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Dispensing with opportunity?

In the enclosed space of the consulting room, it is easy to feel independent of practice activities on the other side of the door. In many cases, the optometrist is isolated from the daily duties of the practice, due to the constant flow of patients in and out of the consulting room. Whether an optometrist is working in his or her own practice, or as an employee of an independent practice or multiple, he or she is frequently fully occupied throughout the day. However, it is important to consider the question – "Are any patients really satisfied?"

What are the opportunities?

When any optometrist has experienced a full clinic day, where all patients attend for their appointment, it is usual to feel the physical and mental impact of the day. How can it be that after this sort of day, the dispensing optician is miserable, because the sales figures do not reflect the activity within the practice in terms of eye examination numbers? Who is responsible? Perhaps the patient did not ask to try varifocals this time instead of staying with bifocals - or was it that the optometrist simply went through the motions of the eye examination and left the dispensing optician to handle 'that side' of things. A crucial question for any practitioner is - "Is product advice a retail activity or a matter of professional duty?"

Most optometrists aspire to their patients commenting on having had a good eye examination. They would also like to believe that the patient was pleased with the end result, because the translation of the refractive result into spectacles or contact lenses represents a highly satisfying situation for the practitioner. It is clear that patients need direction from the prescriber as to how they would benefit from the prescription being filled. For example, if a presbyopic patient has complained of difficulties with intermediate vision during the eye examination, the optometrist, as part of the routine, should demonstrate the limitations of bifocal and single vision reading spectacles. This may avert the patient returning for a recheck at a later date with their new spectacles that "don't work". If this type of discussion is left to the dispensing optician, some patients may be sceptical and perceive their advice as a sales ploy. Greater direction from the prescriber leads to an increased likelihood that the patient goes ahead with a product that will work for them based on their presenting signs and symptoms. Helpful and generic advice from the prescriber will also create a more trusting relationship with staff in the supporting role and help avoid the misconception of sales orientation. The latter perception can lead to the patient not choosing a product, which would have worked perfectly. A small effort in communicating the potential product needs of the patient to the patient in the chair helps everyone to succeed.

Remakes and rechecks may be avoided if the professionals with whom the patient interacts practise the art of active listening. This means that a proportion of time spent with the patient by both the optometrist and the dispensing optician should be used in assessing what the patient liked about their old spectacles and what the patient felt could be improved upon. The optometrist is in a strong position to remedy any visual problems (whether that is a change of power or investigating a centration problem, for example). However, the optometrist at the start of the examination could usefully assess if the patient has any desire for new spectacles or an adjustment to the old spectacles. A good starting question can be, "What is the main reason you've come here today?" Whilst this may not directly elicit information about the patient's current eyewear, the question could be followed with, "Is there any way that your current spectacles could be improved upon?" This follow-up question can lead to comments relating to wanting a change of frame style, feeling that the frame marks the patient's nose or total delight with no intention of getting new spectacles at this visit. At least the optometrist will be well placed to advise the patient in relation to these matters when concluding the eye examination.

Having gained the necessary knowledge during the course of the eye examination, the optometrist can confidently hand over to the dispensing optician and make recommendations (in front of the patient and in patient-friendly language) whether or not there has been any refractive change. The outcome of the examination will invariably lead to some assistance from the dispensing optician even if it is only an adjustment to the present spectacles. The dispensing optician is then in a good position to inform the patient about new advances in lens and frame technology for when the patient feels that their spectacles have outlived their usefulness. Advising the patient about what they need, as opposed to discharging the patient out of the practice with the assumption that no appreciable change in refraction means no new products are required, allows appropriate continuation of advice through to the end product and/or service.

Frequently, patients do not inform the optometrist of their specific requirements. This means that considerable communication skills are required in uncovering underlying complaints and needs. In the technical field of ophthalmic lenses, frames and contact lenses, the layperson is unable to make appropriate decisions on what will work for them. The entire practice team can work well together in discovering more about the patient so that their visual needs are satisfactorily met.

Dispensing with misconceptions

It is interesting to consider what the differences may be about the purpose of an eye examination from the viewpoints of both the patient and the practitioner. Following ophthalmoscopy, a number of patients can misinterpret the phrase, "I'm pleased to tell you that your eyes are very healthy", as "Your vision is perfect and you don't need glasses". Indeed, that conversation can even take place prior to unaided visual acuity measurement and refraction when a practitioner routinely performs ophthalmoscopy first. This serves to demonstrate that patients do not always comprehend the value of ophthalmoscopy and the investigative nature with regard to eye health that the eye examination provides.

Some patients feel that the eye 'test' may be the necessary 'process' they need to 'endure' in order to obtain a new pair of spectacles, whilst practitioners may consider it to be a fully comprehensive eye health assessment including the testing of sight and the possible result of the need of a refractive correction. The two views are poles apart in perception. On the one hand, this

particular patient example demonstrates the need for better communication of the extensive nature and benefits of an eye examination, whereas the practitioner opinion cited may need some appreciation that many patients attend for eye examinations with the intention of buying new spectacles.

