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# Communication: part 2 – delivering findings and advice to the patient

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A key requirement for a successful consultation is the effective delivery of findings and advice. This article describes ways in which practitioners can seek to optimise their communication skills in relation to the delivery of the consultation outcome to the patient.

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### Learning objectives

To be able to deliver information about the consultation outcome in an appropriate way (Group 1.2.4)

To be able to deliver important clinical detail to a range of patients in a caring and sensitive manner (Group 2.2.1)



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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.

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

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## Introduction

The outcome and consequences of results from examination tests need to be communicated in a way that can be easily understood by the patient, encouraging them to follow the advice that has been given by the practitioner. For a number of reasons, the delivery of findings and advice to the patient is a highly complex communicative activity.<sup>1</sup> The content of information given can vary widely in length and seriousness. In addition, patients can vary in their capacity to understand information delivered and in their ability to cope with 'bad news'. Finally, the ways in which findings and advice are communicated can have a significant impact on patient adherence and compliance with management recommendations.

## Improving compliance

It is well known that across all areas of healthcare, patients routinely do not follow advice given to them by practitioners, perhaps altering management plans or even not taking up recommended changes or treatments at all. Research suggests that some of the main reasons patients do not take up advice given to them are: the complexity of management/treatment; the cost; a lack of patient understanding; side effects of treatments and lack of patient trust in the practitioner.<sup>2</sup> While not all of these factors can be overcome through effective communication, there is no doubt that taking steps to optimise communication between practitioner and patient can play a role in promoting treatment adherence. In particular, effective communication offers a valuable tool to enhance patient understanding and build up trust, in addition to providing an opportunity to identify and deal with patient concerns regarding treatment and management.

In describing steps to maximise communication in the findings and advice phase of the consultation, it is important to focus on delivery that will aid patient understanding, engage the patient in the process, and prepare them in the event of bad news. To do this, observations can be drawn from the analysis of video recorded optometric consultations and examples of these are provided throughout this article.<sup>3</sup>

## Delivering findings and advice to aid patient understanding

Lack of understanding is closely associated to



**Figure 1** It is important to maintain eye contact with the patient to aid communication

patient uptake of practitioner advice, which may be a result of different factors:

- The patient is unable to follow the information given by the practitioner during the consultation
- The patient can follow the information while it is given, but is unable to remember it (accurately) after the consultation
- The patient is able to follow the information in an abstract way but is unable to understand how it relates to them personally.

Optometrists need to be aware of all of these potential sources of non-understanding and take steps to avoid or overcome them. A number of techniques can be useful for this.

### Signposting

One technique is 'signposting', or announcing explicitly, the activity that is about to follow and/or the type of information that is about to be given. So for instance, *'That's all of the tests finished now, so let me tell you what I've found...'* These kinds of announcement can be very helpful in preparing the patient for important information to follow and demonstrating the need to listen carefully. They can also be effective when information delivery is separated into different stages in the consultation: for instance *'That's stage one – vision'* helps the patient to prepare to listen to information now while also making them aware that further detail will follow later. Optometric patients, in particular those who attend only for routine check-ups, can sometimes be unaware

that both their vision and eye health are being tested, so this kind of signposting helps alert them to the different information they will receive.

Signposting is also a physical activity. By sitting upright, looking directly at the patient and maintaining eye contact while talking, the practitioner displays to the patient that the information being given is significant and needs to be paid attention to.<sup>3</sup> It also demonstrates that the patient's needs are being taken seriously and so can assist with rapport and trust. By contrast, delivering findings and advice while making notes or putting equipment away can treat the patient as unimportant and create the impression that what is being said doesn't need to be listened to.

### Clarity

Ensuring that the content of findings and advice is clear helps the patient to follow what is being said and to remember it after the consultation has finished. The optometrist needs to determine whether it is necessary to use technical vocabulary to describe a condition or treatment and if so, whether it is also necessary to provide a lay definition of the terminology alongside it. Patients differ greatly in their knowledge of eye conditions (and are frequently reluctant to volunteer that they do not understand something) so it can be beneficial to reflect on the vocabulary they have used when describing their status and

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symptoms at the start of the consultation and pitch information delivery at the same level.

