



Impacting Communication in Optometry: enhancing health-service experiences

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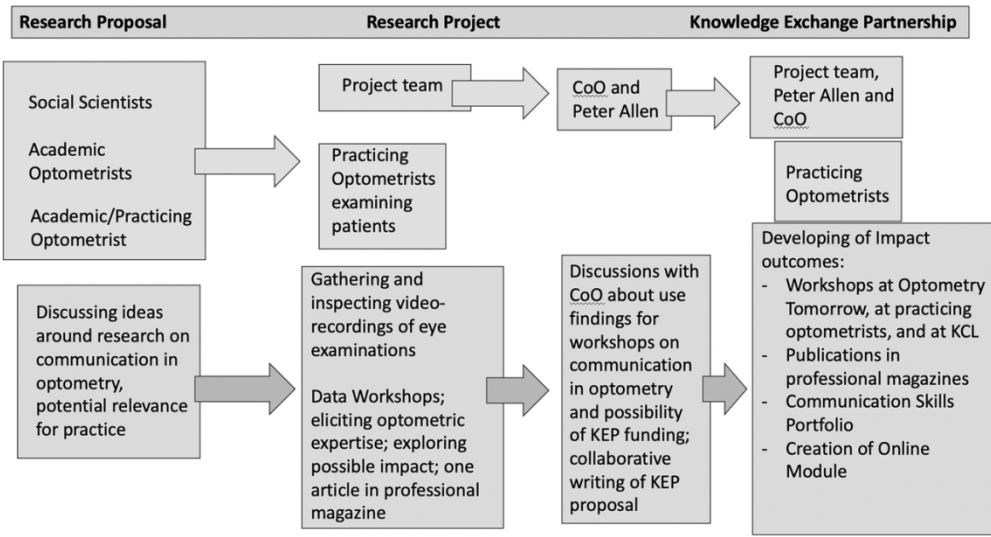


Figure 1: From the Research Proposal to the Knowledge Exchange Partnership

223x119mm (150 x 150 DPI)

| Research Activities | Research Findings (Selection) | KEP: Scoping Exercise Activities | KEP: Scoping Exercise Findings (Selection) | KEP Outcomes |
|---|---|--|---|--|
| Gathering Video-recordings of communication in eye examinations | Framing of eye examination is achieved through minute examinations | Survey with Optometrists in the UK | <ul style="list-style-type: none"> - Highlight lack of communication training - Note interest in further training in communication | Development and Dissemination of Communication Skills Portfolio |
| Examining and analysing communication in eye examinations | When asked, patients do not reveal 'problems with their eyes and vision' | Focus Groups with Public Patient Involvement Group | <ul style="list-style-type: none"> - Note issues and problems with communication experienced | Publication of articles in professional magazines that address use of formulations in patient history interview |
| Publishing Research Findings | Patients treat parts of the eye examination as test of their abilities | Discussions with Practicing Optometrists | <ul style="list-style-type: none"> - Note lack of communication training - Voice interest in exploring use of video-recordings as reflective tool | Workshop at Optometry Tomorrow conference: discussing examples of effective and less effective communication Workshops with practicing optometry |
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| | Patients are sensitive to formulations used in questions and encouragements to participate in tests | | | Publication of articles in professional magazines that highlight sensitivity to patients' orientation to tests |

