Representative brochures are found in Figure 26-1. Printed materials are useful because they provide information even after the patient has left the office. More importantly, they reinforce in writing the information presented verbally during the examination. These brochures can be designed by the practitioner and printed at a modest cost, or they can be purchased from various suppliers such as private companies, contact lens and frame companies, optical laboratories, and professional organizations such as the American Optometric Association (AOA).

Videotapes, computer CD-ROMs, or DVDs also can be used to disseminate information to patients and in fact, are enjoying increasing popularity. These can be used for instruction

FIGURE 26-1 Sample printed patient communication brochures. (Courtesy American Optometric Association, St. Louis. Reprinted with permission.)

FIGURE 26-2 Sample educational resources used to educate patients. (Courtesy Optometric Extension Program, Santa Ana, Ca. Reprinted with permission.)

in the office or lent to patients for viewing at home. Subjects include contact lenses, vision training, and treatment options for various conditions. Depending on the subject matter, they can be obtained from private companies or professional organizations (Figure 26-2).

Report-writing computer software allows the practitioner to custom design a report to a patient about symptoms, diagnoses, and recommendations. This can be given to the patient as the patient leaves the office or sent to the patient a few days after the visit. In either case, it helps reinforce what was discussed during the examination and allows the patient to synthesize the information in a more comfortable, less stressproducing environment. These programs are included in most electronic medical record (EMR) software.

Software also is available (Figures 26-3 and 26-4) that can graphically explain certain symptoms and treatment recommendations. It is said that a picture is worth a thousand words, and these three-dimensional, moving computer-generated images extend the capabilities of a two-dimensional static picture.

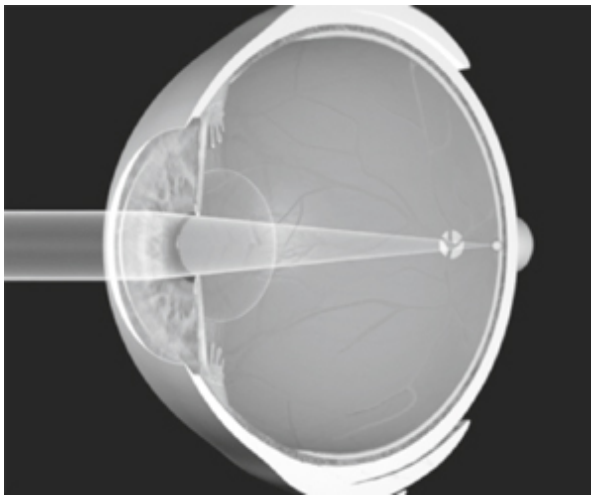

FIGURE 26-3 Example of computer-generated information for patients; this sample illustrates emmetropia. (Courtesy Eyemaginations, Towson, MD.)

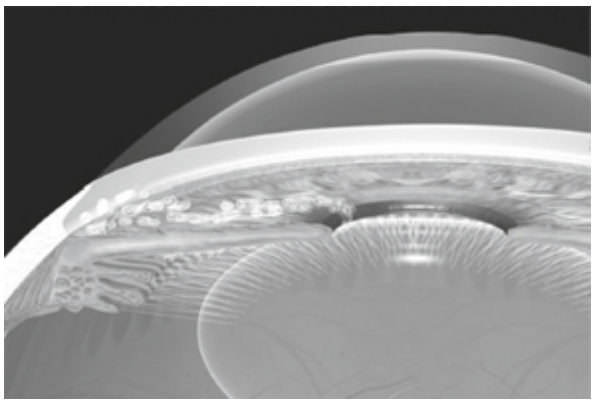

FIGURE 26-4 Example of computer-generated information for patients; this sample illustrates open-angle glaucoma. (Courtesy Eyemaginations, Towson, MD.)

Verbal Communication

There is no substitute for the face-to-face contact that practitioner and staff have with the patient in the office.

The case history is one of the most important parts of the examination because it establishes the personal and clinical relationship between practitioner and patient. A good clinician will listen as the patient describes the chief complaint and as necessary, will help the patient articulate the problem being described. The information conveyed will guide the clinician's examination while ensuring that the clinician addresses the patient's concerns. Preprinted patient history questionnaires allow the practitioner to focus on the major concerns of the patient but should not be used as a substitute for a face-to-face patient history. Similarly, computer touch-screen history programs also allow the practitioner to know in advance what the patient is concerned about and can more concisely direct the history.