## Be specific

Being clear involves keeping details specific. For instance, in an assessment when making a statement such as *'Everything is fine'* the optometrist needs to make clear whether this refers to vision, eye health or both. Visual aids such as pictures, diagrams and animations can be particularly effective in keeping information specific as they can remove the need for overly long descriptions of the structure of the eye and the conduct of treatments. Modern technologies, such as computer tablets and animation programs, have made the use of such visual aids easier and their content more memorable. However, it is important when using them that the practitioner takes care to maintain some eye contact with the patient rather than looking entirely at the visual aid.

## Bitesize chunks

Information can be delivered more clearly and remembered more easily when it is broken into small parts or 'chunks'. This may involve the separation of information into different stages as noted above, as well as the numbering of information delivery, for example: *'There are two steps to take next'* or *'There are two things I want to tell you about'*. It may also involve the repetition of important details to the patient right at the end of the consultation plus the provision of resources to look at later, such as a leaflet or website. Where appropriate, the repetition of information may also involve giving details to a relative or carer.

## Gauging language and relevance

Finally, patients are often better able to understand (and act on) information given to them if it is matched to their own categories

of understanding and concern. Even if patients are able to follow references to refractive correction and prescription values, information about whether they need to update their lenses and how often they need to wear their glasses, for example, will be more meaningful to them as it relates to their day-to-day lives. Patients frequently exhibit concern over how changes in their eyes will affect their ability to drive, go to work and take other medications, so it aids their understanding if the information given uses the same reference points. Once again it can be helpful to pay attention to the patient's descriptions at the start of the consultation and incorporate these into the delivery of findings and advice. For instance, *'I can see why you say you have a lot of headaches because...'* or *'Although you've noticed some changes, you don't need to wear glasses for reading at the moment'*. These references back to patient reports have the additional benefit of demonstrating that they have been listened to and that their concerns have been treated seriously and attended to.

## Engaging the patient: findings and advice

Patients are often rather passive during the findings and advice phase of the consultation. They may make little response to the information they are given, perhaps just saying *'Okay'*, *'Right'* or nodding their head. This may not appear to be problematic and even seem an advantage as it can help the consultation to move forwards quickly. However, this passivity means that it can be unclear whether or not the patient has understood what they have heard and is happy with the diagnosis and treatment plan proposed.

An additional factor is that patients often display a concern to seem competent during the consultation and to appear to be doing

the 'right thing'.<sup>5</sup> This can result in them being reluctant to admit that they do not understand or that they are unhappy with what they have been told. For these reasons, engaging the patient to become more active in the findings and advice-giving phase of the consultation can be beneficial. The more engaged the patient is, the more likely they are to feel comfortable enough to admit to any lack of understanding or concerns over eye care management. In addition, greater communication provides more opportunities for the practitioner to identify and address possible causes of patient confusion.

The starting point for encouraging involvement during this phase of the consultation is for the practitioner to maintain eye contact with the patient throughout. The maintenance of eye contact displays that the patient's needs are being taken seriously. Further, it conveys that if the patient has any concerns to express or questions to ask, they will be listened to.

A second reason to maintain eye contact is that patients may be more likely to show evidence of non-understanding or disagreement with facial expression, rather than verbally. So being able to see the patient's face can be a very useful resource to gauge their response to the information given. Asking questions provides another means to engage the patient but it is helpful to avoid those that have an obvious 'correct' response. For instance, patients may feel a pressure to say 'yes' to *'Do you understand?'* or *'Does that all sound okay?'* regardless of their actual perceptions because this is the answer a 'competent' or 'good' patient would be expected to give. Instead, questions that make it easy for the patient to admit to difficulties are more comfortable for the patient to respond to. For example, *'Would you like me to tell you a bit more about this condition?'* or *'Some people worry about the cost of varifocals, how do you feel about that?'* A further approach



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is to ask questions that will reveal the extent of the patient's understanding/acceptance of what has been said. For instance, *'How soon do you think you will be able to see your GP?'* can reveal whether the patient has understood the need for immediate action.