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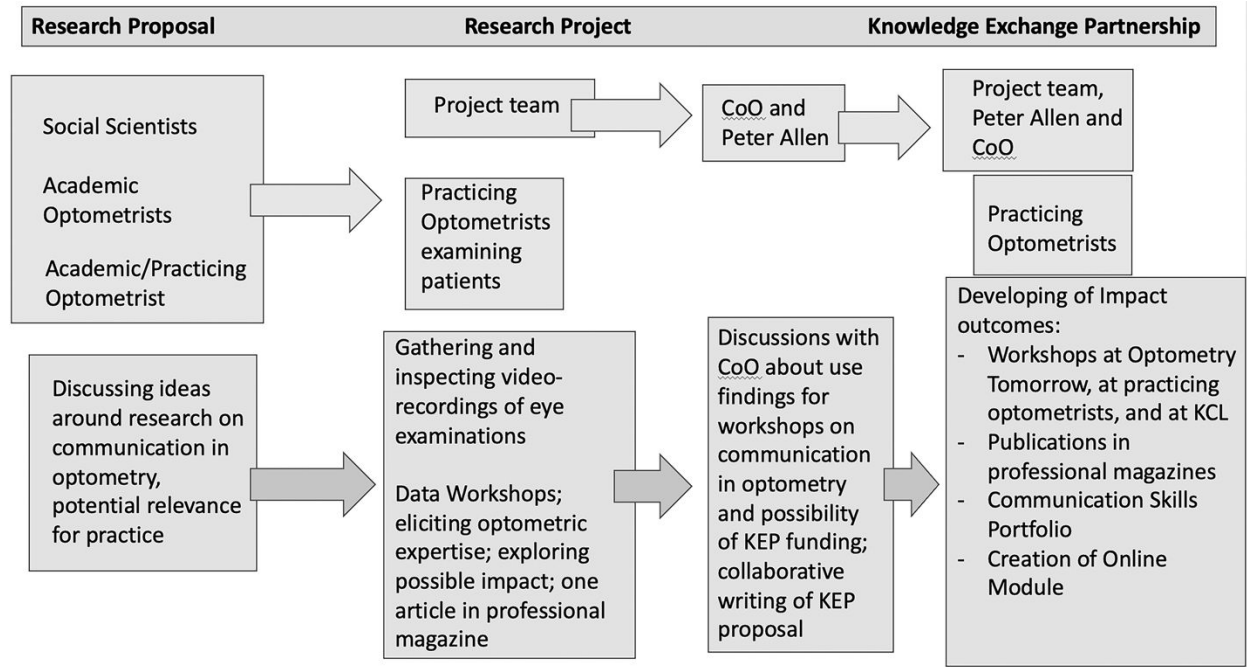
Impacting Communication in Optometry: enhancing health-service experiences

1. Introduction

In optometry, communication is important for principally three reasons;- (1) optometrists have to elicit reports of the subjective experience of seeing to assess patients' sight (vom Lehn et al. 2013; Webb et al. 2013), (2) like in other health services the agenda of eye examinations is increasingly driven by contributions from patients (Keeling et al. 2021; McColl-Kennedy et al. 2017; Pagano 2016), and the value of eye examinations is co-produced in interaction between optometrist and patient, and (3) failures in communication between patients and optometrists can be the grounds for malpractice cases (Palmer 2022). Practicing optometrists are aware of the importance of communication in their work, and say that "[C]ommunication is at the heart of everything that we do no matter what discipline or specialty of optometry we go into" (Sarah Morgan in Powell 2018). Although the importance of communication for the practical work of optometrists has been recognized, little communication training is offered to optometrists at university and, until recently, there was hardly any research on communication in eye examinations.

Considering the importance of communication and the lack of research on and training in communication in optometry, we, a team comprised of social scientists and two academic optometrists, one of them with his own community practice, have undertaken a series of studies exploring communication and interaction in eye examinations. These studies formed part of an interdisciplinary ESRC-funded research project that aimed to find out about communication practice and techniques in optometry by inspecting video-recordings of naturally produced eye examinations. We subsequently used the findings from the research project to apply for a Knowledge Exchange Partnership (KEP) co-funded by the ESRC and the College of Optometrists (CoO) that was designed to develop teaching and training material for optometrists. Figure 1 summarises the relationship between the research project and the KEP.

Figure 1: From the Research Proposal to the Knowledge Exchange Partnership



2. Working with Stakeholders: Problem Generation

The research project was developed in close cooperation between social scientists and academic optometrists. The social scientists cooperated with the academic optometrists while ensuring the research agenda pursued social scientific rather than practical or technical questions. They collected and inspected the video data using social scientific methods and disseminated their findings in social science journals and books. The academic optometrists contributed to the design of the research project, helped with access to research sites, participated in data workshops where they discussed video data with the social scientists, collaborated on the preparation of publications and later aided the communication of the impact of the research findings to the optometric profession. By closely cooperating as a project team, we always pursued a social scientific research agenda concerned with communication in optometry while having an eye on the impact our findings from social scientific research might have on the practical work of optometrists.

