

Communication skills in practice

Fact sheet 1

Communication skills are a vital part of your clinical practice. They help you to exchange information with your patients, improving the patient experience as well as their levels of satisfaction with you and with the service they receive. Patients don't have the knowledge to judge your professional competence from your technical and clinical skills. Instead, they tend to judge your competence on the basis of your communication skills. This series of fact sheets introduce different aspects of clinical communication. They will help you to develop your knowledge and skills in communicating effectively with your patients in practice and help you:

- Establish and maintain good professional relationships with patients
- Encourage patients to describe all the relevant aspects of their vision, such as the problems they have experienced and any symptoms they have noticed
- Encourage patients to discuss their visual requirements and expectations, and therefore manage their expectations
- Identify any anxieties that patients have and address them appropriately
- Provide information to patients in a way that they are able to understand
- Improve patient trust and co-operation with their visual care
- Increase patient satisfaction with you and with the practice as a whole
- Make efficient use of your time in the eye examination
- Avoid professional misconduct complaints
- Develop a loyal patient base

This fact sheet charts the different stages of the patient's journey through your care. Remember that improvements in communication can always be made – even by the most experienced – and efforts in this area are repaid in patient loyalty and their word-of-mouth recommendations to others. Good communications skills really do pay off.

1. Before the eye examination

Before the patient arrives you should check that you have all the necessary details about them. For existing patients, make time to carefully read the patient record card so you have a good understanding of their history, needs and the outcome of their previous examination. Where possible leave the examining room so you can greet the patient and personally escort them into the consulting area. Greet the patient by their name, and regardless of whether your day is going very well or very badly, smile and make the patient welcome: say that you are very pleased to see them, that they have your complete attention, and that their health and wellbeing is of the utmost importance to you.

Some patients can find the consulting room intimidating. As most patients attend for eye examinations relatively infrequently – around every other year – they often forget details of the processes involved in an eye examination. The equipment can seem very high-tech and threatening, and the appearance of the room does not always put patients at their ease. Some consulting rooms are dark and quite daunting; others can be clinical and stark. Try looking at yours with fresh eyes. Think what it says about the practice, and what you can do to make it more welcoming. Check to see if the patient seems uneasy, and provide reassurance where necessary. Use the first few minutes to have a general chat with the patient: this will tend to relax them, encourage their belief that you care about them, and strengthen the patient-practitioner bond.

2. The clinical interview

The first part of the eye examination should be used to have a preliminary chat with the patient about their eyesight, ie a clinical interview. If possible, don't conduct the clinical interview with the patient seated in the chair. This can make them feel that the answers they give are part of the examination so, if you can, position some seating away from the equipment.

The purpose of the clinical interview is for you to understand the reason for their visit, how their eyesight has been, whether there are any changes or symptoms that they have noticed, and to understand their visual and lifestyle requirements.

While this part of the consultation should be relaxed, it is important to be specific about the questions you ask. For example, if you want to find out about how the patient's vision has been since their last visit, you should ask them precisely that question. A more general question, such as "How have you been since your last visit?" will yield much more general and less useful responses. The patient may not realise that you want information about how their eyesight has been.

It is important to tune into what the patient says (language), how they say it (paralanguage) and also their body language. More information on these different types of information is provided in Box 1. Be prepared to give the patient time to respond: don't make them feel that you are rushing them, or becoming impatient. Explain to the patient that you will be taking notes throughout the eye examination to keep their records up to date; it does not mean that you have found something wrong, or that there is anything to worry about.

3. The clinical examination

While people differ in how much detail that they want about each of the tests you do, it is important to give a brief, non-technical overview of what you are doing. It's crucial that you give the patient clear instructions about what you expect them to do. If patients aren't following your instructions it's your explanation that is at fault rather than the patient, so try a different way of explaining. Tell patients that there are no right or wrong answers; a common source of anxiety is that they will get the answer wrong and therefore their prescription will be incorrect. Provide reassurance throughout the eye examination, and ensure your patients feel confident enough to ask questions if they are unsure or anxious about anything. Warn patients if you are going to move close to them, and give them a few seconds to take in what you have said before moving.

4. The summary and handover

Conclude the examination with a summary of your clinical findings, remembering to use non-technical language. Check whether the patient has any questions, or if there is anything else they want to discuss. Don't tell patients that they don't need new glasses if there is no change to their prescription. They may want new glasses for reasons other than a prescription change, for example to wear a new frame. If you think the patient might benefit from a particular type of lens – for example a varifocal or tint – it is worth mentioning this in your summary and advise the patient to discuss this option with the optician.

Take the patient out into the practice and, if possible, personally handover to the dispenser. The handover provides a valuable opportunity to summarise the outcome of the eye examination, and this benefits both the patient and the dispenser. It has been estimated that patients recall as little as 20% of what is said to them in a clinical consultation, so restating the important points provides a useful recap. The dispenser can then continue discussing any areas of concern that the patient has, and explore areas relevant to their clinical history.

You should also summarise any recommendations you have made to patients, for example those relating to lifestyle, work and leisure needs. This ensures that the advice given to the patient is consistent. If recommendations appear to be inconsistent, even if both options are clinically appropriate, the patient may doubt the expertise of the staff and the professionalism of the practice.

Conclude by thanking the patient for coming in: this will again make them feel welcome and increase their satisfaction with the practice.

Box 1: Listening on three levels

Language: the words that people use is the starting point of understanding what they say. The first part of listening is attending to what they are telling you.

Paralanguage: this comprises the intonation that people use, the pitch and the volume. Paralanguage can completely change the meaning of what people say, for example saying things in a sarcastic tone of voice, or which words in a sentence are emphasised. The second part of listening is attending to how they are saying things.

Body language: aspects such as gestures, eye gaze, and facial expression also give us important information in interpreting what people are telling us. Body language not only helps us understand the message, but also gives us clues about how that person is feeling.