Finally, patients can be invited and enabled to comment more generally on what they have heard. Once again this can be achieved through questions that avoid setting up a particular 'correct' answer, for example, *'How does this sound to you?'* *'What are thoughts about this?'* Research also suggests that due to different linguistic properties, using 'some' in questions rather than 'any' can encourage patients to respond more positively – for instance *'Do you have some questions?'* *'Are there some more queries you'd like me to address?'* rather than *'Do you have any questions?'*<sup>6</sup> In addition to aiding patient understanding, referencing back to information provided at the start of the encounter is another way to encourage patient comment. For instance, connecting the need for updated lenses to patient reports of headaches may prompt the patient to comment that they 'thought that might be what I needed' or recall a family member who received similar advice. Through these kinds of comments the patient shows an understanding and acceptance of the information received. Alternatively, their comments might indicate that the patient has not understood the diagnosis or has some concerns over managing a complex treatment process and once this has been revealed, the practitioner has an opportunity to address these issues through further discussion.

## Delivering bad news

Delivering bad news is one of the most

challenging communicative tasks that practitioners have to perform. Informing the patient of a serious diagnosis or the absence of further treatment options is a difficult task as it requires the efficient delivery of information plus sensitivity towards possible patient feelings of upset and distress. Communication research has shown that in both healthcare settings and everyday interactions people tend to deliver bad news in ways that shroud or hint towards it rather than revealing it explicitly.<sup>7</sup> For instance, *'things went a bit wrong'*, *'it didn't turn out very well'*; this tendency shields the recipient from the full impact of bad news but it can have negative consequences in the consultation as it can mean that important information is under-reported and unclear to the patient. For instance, optometrists may tell patients that test results are *'not as good as they could be'* or after recommending that patients have their blood pressure checked by their GP, *'It's nothing to worry about'*. Leaving the outcome and significance of examination tests unclear in this way can mean that the patient remains unaware of the potential seriousness of a diagnosis. Of course this also risks the patient not taking the suggested management option as seriously as it should be. So it is very important for practitioners to be aware of this conversational tendency to shroud bad news and monitor their own practice to ensure that information about diagnoses and treatments is always delivered clearly.

Communication skills guidance based on medical practice illustrate further actions practitioners can undertake to manage the discussion of bad news effectively.<sup>8</sup> After the delivery of clear information that does not leave bad news implicit, it is important to allow patients time to respond. These responses vary but may include displays of shock, distress or

even relief that uncertainty is now at an end. Rather than immediately continuing with descriptions of the next steps and expecting the patient to switch back to being 'rational' and non-emotional, it is important to build upon trust and rapport with the patient by displaying empathy. This may be done through acknowledgement of the patient's likely feelings, giving the patient a few moments to compose themselves before continuing the discussion, or offering support through comforting (non-contact) gestures such as sympathetic head nods, offering tissues and so on. Once the patient has had sufficient time to respond to the news and the discussion continues, it can then be helpful for the practitioner to offer some kind of reassurance to the patient. For instance, the practitioner might state that the condition the patient has been diagnosed with is easily treatable, that a diagnosis is less severe than it might have been, or that support is available to help people learn to live with their condition. Providing information leaflets and directing the patient to other resources produced by the College of Optometrists, Macular Society and RNIB, can be useful at this point. This kind of reassurance is often welcomed by patients and plays an important role in re-establishing a positive outlook in the consultation. However the reassurance must be appropriate: it should acknowledge the patient's (negative) feelings rather than attempt to override them and should not set up unrealistic expectations.

## Conclusion

Communicating the outcome from the consultation process is a key skill for practitioners to pay attention to, ensuring that the patient understands the implication of the findings and takes appropriate action where they are required to do so.

### MORE INFORMATION

**References** Visit [www.optometry.co.uk/clinical](http://www.optometry.co.uk/clinical), click on the article title and then on 'references' to download.

**Exam questions** Under the new enhanced CET rules of the GOC, MCQs for this exam appear online at [www.optometry.co.uk/cet/exams](http://www.optometry.co.uk/cet/exams). Please complete online by midnight on April 25, 2014. You will be unable to submit exams after this date. Answers will be published on [www.optometry.co.uk/cet/exam-archive](http://www.optometry.co.uk/cet/exam-archive) and CET points will be uploaded to the GOC every two weeks. You will then need to log into your CET portfolio by clicking on 'MyGOC' on the GOC website ([www.optical.org](http://www.optical.org)) to confirm your points.

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