Welcome

Welcome to the 'Communication Skills Development Portfolio for Eye Care Practitioners and Trainers'. This portfolio is part of a collaboration between the College of Optometrists and King's College London. It is designed to help optometrists, student optometrists and other eye care practitioners maximise their communication skills and to assist practice managers, university teachers and other training providers in the provision of communication skills development.

This learning portfolio consists of the following sections:

- Introduction and Background Information
- Guide to Communication
- Skills Development section
- Resource Bank

The portfolio can be used by students and qualified practitioners individually or in groups as well as by practice managers and trainers. It has been designed to be used flexibly and users are encouraged to determine for themselves how and when to approach its content.

The content of the portfolio is based on the findings of a previous King's College London project research which used video recordings to investigate communication in optometry consultations. The portfolio therefore takes a highly evidence-based and practical approach to understanding communication in eye care and to the development of communication skills. Before preparing the portfolio the authors conducted a scoping exercise to find out what communication skills training already exists for eye care practitioners and what kinds of topics and approaches they would most like to see covered in this material. This has helped us to target the portfolio to meet the needs and interests of its audience. We hope that this portfolio provides a useful tool to help users understand the central role of communication in eye care consultations and to assist them in maximising communication in the consultation.

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Acknowledgements We would like to thank the College of Optometrists for their support in the preparation of this portfolio and in the conduct of our Knowledge Exchange project. Karen Turner and Shirley Simon at the Institute of Education provided very helpful advice on how develop this portfolio. We are grateful to the many practitioners, educators and students across the UK who have contributed to our project in various ways – by agreeing to be video recorded, answering interview and survey questions, and taking part in our communication skills development activities. Finally we would like to thank the students at Anglia Ruskin University who have up valuable dissertation writing time so that we could take photographs of them and use them in this portfolio.

Introduction

Communication and communication skills

What is the portfolio about?

This portfolio addresses the role of communication in eye care consultations and the ways that practitioners can optimise their communication skills.

Why is communication important in eye care?

Communication plays a crucial role in the provision of eye care. It is central to:

- putting the patient at ease and attending to patient concerns;
- obtaining relevant information from the patient – including in the conduct of clinical tests;
- delivering relevant information to the patient – such as making diagnoses, reporting findings and delivering treatment advice;
- making information available for other practitioners – such as in the preparation of the record form and the handover between optometrist and dispensing optician.

The General Optical Council includes communication skills in its core competencies for optometrists, student optometrists, dispensing opticians and contact lens specialists. For these reasons the ability to communicate is a cornerstone of the eye care practitioner's skills.

What are the benefits of improving communication skills in eye care?

Given the central importance of communication to eye care practice, paying attention to communication skills and communication skills training has the capacity to enhance practitioners' abilities and the success of consultations. In comparison to other areas of healthcare – such as medical General Practice – eye care practitioners undertake relatively little communication skills training in their education and continuing professional development. There is therefore space for improvement.

Furthermore, 'poor communication' is repeatedly one to the most frequent causes of reported patient dissatisfaction and complaint (see for instance the Optical Consumer Complaints Service 2012 annual report) whilst 'good' communication is associated with patient satisfaction, comfort and adherence (see Ettinger, 1994; Harvey and Franklin, 2005 – further details in Resource Bank). Improving communication skills can enhance patients' overall experience as well as improve clinical outcomes – leading to fewer complaints and more return visits.

I am already good at communicating, why should I bother with this portfolio?

The vast majority of eye care practitioners recognise the importance of communication and pay considerable attention to how they interact with their patients. This portfolio is not intended to teach communication skills to practitioners as if they did not have them already; rather it is designed to provide ways that practitioners can *maximise* their communication skills. It will:

- enhance users' understanding of communication and its role in a typical consultation;
- enhance users' understanding of how different communication behaviours can have different consequences for the accomplishment of consultation tasks and activities;
- encourage practitioners to recognise their own communication behaviours and to reflect on them;
- encourage practitioners to recognise and reflect on different approaches to communication in the consultation;
- provide a variety of professional development activities that enable and encourage practitioners to enhance their communication skills over a long-term basis. These activities focus in particular on the value of peer discussions and reflection, and the use of video recordings.