Describing the purpose of testing as it is performed will make the patient feel more informed and enable the patient to become more of a participant in care. It also will educate the patient about the services that are being provided. For tests that are performed by ancillary staff, a scripted description of the purpose and procedure of the test should be used. These explanations can include information about how frequently a specific test or procedure needs to be done, thus laying the groundwork for effective recall of the patient.

The case disposition must address the needs of the patient. A clinician's ability is directly related to his or her capacity to describe how the patient's problem relates to the testing performed and how the treatment prescribed can alleviate the problem. This means talking to the patient in terminology the patient can understand. Effective communication also can involve using demonstration aids so that the patient can better visualize what is being described. Examples of some of these demonstration aids are provided in Figure 26-5 . The case disposition might require the practitioner to present the patient with various treatment options and describe the pros and cons of each option. Effective communication means listening as well as talking. The patient should be guided toward the best solution so that the patient participates in the decisionmaking process and understands the outcome.

There might be instances when the practitioner has to act like a practitioner of the past and inform the patient of the actions that must be taken. These situations usually involve direct risk to patient health and well-being such as sightthreatening diabetic retinopathy. Even in these instances, it is important that the practitioner be able to effectively communicate dangers and risks to the patient to ensure patient compliance.

The issue of informed consent also must be considered in cases that pose a risk of injury. The patient has a right to know the risks, hazards, and likely outcomes of a recommended procedure or treatment and to be informed of the alternatives to that particular test or treatment. Informed consent also requires disclosure when suspicious findings or abnormalities are detected.

FIGURE 26-5 Models for explanation of vision problems. (Courtesy American Optometric Association, St. Louis. Reprinted with permission.)

The latter obligation is the toughest test of the optometrist's communication skills. For example, a patient with elevated intraocular pressure must be informed of the potential significance of this finding and advised of the specialized testing that must be performed to rule out the possibility of glaucoma. The practitioner must convey the need for testing and the need for long-term follow-up even if the results are negative, so that the patient understands and agrees to periodic assessment for disease.

From a medical-legal standpoint, verbal communications should be backed up with written communication. Printed material should also be given to patients when further testing or treatment is required. This is essential for informed consent and also can be used to inform the patient of any out of pocket fees that need to be paid. The patient can look it over at home, talk it over with family, and have a record of what was verbally discussed during the visit. The office staff can keep a signed copy of any documentation in the patient's record to avoid any misunderstanding about any verbal discussions.

Communication with Patients After They Leave the Office

Effective patient communication occurs not only when patients are in the office but also after they have left. Patients who encounter a problem, such as with ophthalmic materials, often will not call the office to describe the problem; instead, they simply will not return for further care. They may also tell relatives and friends about their problem. The successful office can prevent such situations from occurring. Problems can be identified by calling patients after services or materials are provided to ensure that they are satisfied. Many offices will conduct periodic patient surveys to obtain feedback about office policies and patient management.

The success of an office in handling patient problems is determined by the attitude of the practitioner and staff. The office should regard patient complaints as an opportunity to regain trust and confidence and should convey a positive attitude. The office that handles these problems defensively will further antagonize a patient. Satisfaction will be determined by a patient's perception that treatment exceeded expectations. Dissatisfaction occurs when patients perceive that they have not gotten what they expected.

Satisfaction can be increased by elevating a patient's perception of treatment or by decreasing a patient's expectations. After the fact, when patients have already been provided with treatment, it is difficult to lower their expectations. Therefore decreasing patient expectations is not a practical alternative. The most successful strategy is to elevate the perception of treatment. This should be the goal of the office.

COMMUNICATING WITH SPECIAL PATIENT POPULATIONS

There are three populations that require special communication techniques: the elderly, persons with disabilities, and children.

The Elderly

The office that communicates well with elderly patients and makes them feel comfortable will invariably do a better job of serving this growing segment of the United States population. The elderly population is the group most likely to experience diminished visual performance, and it is important that they be made to understand the age-related visual changes that can occur. More than any other age group, they will be apprehensive about eye health because of the increased prevalence of glaucoma, age-related maculopathy, and cataracts among their friends and contemporaries. They also can be undertreated for systemic conditions that have ocular manifestations, such as diabetes and hypertension. Their understanding of these conditions might come from what they have learned from friends, relatives, or the media. The key to successful management of these patients is to set realistic expectations. Age-related vision changes are common. The case disposition should describe these changes in terms a patient will understand. Demonstrations, pictures, and videotapes will help elderly patients understand their condition and the visual limitations that can occur. A staff person should assist elderly patients when they are asked to use computer-assisted history or testing software.