When the team first assembled to explore a possible collaboration, the first author of this article initiated discussions about a possible joined research project with optometrists working at universities. At this point, the optometrists had undertaken “standardised patient research” that had shown *what* tests and examinations optometrists undertake when patients present particular

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3 symptoms (Shah, Edgar, and Evans 2007). When I approached the optometrists, in particular Bruce
4 Evans (London Southbank University) and David Thomson (then at City University London) were
5 excited about the proposal to study in detail *how* optometrists communicate and interact with
6 patients during eye examinations because they recognised a lack of research in this area and a
7 potential impact of such social-scientific research on optometric practice.
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13 Together, the members of the research team identified issues and problems that we wanted to
14 pursue with the research. For the problem identification we have drawn on the optometrists'
15 experience as practitioners and the social scientists' previous research on doctor-patient
16 interaction. For example, as a team we decided to investigate how optometrists conduct the patient
17 history interview and how information from that interview is used to prefigure and structure the
18 eye examination. We also decided to explore how optometrist and patient manage the exchange of
19 glances during eye examinations, how optometrists employ a range of techniques and technologies
20 such as charts, lenses and computer systems to arrive at objective measures of patients' subjective
21 visual experience.
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31 Save for the academic optometrists' contribution to the writing of the proposal, having received
32 funding from the ESRC the success of the project also required the cooperation of practicing
33 optometrists and of academics teaching and training optometrists at university. The academic
34 optometrists used their excellent contacts and facilitated access to franchise owners and
35 community optometrists across the UK as well as to university departments and their optometry
36 clinics. The social scientists' cooperation with academic optometrists helped to persuade
37 practicing optometrists to participate in the project. The optometrists often agreed to video-
38 recordings in their practices saying that they are happy to help with research that will enhance the
39 quality of the service provided by the profession. Thus, the social scientists could gather a large
40 amount of video-recordings of communication and interaction in eye examinations that we have
41 subjected to detailed sociological inspection.
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51 The academic optometrists not only contributed to the preparation of the research proposal and
52 helped with access to data collection sites, but they also were involved in the analysis of the data.
53 As is common practice in the sociological analysis of video-data (Heath, Hindmarsh, and Luff
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2010) we organised data workshops where we invited optometrists to discuss with us short fragments of recorded eye examinations. The optometrists participating in these workshops helped the social scientists to identify problems in the communication between optometrists and patients, to interpret phenomena, and to make sense of highly technical procedures.

A key contributing factor in the creation of impact was the participation of the College of Optometrists toward the end of the research project. The CoO added to discussions about the trajectory of our research and about how findings from the research might be turned into impactful material. In common with many professional bodies, the CoO has protocols and procedures to ensure that the learning materials and guidance it provides to members have been developed through a rigorous process and meets the institution’s required criteria for quality. By involving the CoO in the project and by maintaining a strong working relationship with their research and education units the project team was able to achieve the outputs described below in section 5. Had the research team simply arrived at the CoO with fully formed ‘evidence-based learning materials’ and only involved them at the final dissemination stage, it might have been difficult or impossible to achieve the final positive outcomes noted in this article. The collaboration with the CoO was the basis for the subsequent development of the Knowledge Exchange Partnership (KEP) jointly funded by the ESRC and the CoO.

The inclusion of practicing optometrists and the CoO in the project may raise questions about the independence of the social scientific studies. From the start, we considered the inclusion of practicing optometrists and later the CoO as a particular strength of the project. The social scientists have benefited immensely from the expertise the optometrists have brought to the analysis of the video-data. Rather than the social scientific research being shaped by the interests of the optometrists, the analysis was enhanced by the optometrists’ expertise.