In optometry, there is a potential commercial gain to be made based on clinical outcomes. This leaves many practitioners with some level of discomfort. Some practitioners feel almost embarrassed making recommendations that may carry a high price tag for fear that the patient may be unable to afford their suggestion. Let this considerate misconception be allayed. One approach is to treat and speak to every patient as if they were family members. Depending upon the age of the patient, it can be imagined that the patient is your mother or father, a grandparent or brother or sister, and in some cases your child. It can be helpful to use those words when making recommendations and also in how the patient is judged before giving advice. If, for example, a child needed their first myopic correction, using the words, "If Jenny were my daughter, I would have no hesitation in prescribing her spectacles so that she was comfortable in reading the board in class and did not miss out on anything". Patients feel very reassured when they feel as if they are being treated as one of your family and this helps to build trust. Imagining the patient as a family member also maintains a thoroughly ethical approach assuming that one would never give a family member something that they did not need, and nor would one fail to provide them with the opportunity to have the very best.

It is very easy to pre-judge patients in terms of whether or not they will be able to afford certain products. Suffice to say, personal offence might be taken if out shopping and a sales assistant did not recommend something to you because you were dressed casually and they had the impression that you would not be able to afford it - in spite of the product being perfect for your needs. Patients should not be treated in this manner. In the consulting room, the optometrist is in an educational role of 'telling' and certainly not 'selling'. Talking about products that may be of interest to an individual patient is part of the optometrist's advisory role. The question of price can be appropriately deferred to a member of support staff who is better placed to proceed with the finer details of specific product choice and accurate price quotations.

Ophthalmic products are very technical, and there is often little consumer awareness. Sometimes a 'bad' experience is recounted. For example, "My friend tried those and she didn't get on with them", can be a hurdle a practitioner must overcome in order to make a helpful recommendation for a particular individual (whose needs are frequently nothing like those of the said friend). If we encounter an elderly yet active patient with poor vision due to bilateral cataracts, who may have considerable time to wait before treatment, should the patient not be dealt with like a grandparent? Would you allow your grandmother to continue with a cracked acetate frame that does not fit comfortably behind her hearing aid, has such scratched plastic lenses that her vision seems foggy, and your slit-lamp findings show her to have nuclear sclerosis which may benefit from her having a UV filter on her spectacles to help reduce glare?[1] Paying patients the consideration given to our own families helps clarify the commercial versus professional recommendation.

Contact lens issues

The opportunities presented by contact lens patients are many and are outside the remit of this article. In essence, it is helpful to determine whether the patient is wearing the most suitable product for their wear schedule and pattern so that the patient continues to derive value from their contact lenses. Several advances in contact lens designs, materials, care products and advice have been made in recent times, and sharing this new information with patients can be helpful. This may range from ensuring that tap water is not used to rinse out lens cases to introducing the patient to unit dose comfort drops which can be easily carried in a pocket on a night out (thereby averting the temptation to wet lenses with either saliva or tap water). Patients enjoy gaining new information, and it serves to make their visit worthwhile and rather less 'routine'.

A common colloquialism used in contact lens practice is, "If it's not broken, don't fix it". Some practitioners might apply this to the troublesome PMMA wearer who sees no reason to move into RGP lenses, or perhaps the perfectly happy, full-time, soft contact lens wearer using conventional 38% water content lenses on a loosely annual replacement basis. These examples could be analogous to the -6.00DS spectacle wearer who attends for examination with a large aviator-shaped frame glazed with standard uncoated CR39 lenses. Most practitioners would not hesitate to advise this spectacle patient about high index lenses and the benefits of smaller frames. However, contact lens patients do not always receive the information about changes in their product arena because they did not ask during the appointment.

Using referral

A referral can be quite a negative outcome of an eye examination and sometimes both a worrying and unexpected result for the patient. The practitioner can turn this event into something more positive, by the way in which the referral is conducted. Some practices use patient information leaflets on common eye conditions, such as cataract, dry eye and glaucoma, so that the patient may digest the information at home and telephone the practitioner at a later date should any questions arise.

In addition to providing the patient with information, further anxiety can be alleviated if the patient knows what is contained in the referral letter. The practitioner, where appropriate, may read out the referral letter to the patient translating the clinical terms into phrases that the patient will understand. In this way, the patient feels involved in the referral process and does not in any way feel that the practitioner is hiding any information, which serves to alleviate potential concerns the patient may have had. Discussing the letter of referral also serves as a repeat discussion about why the patient is being referred, as some patients may not have absorbed all of the information on first learning of the need for referral.

