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Communication: part 1 – soliciting information from the patient

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Communication is key to a successful consultation, from initial introduction and history taking through to giving instructions on various tests and providing clear explanations on outcomes to a range of different patients. This first article in a two-part series on communication skills, considers the art of soliciting information from the patient.

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Learning objectives

To be able to employ different styles of question to elicit appropriate information from patients (Group 1.1.2)
To be able to elicit important clinical detail from a range of patients in a caring and sensitive manner (Group 2.2.1)
To be able to ask appropriate and relevant questions to follow up presenting symptoms (Group 6.1.2)



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Learning objectives

To be able to modify consultation style to meet the needs of patients with different levels of understanding (Group 3.1.4)



About the authors

Dr Helena Webb uses video-recordings of healthcare consultations to research communication between practitioners and their patients. For the last four years she has been working at King's College London as a post-doctoral research associate and has been involved in studies concerning communication in optometry and she is currently working in partnership with the College of Optometrists on 'The Practical Work of the Optometrist 2' project.

Dr Dirk vom Lehn is a lecturer in Marketing, Interaction and Technology at King's College London. He has worked on a wide number of research projects and gained his PhD in 2002. He uses video data to explore the interaction and social organisation in a variety of workplace settings, such as galleries, museums, markets, auction houses and healthcare institutions. He is the leader of the 'The Practical Work of the Optometrist 2' project.

Professor Bruce Evans is director of research at the Institute of Optometry and visiting professor at City University and London South Bank University. He spends most of his working week in an independent optometric practice in Essex.

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Introduction

Soliciting information from the patient is a key part of the consultation. Successful clinical outcomes are reliant on the practitioner asking questions to gather relevant information regarding, for instance, the patient's history and symptoms and their responses to examination tests.¹ This information needs to be gathered in a time efficient manner and in a way that encourages the patient to feel relaxed and fully engage with the eye examination. Practitioners often report that soliciting relevant information can be made difficult by over-talkative patients who take up valuable time giving lengthy, perhaps irrelevant, answers. Alternatively, patients may provide insufficient detail due to discomfort, anxiety or a lack of understanding. Finally, patients can at times appear overly concerned with providing the 'correct' answer to certain questions. This article describes some ways to optimise the complex process of soliciting information from the patient focusing on selection of question type, question wording and the role of eye contact. Examples given are based upon research analysis of video-recorded optometric consultations.²

Selection of question type: understanding the relationship between questions and answers

Different types of question 'set up' or encourage different types of answer. For instance, consider open *versus* closed questions. Closed questions, such as 'Do you drive?' or 'Do you need glasses for reading?', set up a 'yes' or 'no' answer. As they require only a short response on a specific topic they can provide an extremely efficient means to acquire information and discourage lengthy replies. By contrast, open questions such as 'How are your eyes at the moment?' or 'Can you tell me how you're getting on with those lenses?', encourage something more than a 'yes/no' answer and, therefore, often receive longer replies. These kinds of question can be useful in prompting the patient to provide a lot of information, though of course that information may not be entirely clinically relevant.

Questions can also be designed in other ways to solicit specific or more general responses. Questions such as 'Is it better with lens one or lens two?' for instance, requires the respondent to select between two (or more)



Figure 1 Practitioner's desk at a right angle to the patient can disrupt the flow of communication

named alternatives. By encouraging a specific, short response this kind of question can be an effective way to steer a patient towards providing (only) relevant information. Open questions can also direct the respondent to a specific topic, for example, 'How is your distance vision?' On the other hand they can also invite the respondent to comment more broadly – 'How are your eyes at the moment?' – or enable them to select their own terms in which to reply rather than referring to named alternatives – 'How do these lenses feel?' Encouraging the patient to reply in more general terms enables them to introduce issues of personal relevance or concern and thereby also feel involved in the consultation, but can lead to unnecessary detail.

Finally, a statement can also function to solicit confirmation and/or an extension of information provided by the patient. For instance, if a patient has been talking about computer use, asking 'So you use a computer all day for work?' seeks confirmation of the exact scenario being described. It also demonstrates that the practitioner is listening, which can be valuable to patient satisfaction. In addition, statements can display empathy with the patient's feelings while providing a gentle prompt for more information. For instance, if a patient has reported having to give up driving due to worsening eyesight, 'I expect that is a big change for you' displays empathy and encourages the patient to provide further details.