The practitioner should be aware of any hearing or mobility problems that a patient has before bringing the patient into the examination room. The practitioner and staff should be especially conscious of talking directly to the patient, not to a caretaker or relative accompanying the patient. Eye contact and clear enunciation are especially important. Elderly patients should not be addressed by first name, especially by practitioners and staff who are younger than the patient is.

Elderly patients do not like to feel rushed during an examination. They might have concerns that they will not share with the clinician until they feel comfortable doing so. The practitioner who is a skilled communicator will be able to guide a patient to the important areas of the case history without making the patient feel rushed. Unrushed communication should continue throughout the examination to make the patient feel at ease and reassured. Elderly patients with visual problems might not give clear, consistent subjective responses. These responses should be verified for consistency and should be confirmed by objective findings when possible. Clinicians should never forget that subjective responses become less reliable if patients feel that they are being rushed.

The office staff can be tremendously helpful in making an elderly patient feel welcome and in conveying a caring attitude. Offering the patient a cup of coffee or tea on a cold winter's day, calling a taxi for a patient when the examination is concluded, referring to the patient by name, inquiring about the patient's children and grandchildren, and reinforcing the practitioner's recommendations can go a long way toward creating enthusiasm in elderly patients.

Patients with Disabilities

Many of the communications procedures used for elderly patients also are applicable to patients with disabilities. However, several additional procedures need to be offered.

Disabled patients will want to know that the practitioner and staff feel comfortable dealing with them. The office staff needs to convey this attitude to patients when the appointment is made, before the patient ever enters the office. The office policy regarding patients with disabilities should be determined in advance. Nothing destroys confidence more than a receptionist who puts the patient on hold while checking to see whether the practitioner will see the patient. Practitioners should adopt a policy that is in keeping with legal requirements. Federal, state, and local laws regulate access to health care offices and providers, and office policies should be consistent with these laws.

The office staff also should be aware of how to handle the office visit by a disabled patient. Care involves not only direct communication to the patient but also indirect communication: how to seat the patient during pretesting or how to manage the special visual requirements and restrictions that influence eyewear selection and dispensing.

Many patients with disabilities will come to the office with a friend, relative, or caretaker but are able to understand and make decisions and should be treated accordingly during testing and case disposition. The practitioner and staff should talk directly to the patient, not to the person accompanying the patient. Patients with disabilities should be treated like any other patient in terms of respect and equality.

Children

Many practitioners find that the pediatric population is their most difficult patient group. Children do not respond and act like adults when visiting a health care provider. It should not be forgotten that a child does not make the decision to be examined. This decision has been made for them, and it takes a special ability to get them to cooperate and participate in care. Children have a keen sense of knowing whether a practitioner or staff member feels comfortable with them. They do not like to be ignored or talked down to. They want to feel that the practitioner and staff are concerned and interested in them and their lives. They want to be comforted during testing and reassured that they are safe and secure with the care provided by the practitioner and office staff.

The office environment should be inviting to children. A corner area of the reception room can be made into a children's play area with a child-size table and chairs, puzzles, books, and games. All of these items should meet applicable safety standards for children. Some offices use videotapes to entertain children when they are waiting, though they should be offered only if they can be made unobtrusive to any adult patients who also might be waiting.

Parents might not want to discuss their concerns with the child in the room, requiring that the case history be taken with the parent before the child is brought into the room for the examination. Some parents prefer to have the case conference or dispostion discussed without the child present as well. The staff can ask the parent if they are comfortable giving the case history before bringing the patient in to the examination room. The practitioner can ask the parent if they are comfortable having the child hear their end of examination recommendations. Many practitioners do not wear white clinic jackets when examining children, preferring a more informal appearance. The office should be equipped with instrumentation that is specifically designed for children's visual abilities. Objective pretesting can be used to obtain initial information and limit fatigue. Given the limited attention span of children, testing should be performed quickly, with the most important tests, as determined by case history, performed first. Nonthreatening aids like hand puppets and cartoons can be used to maintain visual attention during testing. The practitioner might find it useful to discuss the case disposition with the parent before or after speaking directly to the child.

Using positive reinforcement, behavior modification, and a reward system can help make the practitioner's job easier during testing by making the child more cooperative. It also can leave the child with a positive impression of the experience. Using colorful stickers, toys, or treats can go a long way toward putting a smile on the face of the child as he or she leaves the office.

CONCLUSION

In today's competitive health care marketplace, the office that communicates a caring, compassionate, and competent impression to patients is able to succeed and flourish. More than any other skill, effective communication will attract patients, create a favorable image of the practitioner and staff, and motivate patients to return for future care. With effective communication, satisfied patients will become enthusiastic patients. This should be the ultimate goal of any patient encounter.

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