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Patient-centred care

Fact sheet 2

The way in which healthcare is delivered has undergone substantial changes over the past decade. In the past, the clinician was viewed as the expert who would decide the best course of action and tell the patient what treatment they would be provided with. More recently, patients have taken a much more active role in decisions about their healthcare. This change has been termed “from paternalism to partnership.” Practitioners and patients now work together as partners to identify the best healthcare option. Both the optometrist and the patient have vital roles in making the consultation successful. The optometrist contributes their knowledge and experience of the anatomy and physiology of the eye, of symptoms and syndromes, and of refraction. The patient is an expert on their requirements, and expectations. Both experts need to contribute.

Patient-centred optometry is characterised as:

- The optometrist finds out the reason for the patient’s visit (e.g. for a routine eye check, because their glasses have broken, or because of concerns about their vision)
- The optometrist talks less, and the patient talks more. The optometrist asks more open questions and seeks confirmation that they have understood what the patient has said
- The optometrist builds a rapport with the patient (see Box 1) and creates an atmosphere in which the patient feels sufficiently confident to ask questions
- The optometrist explains things in an appropriate amount of detail and in clear jargon-free language
- The patient’s ideas, fears and expectations of the problem and possible solutions are explored
- The amount of information provided by the optometrist is tailored to the patient’s preferences

- The patient has as much or as little input into decisions about their eyecare as they like: some patients prefer to rely on the optometrist’s recommendations, and others like to be given relevant information then to make their own minds up. The optometrist should adapt their style to meet each patient’s preferences
- The optometrist ensures that the patient understands what has been said, and anything that they have been asked to do. Any difficulties they may have in following the requirements are explored, and an alternative pathway is agreed
- The optometrist and the patient agree what will happen next, e.g. that the patient will be being referred, that the patient’s prescription change indicates they should purchase new glasses, that the patient will follow a contact lens care regime, or that the patient will return to the practice for a subsequent appointment

It is important to realise that using a patient-centred approach, you are there to help the patient reach a decision about their eyecare. They may not make the decision that you would make, but as long as they have made an informed choice – based on a good understanding of the facts and how different treatment options will affect them – this is fine. Patient-centred care can result in higher levels of satisfaction and increased adherence.

Avoiding misunderstandings

Misunderstandings between you and the patient can arise as a result of poor communication. Research in the primary care setting has indicated the reasons why misunderstandings can occur:

- The optometrist is unaware of an important piece of information: for example, the patient does not divulge relevant medical history such as a previous condition, and wrongly assumes the optometrist is aware of them. The optometrist may be unaware of patient apprehensions about treatment. The optometrist has inaccurate perceptions of patient expectations, e.g. about not wanting contact lenses, or about wanting to avoid spending any money

- The patient is unaware of an important piece of information. For example they may not understand about contact lens care, or the need for regular examinations with a family history of glaucoma, or that a variety of lens types are available. The optometrist does not realise patients wanted to know about alternative treatments
- Conflicting information is given. For example advice received from a hospital consultant and the optometrist differs
- Disagreement about signs, symptoms and side effects. The optometrist does not accept patient's description of what they have noticed
- The optometrist's decision is not communicated. The patient does not understand or remember the diagnosis, or was confused by alternative names used from the same diagnosis or treatment

Box 1: Building a rapport

To help build a rapport with patients you need to:

- Show that you are interested in them and the health of their vision, and you want to listen to them and understand them. You can do this through eye contact, posture and encouraging gestures such as nodding and smiling
- Enable the patient to give their own account, for example through asking them to describe their experiences or expectations. Listen to what they say with an open mind and do not judge them or indicate that you do not believe them
- Show respect for the patient by acknowledging their viewpoint and making empathic statements that indicate that you have understood their position, and by identifying common beliefs or values