Understanding the relationship between questions and answers is an extremely useful

tool for the practitioner. Recognising what kind of answer (yes/no, short/long, specific/general) is most suitable for the particular activity ongoing in the consultation is the key to selecting an appropriate question type.³ To give one example, at the start of the consultation it can be very useful to give the patient an opportunity to talk in general about they feel to be relevant about their vision and eye health.⁴ Firstly, this can solicit clinically relevant information and ensure that this can be dealt with at an appropriate point in the consultation; if patients do not have an opportunity to report these issues early on, they may bring them up later, and this can be highly disruptive to the flow of the encounter and even invalidate some test results. Secondly, having an opportunity to present issues of personal concern can enhance the patient's experience of the consultation.

Being able to talk in their own terms can help the patient to feel actively involved and important in the consultation and, therefore, enhance feelings of comfort, satisfaction and rapport with the practitioner. For these reasons, an open question soliciting general information from the patient can be highly appropriate early on in the consultation – for instance, 'How have your eyes been?' or if it is known that the patient is attending with some issues to report, 'What kind of things have you noticed?' In fact, at this point in the consultation patients often answer with more than 'yes/no' even if they are asked closed questions. So, for instance 'Are you having any problems with your eyes' often leads to an assessment or description of the patient's eye status. When asked 'How is your distance vision?' as the first question of the consultation, patients might answer instead in terms of their reading vision, if that is the particular concern they want dealt with in the encounter. This kind of mismatched reply can somewhat derail information exchange. These tendencies to answer more than the question demonstrate the importance patients place on being able to talk in their own terms right at the start of the consultation and reinforce the value of more open and/or general questions at this stage.

Question wording: is the question easy for the patient to answer?

In addition to selecting a question type, it is also important for the practitioner to pay attention

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to the wording. It is essential to ensure that patients find it easy to produce a response and there are a number of factors that relate to this. Firstly, patients can differ greatly in the extent to which they are familiar with optometric vocabulary. While some can easily respond to questions using specific terms for eye health conditions or vision problems, others display difficulty in understanding questions about 'flashing lights' or 'distance vision'. It is, therefore, important to word questions to suit individual patients; the answers that patients provide to the first few questions in the consultation provide a useful indication of their level of comfort with vocabulary. From then on the optometrist can word subsequent questions accordingly. For instance, if a patient describes their visual problems using specific vocabulary, this indicates the optometrist can employ similar terminology, but if the patient reveals that she is attending an eye test for the first time, this is a strong indication that references to terms such as floaters, glaucoma, visual fields and so on, need to be accompanied by a clear explanation.

It is also beneficial to word questions which relate to categories of patient understanding rather than optometric ones. For instance, many individuals understand their vision in terms of how well they can see the television, or if they need glasses to read or drive, rather than necessarily thinking in terms of being short or long-sighted. Therefore, a question such as 'How is your vision looking at signs in the distance?' can be more comfortable for the patient to respond to than 'How is your distance vision?' This is not just because of the terminology used but the way in which the question is immediately relatable to the patient's own experience. Similarly, patients often display difficulty being asked about 'problems' with their eyes at the start of the consultation – 'Are you having any problems at the moment?' as they feel it is the task of the examination to deduce whether any problems exist.⁵ Instead, patients appear more comfortable being asked about 'concerns' or 'changes' with their eyes or being asked to assess the status of their eyes or how they feel about them as these kinds of questions connect more with their own categories of understanding.

Key point

Patients can find it difficult to answer questions about 'problems' with their eyes. They are more comfortable being asked about 'changes' or 'concerns' or being asked questions such as 'How are your eyes at the moment?'

Questions can be harder to answer if the task they relate to is also difficult. For instance, patients frequently find subjective refraction challenging and experience difficulty answering the optometrist's test questions, perhaps also stating concern over the quality of their answers. In these scenarios it is important for the optometrist to reflect on the wording of the questions being asked; are they potentially causing or exacerbating the patient's experience of difficulty by being ambiguous about the task at hand or by being overly complex? It can also be helpful to reassure patients in advance that everyone finds the test difficult and that it is okay to, for instance, reply that they cannot see any difference. This kind of reassurance can help the patient to feel comfortable to answer in the way requested.

Further, it can also help to ask follow-up questions that relate to more familiar categories of understanding – 'Does the lens make it clearer or just smaller and blacker?' In a similar way, patients frequently display a concern to do 'well' in the distance vision test and can appear to delay or even avoid answering if they feel they cannot read all the letters on the line. Patients can be encouraged to respond by the practitioner reassuring them that the test is designed to become progressively more difficult or softening test questions by asking 'Can you tell me the smallest line of letters you can read there?' or 'Do you think you can get any of these letters' rather than the more demanding 'What is the smallest line of letters you can read?'