3. The Knowledge Exchange, (Co-)creation and Learning Process

Our research that examined video-recordings of eye examinations has begun to reveal that the production of effective eye examinations requires optometrists to be sensitive to how patients orient and respond to the professional procedures, instructions, and questions. Minute changes in the phrasing of questions and encouragements to read from charts or attend to tests can have

substantial implications on the organization and duration of examinations, on the quality of the clinical outcomes, and on patients' satisfaction with the service provided by optometrists (vom Lehn et al. 2013; Webb et al. 2013). Thus, our research has added to the existing body of knowledge on communication in health service provision in general and in optometry in particular by showing that specific communication strategies can improve the efficiency and experience of eye examinations for both optometrists and patients.

Toward the end of the research project, we discussed possible next steps for the investigation of communication and interaction in eye examinations. The optometrists who had been co-applicants on the research proposal felt that in addition to further research, there was value in making our findings from the research thus far, accessible to practitioners. We, therefore, approached the CoO and asked if they were interested in cooperating on an ESRC-CoO co-funded Knowledge Exchange Partnership (KEP) with the aim to use our research findings to develop education and training material. They agreed and together, the research team and the CoO, successfully applied to the ESRC for such a partnership.

The KEP was comprised of three stages of information gathering and outcome production;-

1. Scoping Exercise
2. Focus Group Discussions with Public Patient Involvement Group
3. Development of Communication Skills Portfolio

First, the KEP began with a "scoping exercise" to understand stakeholders' experience of communication in optometry. For the scoping exercise we asked the CoO to help us with access to practicing optometrists and patients. We assembled a list of optometrists to include in a survey designed to find out about practitioners' training in and their experience of communicating with patients. The list included contacts from the original research project and members of the CoO. Thus, we were able to include in our study optometrists from all parts of the UK. From the survey it transpired that particularly student optometrists wanted more communication skills training at university that provided them with knowledge and skills in soliciting information from patients, managing eye contact during consultations, delivering "good" and "bad" news from eye examinations, and giving advice to patients.

Second, alongside the survey with optometrists and students, we also conducted a small number of focus groups with patients who the CoO had helped to reach out to via their Public Patient Involvement Group. The focus groups provided us with information about patients' experience of communication in eye examinations. During the focus groups patients talked about issues and problems they had experienced in eye examinations. Patients mentioned, for example, that at times they have the impression that optometrists assess patients as they enter the examination room and that this initial judgement which has a bearing on how the examination is performed. They think that it is important for optometrists to communicate clearly with them and in ways that are sensitive to their conditions. Patients, therefore, suggested that optometrists use visual aids to explain to them the outcome of their eye examinations.

And third, we, the team of social scientists and optometrists, used the findings from the scoping exercise to develop teaching and training material on communication in optometry. The outcome of this work was a communication skills portfolio that we submitted to the CoO who disseminated it to its members via its learning management system (LMS) on their website. Throughout the process of developing the portfolio we interacted with practitioners by, for example, presenting different parts of the teaching material at professional conferences like Optometry Tomorrow, in the practices of optometrists (after work), and through lectures/tutorials at university departments. The sessions with practitioners and students took the shape of workshops during which we presented video-recordings from the original research project and facilitated attendees to identify issues in the communication between practitioner and patients and come up with solutions on how to improve these issues. In the workshops, we showed optometrists and students thematically selected fragments from the recordings and asked them to examine and comment on them. The purpose of the discussions was not to assess or judge the performance of individual optometrists, but rather to seek to break down and consider closely the actions and words used by the optometrists, and the responses these elicited from patients. Thus, the discussions remained positive, explored the origins of communication issues, and developed ideas on how to avoid problematic issues arising.

From our engagement with practicing optometrists and their reflections on video-recordings of eye examinations, we became sensitive to practical and professional constraints optometrists are confronted with on a day-to-day basis. We learned, for example, how the quality of the service experience in optometry is often impacted by work stress, time pressures, and particular responses of patients to the examination. By discussing video-clips from our data with optometrists at conferences and in workshops we could reveal to them ‘more effective’ and ‘less effective’ examples of communication, and how changes to communication practice can help alleviate some of the problems and issues that can cause work stress and exacerbate time pressure.