There are two main circumstances that may arise from the examination leading to referral. The first scenario is when the patient is so sure of their eye complaint that they expect to be referred. In this circumstance, a change in spectacles is probably one of the last things on the patient's mind. The other situation is when the patient perceives the eye examination as a routine check and is oblivious to any existing pathology. In this latter case, unless the reason for referral may cause an unstable refractive result, there is no practical reason not to proceed with dispensing. Indeed, continuing with an update in spectacles, which may have been at the forefront of the patient's mind and the main reason for their visit, may add a positive aspect to an otherwise negative examination. Once again, it can be helpful to deal with the patient in the same way as a member of the family.

Growing the practice

All practices suffer from some level of attrition from the patient database either from natural causes or simply that patients relocate. In the current retail environment, patient loyalty is a challenge. This means that few practices can be complacent about attracting new patients. One of the most successful (and free) methods is that of personal recommendation by existing patients.

Most practitioners will enquire about the possibility of examining other family members when, for example, there is a history of glaucoma or when examining a child with amblyopia or a squint. However, it is not so common for practitioners to ask for 'normal' patients to come and be examined. Having concluded the eye examination, and assuming that the patient appears to have been happy with the advice and recommendations given, this is the time to confirm to the patient how happy you would be to be recommended by them to friends and family. The main difficulty is that most patients wrongly assume that you are busy enough and they also do not consciously think to recommend you - they assume that all people seeking eyecare will know about you and your practice. When a patient comments on their happiness with your service, seize this opportunity. Patients often take it as a great compliment that you would like to see their friends and family.

Passing the baton

In most practices, the optometrist is supported by a dispensing optician or optical assistant who will take care of the needs of the patient following the eye examination. It is crucial for all involved that good communication is maintained. During the course of the examination, patients frequently off-load their likes and dislikes, thus the optometrist has been given a wealth of information on which to base the advice as well as potential product selection. Patients will have a great deal of confidence in a professional who seems to understand their presenting problems and shows signs of being able to provide a solution.

On concluding the eye examination, it is usual for the optometrist to review their findings with respect to eye health, the presenting symptoms, product recommendations and the next recall interval. This short amount of time taken to relay

this information reassures the patient that they have had a comprehensive examination. Following the end of examination summary, a practitioner may ask the patient, "Is there anything you would like to ask me?", giving the patient the opportunity within the consulting room to revisit any aspects of the examination and/or advice that were not fully understood. It is important to allow for such questions within the privacy of the consulting room, as some patients would feel embarrassed or awkward asking a question in the open space of the practice.

Having spent time building a good relationship with the practitioner in the consulting room, sometimes the practitioner's appreciation of the needs of the patient is so apparent that the patient does not want to be 'handed over' to another member of staff for fear of this intimate understanding being lost. The optometrist must help instil confidence in the support staff by explaining to the patient their role and knowledge. The repeated use of names in the hand-over is also helpful in establishing rapport between the patient and the next member of staff who will be taking care of them. The patient also benefits from hearing their product needs assessment re-explained, in patient-friendly, jargon-free language, so that they can feel confident that the next member of staff knows what they need.

For example, "Mr Robinson, this is Justine the dispensing optician. Justine, this is Mr Robinson. Mr Robinson came to see us today because he felt as though his reading vision could be improved upon, and he has also noticed that his vision for teletext on TV could be better. I feel he would benefit from some multi-purpose spectacles this time and we have discussed varifocals. Mr Robinson reads a lot in bed, so he may wish to update his reading spectacles for comfort. Mr Robinson, I'll leave you with Justine now - you're in good hands."

Multilevel communication

It may seem that most things discussed in this article are obvious. There are many things that become apparent when they are brought to the conscious level. The role of an optometrist can be routine, and it is easy to continue with old habits that appear to work well when a small change in behaviour would benefit both the patient and the practitioner's job satisfaction in addition to overall practice success.

Whilst it may appear that the optometrist works in isolation in the confines of the consulting room, the optometrist plays a significant role in the success and failure of a practice and in future growth and development through patient recommendation. The success of the practice as a profitable business pays the professional fees and supports future investment in equipment. In this regard, commitment to the patient as a whole, and not simply a clinical entity, needs to be made.

The optometrist plays a leading role in helping patients make appropriate choices which will suit their presenting needs. This means that careful listening skills need to be employed as well as in the translation of those needs into suitable products and services. The whole practice team takes part in the process of patient satisfaction, and all members of the team should be empowered to interact with each other when key observations are made at any stage in the patient visit which may help towards creating a more satisfactory outcome.

If a practice is to grow or even maintain a healthy patient database, patient delight and not just satisfaction needs to be the goal. There is little difference in effort between the two, and delighting people simply requires a little more care and attention - the sort that one might show a member of the family.

Reference:

1. Elliott, D.B. (1999) "Management of patients with age related cataract". Ophthalmic Physiol. Opt. (19) Suppl. 1: S10-5.

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