Finally, questions can be worded to set up a 'right' or expected answer. For instance, 'You don't drive without wearing your glasses, do you?' conveys a moral judgement and can be very uncomfortable for the patient to respond to. Another subtle example of a question that creates difficulty for the patient can be 'is this a check-up appointment or are you having any problems?' – it suggests that having a check-up and having problems are alternatives and, by



Figure 2 Practitioner's desk and patient's chair aligned to facilitate eye contact

extension, implies that patients who experience problems between regular appointments do and 'should' seek a special appointment to discuss them. If the patient responding to the question has noticed difficulties but chosen to wait until his routine check-up to report them, it suggests they have done the 'wrong thing' making it difficult to respond accurately without seeming incompetent. Questions can also set up an expected answer without these moral nuances. As discussed earlier, statements may be used as questions to solicit confirmation or display empathy, however they are inappropriate in other contexts. For example, 'I expect this lens will make it blurry?' is a leading question that strongly expects a particular answer. The patient may be reluctant to contradict the optometrist and giving the 'wrong' answer may even result in a breakdown in rapport and trust. Another example is the chain of questions usually employed during history and symptoms, such as 'Do you experience any flashing lights?', 'Do you experience any floaters?' or 'Have you had any headaches?'. The grammatical similarity of these questions (in particular the repeated use of the word 'any') can suggest to the patient that the same answer is needed to each one and can elicit an automatic answer 'no' even before the optometrist has finished asking them, leaving doubt as to whether the answer is accurate or simply produced as the 'expected' answer. For this reason, it can be helpful to vary the question wording using forms such as 'Have you ever...?', 'Do you have some...?' or 'How often do you...?'

Eye contact

Appropriate use of eye contact during the consultation is simple and hugely effective, but frequently overlooked by practitioners. Eye contact is central to all forms of face-to-face communication. It shows that both parties are listening to each other and helps facilitate the exchange of conversation.⁶

Key point

Eye contact is central to all forms of face-to-face communication. In the consultation it plays a key role in showing that the practitioner is listening to the patient.

During the consultation, maintaining eye contact with the patient can enhance the process of soliciting information in a number of ways. Firstly, it provides a resource to help the practitioner discern, for example, if the patient appears nervous, or has not understood the question. Patients rarely openly state that they are worried or do not understand, so this is in fact a very valuable tool to identify these kinds of issues and then take steps to deal with them as necessary. Further, studies across various settings in healthcare have shown that eye contact is closely connected to feelings of patient comfort and satisfaction.⁷ When practitioners maintain eye contact, their patients feel listened to and involved in the consultation. By contrast, patients whose practitioners spend much of the time looking at

notes are more likely to report feeling that their concerns are treated as unimportant or that they have not been recognised as individuals. The association between eye contact and patient satisfaction can be strong during points when the patient is revealing details about their personal concerns, so maintaining this contact can be particularly effective during the opening phases of the consultation. The presence or absence of eye contact can have consequences for the flow of communication. Studies have shown that when the practitioner asks questions without looking at the patient, the responses are frequently delayed and short, sometimes requiring further questions to solicit necessary detail.⁸ If eye contact is lost while the patient is answering a question, they sometimes stop talking until gaze is renewed. By contrast, the presence of gaze between practitioner and patient can encourage the patient to answer without delay and in sufficient detail.

Practitioners often ask questions while looking down at their notes, rather than maintaining eye contact with the patient. In other cases they turn away while the patient is answering to begin writing or typing. Given its crucial role to communication, practitioners should reflect on whether it might be more productive to maintain eye contact throughout these questions and answers and to make notes when the patient has finished talking. Some optometrists report that they simply do not have the time for this; instead they have to do two things at once by making notes while the patient is talking. Practitioners should

experiment with maintaining eye contact and to then check whether this affects consultation length given that the absence of eye contact can actually be counter-productive by slowing down communication.

Practitioners should also consider their seating position in relation to the patient to allow the opportunity to engage eye contact. Positioning of the desk at a right angle to the patient's chair can result in the practitioner's back turned to the patient, preventing eye contact (see Figure 1). Therefore, it can be beneficial for the practitioner to turn their chair away from the desk and towards the patient during phases of information gathering, using a clipboard rather than the desk when making notes (see Figure 2). The practitioner should also pay attention to their seating posture. A hunched position can cause the head to drop and prevent eye contact. It can be helpful to build regular points into the consultation at which the practitioner can consciously recognise their posture and adapt if necessary. Increasingly, computers are used to complete patient records and as such it is important to reflect on the consequences this has for eye contact.

Conclusion

Successful communication is essential to get the most out of the short consultation time that practitioners have with their patients. Simple steps to improve the line of questioning, along with small changes to body language can provide a better outcome for both parties.



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