The sole aim of the KEP has been to develop and disseminate teaching and training material for optometrists, material that has been derived from our research project on communication in optometry. The scoping exercise and focus groups were undertaken to obtain additional information about issues with communication in eye examinations from optometrists and patients, without claiming to be “social-scientific”. The findings from these information gathering exercises together with comments we received on our presentations and workshops sensitized us for optometrists’ and patients’ concerns when developing the teaching and training material. Resulting from these discussions has been various impact outcomes discussed in the final section of this article.

4. Impact Outcomes

The principal aim of the KEP has been to use our observations and findings from the research project for the development of education and training material that may help optometrists to enhance their skills to communicate with patients. In our grant application to the ESRC-KEP we proposed;-

- “1) to develop a communication skills portfolio, based on analytic findings, that will support optometric practitioners at various stages of their professional development;
- 2) to consolidate the programme into a communication skills portfolio for wider distribution;
- 3) to disseminate the overall package (the communication skills programme and portfolio) and its perspective on communication skills training across professional, policy and research networks.”

The aims of the KEP were achieved through direct engagement with practicing optometrists at professional conferences, workshops, and by developing and publishing the Communication Skills Portfolio on the CoO's website. At the conferences and workshops, we discussed with participants the impact findings from our research might have on their practice. From these discussions it transpired,-

1. that for optometrists it is important to find out early in the eye examination about patients' problems with their eyes and vision. It, therefore, is critical that optometrist can elicit from patients information about their eyes and vision they can use to structure the content of the examination. As we had found in our research that patients are reticent to reveal "problems" with their eyes we suggested small changes in the phrasing of questions to enhance the likelihood that patients will reveal such problems. For example, our research suggests that when optometrists avoid the word "problem" in the communication with patients and instead use formulations like, "have you experienced any change in your vision?" or "do you have any concerns with your eyes and vision?", patients feel more comfortable to talk about issues they have with their eyes and vision early in the examination. These concrete changes to optometrists' communication behaviour allows them to connect better with how patients themselves think and talk about their eyes and visual experience;
2. that optometrists can ameliorate patients' anxiety or nervousness about vision assessments by using formulations in questions and encouragements to participate in tests that indicate getting answers wrong is not a personal failure. For example, our research suggests using encouragement to read from the distance vision letter chart, like "please try to read *any* letters from the chart in front", in particular for patients who display hesitation or nervousness in their reading from said chart. Such more open encouragements stipulate that it is unproblematic to be unable to read some or all of the letters from the chart and that making mistakes in the reading is okay; and
3. we also argued that in their day-to-day practice optometrists should use video-recordings of their own work as a tool to reflect on how they communicate with patients. Such active reflection on work practice can help optometrists to become more mindful when communicating with patients and acquiring a sensitivity to how different patients orient to the eye examination.

Table 1: Summary of Research Activities, Scoping Exercise, and KEP Activities

| Research Activities | Research Findings (Selection) | KEP: Scoping Exercise and Focus Groups | KEP: Scoping Exercise Findings and Focus Groups (Selection) | KEP Outcomes |
|---|---|--|---|--|
| Gathering Video-recordings of communication in eye examinations | Framing of eye examination is achieved through minute | Survey with Optometrists in the UK | <ul style="list-style-type: none"> - Highlight lack of communication training - Note interest in further training in communication | Development and Dissemination of Communication Skills Portfolio |
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| Publishing Research Findings | Patients treat parts of the eye examination as test of their abilities | Discussions with Practicing Optometrists | <ul style="list-style-type: none"> - Note lack of communication training - Voice interest in exploring use of video-recordings as reflective tool | Workshop at Optometry Tomorrow conference: discussing examples of effective and less effective communication Workshops with practicing optometry |
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| | Patients are sensitive to formulations used in questions and encouragements to participate in tests | | | Articles in professional magazines that highlight sensitivity to patients' orientation to tests |

We discussed our research findings and their potential implications for optometrists with practicing optometrists at workshops that we organised, for example, at the annual conference Optometry Tomorrow, in seminar rooms at King's College London, and in optometrists' practices.

We received enthusiastic responses by participants in the workshops who said “I have learnt more about communication this afternoon than I did during my training” and “we all found your presentation very useful and relevant to real life optometry”. A participant who manages a franchise outlet of a large chain of opticians said he “learned the importance that minute details of communication have for our patients’ experience and satisfaction”.

Findings from the research have begun to influence teaching of optometry in the UK. Whilst it might be too burdensome to introduce additional communication-focused modules into optometry teaching at university, material related to communication in eye examinations can be introduced into university education and in Continuing Education & Training (CET) credit-bearing publications. One of the co-authors of this article, Peter Allen, who joined the team near the completion of the research project, and who teaches Optometry at Anglia Ruskin University in Cambridge said that learning about the research and the implications of detailed observations of communication in eye examinations on practice, has encouraged him to restructure and integrate communication skills training in his Clinical Optometry modules attended by 70 students each year.

To enhance the education and training of practicing optometrists we also published short articles coupled with assessments through which practicing optometrists can acquire CET credits they need to enhance their careers. These articles were concerned with communication in optometry and particularly explored the importance of the design of questions in the patient history interview and in eye tests for patient satisfaction and the efficacy of the examination (Webb et al. 2014a; 2014b; Webb and Allen 2015). More than 700 optometrists passed the exams associated with each of the articles prompting the editor of The Optician to encourage us to write further articles for the magazine.

At the end of the KEP we submitted the “Communication Skills Development Portfolio for Eye Care Practitioners and Trainers” to the College of Optometrists. The portfolio is comprised of 4 parts;-

- “1. The **Background Information** section explains our approach to understanding communication and the research findings that underpin the main content of this portfolio.

2. The **Guide to Communication** looks at the various stages, activities and challenging scenarios that occur in typical eye care consultations and considers different patterns of communication associated with them. It provides relevant practical advice and points for reflection to help practitioners maximise their communication with patients.
3. The **Skills Development section** provides exercises that build on the Guide to Communication. These exercises can be used by individuals, groups and trainers. They encourage practitioners to identify and reflect on communication behaviours and provide tools to maximise communication skills. They also set out how peer discussions and video-recordings can be used as methods for communication skills development – including in the conduct of CET peer reviews and discussions.
4. The **Resource Bank** lists sources of further information and support.”

The CoO published an article about our cooperation and the Communication Skills Portfolio on their website¹. Over the subsequent years, we continued to discuss our cooperation and in 2018 decided that it would be worthwhile turning the original Communication Skills Portfolio into a formal teaching and training course. A consultant hired by the CoO created a credit bearing continuous education and training (CET) course titled “Eye Examinations: improve your skills” (C-70016). The course was made available to the CoO’s 16000 members via its online learning website (DOCET) where a wide range of other CET courses are published.² Nine months after its publication almost 600 practicing optometrists had enrolled and 223 had successfully completed the course. In their evaluation optometrists scored the course “outstanding”. Furthermore, they stated that the module had helped them to change how they conduct eye examinations. For example, one states that based on their learning “we have reorganised our furniture in the consultation room to ensure we always have eye contact with patients”. Several optometrists said in their comments after participating in the course that they will revise how they communicate with patients during history-taking and testing, that they will adapt “tests to patients’ needs, rather than using the same routine for most”, and “will structure my appointments better to meet the needs of the patient”. The Director of Research for the CoO and co-author of this paper, Michael Bowen, stated that “the learning material co-developed with King’s helps optometrists identify and understand how effective communication can improve the outcomes of a patient / clinician appointment. It assists them in understanding how relatively minor alterations to established habits

¹ <https://bit.ly/3OJE1tG>

² CET is a statutory requirement for all fully qualified optometrists; it is a points-based scheme practitioners are required to participate in throughout their career to update their skills and knowledge.

and patterns of communication within an optometrist appointment can lead to improved experience and better clinical outcomes”.

We assessed the impact of the research project and KEP by the large number of practicing optometrists taking part in the credit-bearing material published as articles in professional magazines and made available as workshops and online course by the team and the CoO. Practicing optometrists’ positive evaluations of the teaching and training material as well as their continued interest in our research and its implications for practice also are evidence of the impact of our work on the optometric profession. Moreover, the CoO as well as practicing optometrists have encouraged us to continue our research. Members of the project team and the CoO now conduct a study exploring the diagnostic and closing phases of eye examinations. Closings are a critical phase of health care consultations, as they affect, for example, patients’ satisfaction with care, clients’ adherence to treatment, and consequently, clients’ health outcomes. More specifically, our research focuses on how patients display resistance to optometrists’ treatment advice and how optometrists respond to such resistance and on communication strategies which may avoid “door handle remarks” (Smethurst 2022) by patients and optometrists that can extend the duration of eye examinations and badly affect patients’ experience of the health service. This research that is already underway will continue to pursue our interest in investigating communication in the delivery of health services and making an impact on communication in optometry.

Save for optometrists’ participation in the online course and the workshops as well as their interest in further research, we also can begin to see an impact on optometric work practice. The examples cited above, such as the rearrangement of practice furniture, the inclusion of communication training in university courses, and the recognition that structuring appointments in ways that are more efficient for patients, are evidence for such practical impact. More work to further enhance the impact of the project on teaching and training in optometry as well as on the practical work of optometrists also is ongoing.

5. Ethics of Impact

The development of impact outcomes has raised queries about intellectual property rights as various institutions were involved in their production. We decided that the impact of the

Communication Skills Portfolio and later the Online Course would be biggest if published by the CoO. We addressed the queries related to the ownership of the intellectual property raised by the social-scientific institutions by arguing that although the impact outcomes were published by the CoO the social scientists could use them as impact case studies in the REF. Furthermore, in the proposal for the KEP that was co-funded by the CoO we stated that the Communication Skills Portfolio would be published on sites owned by the CoO to maximise its audience. As the CoO paid for the production of the Online Course no queries were raised about its ownership.

The research project and the KEP produced impact outcomes that influence the practical work of optometrists and their training. These impact outcomes were not anticipated when we conceived the research project, at least not to the extent in which they have developed over the past years. The social scientists' principal interest always was in discovering the methods and techniques optometrists deploy to determine or even measure what and how clearly their patients can see. As the research project progressed, we discussed our observations with optometrists who from the start had a keen interest in turning social-scientific findings into practical outcomes, including teaching and training material. Their enthusiasm to generate practical outcomes from the project only grew when we discussed with them video-recordings of interaction between optometrists and patients. Working in academia and being funded by the ESRC required us, however, to publish in social-scientific journals. We, therefore, had to balance our time-budget for the production of academic publications with the interest of the optometrists to produce impact outcomes.

Working as an interdisciplinary team comprised of social scientists and optometrists helped us address these issues related to the balancing of the time-budget. It allowed us to turn academic observations and findings into practice-relevant outcomes. This was achieved by involving the optometrists in the social-scientific analysis of video-recorded interaction in the examination room. The optometrists not only saw the relevance of the social-scientific observations for practice but also were able to help turn them into practical outcomes, such as publications in practitioner magazines and presentations at practitioner conferences, and later develop the KEP and respective impact outcomes. Although the inclusion of 'impact cases' in the recent REF indicates that academia is changing, focusing on bringing about impact outcomes poses time-investment dilemmas for social scientists who are often under pressure to publish. The possibility to publish

articles discussing the impact of research in international social-scientific journals like EJM adds a publication venue for impact studies that is recognised as career-relevant by social-scientific institutions. This new, impact section in EJM, therefore, helps balancing the time-budget constraints that thus far have held back social scientists from publishing impact outcomes.

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