The Communication Skills Development Portfolio for Eye Care Practitioners and Trainers

What is in the portfolio?

The portfolio is divided into four sections.

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.

Who is the portfolio for?

The portfolio is primarily aimed at optometrists, student optometrists, practice managers and optometric training providers. It focuses on the activities found in a typical optometric consultation. However it also discusses skills relevant to eye care practitioners more broadly – obtaining information from the patient, giving advice etc. – so we hope that others, such as dispensing opticians and contact lens specialists, will also find it useful.

How should the portfolio be used?

This is a learning portfolio and has been designed to be used flexibly. Users are encouraged to work through the material at their own pace and in whichever way they feel is most appropriate.

Individuals – Individual users are encouraged to work through the Guide to Communication, either in one go, in stages, or by moving between topics in the Guide and activities in the Skills Development section. They will find it helpful to use the Guide to prompt reflections on their own practice. A number of the Skills Development activities can be conducted individually and are also designed to be conducted repeatedly, enabling users to assess their own development over time.

Pairs and small groups – The portfolio is an ideal discussion and peer support tool for pairs and small groups of users, such as practice colleagues. The topics of the Guide to Communication can be used to prompt discussion and the various Skills Development activities are suited to peer-work. Users working in groups can choose how to approach the material – working through the Guide in one go, in stages, or by moving between it and different Skills Development activities etc. – and how to record their discussions and development. The Skills Development section includes advice on how to ensure that group discussions remain positive and constructive as well as guidance on how to conduct CET peer review/discussion sessions on communication.

Practice managers – Practice managers might consider incorporating elements of the portfolio into their regular appraisal and assessment procedures. The individual and peer group activities in the Skills Development section are well suited to this, and practitioners could also be encouraged to produce a report or presentation based on the activities they have conducted. Managers might also find it useful to encourage practitioners to work through the portfolio if they are interested in developing their communication skills or experiencing difficulty doing so. Finally, managers will also find it interesting to consider practice-wide strategies or changes in relation to communication skills – such as the layout of the consultation room.

Students – Student optometrists will find the Guide to Communication a useful support to their learning. They can also use many of the Skills Development activities individually or with others, including in discussion with tutors.

Optometric trainers – Optometric trainers can use the Guide to Communication to support information delivery and can use/adapt the Skills Development activities in their training exercises.

How was the portfolio developed?

The portfolio has been produced as part of a collaboration between the College of Optometrists and King's College London. This collaboration is known as 'The Practical Work of the Optometrist 2' project and involves a series of activities (see Background Information section for more details). It follows on from an earlier King's College London research project 'Assessing Eyesight and Ocular Health: the Practical Work of the Optometrist' which used video recordings to analyse communication in optometry consultations. These findings underpin the content of the portfolio.

The 'Assessing eye sight and ocular health: the Practical Work of the Optometrist' project

This portfolio is underpinned by two projects. The first of these is 'Assessing Eye Sight and Ocular Health: The Practical work of the Optometrist', a research project funded by the Economic and Social Research Council (ESRC) and conducted from 2009 to 2011. It was led by researchers at King's College London and the Institute of Education and key roles were also played by professional optometrists.

The '**Assessing eye sight and ocular health: the practical work of the optometrist**' project. Economic and Social Research Council project reference RES-062-23-1391

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The project involved the video recording and detailed analysis of optometry consultations. Over 60 consultations were recorded in nine different practices and these recordings were then analysed in detail – using the process described in the 'Understanding Communication' part of this Background Information section. Analysis focused on the interactions occurring between optometrist and patient and produced a detailed understanding of the, often highly specific, communicative challenges that arise in eye care. Some of our key findings are presented in the box below.

1) Presenting problems and difficulties Optometrists invite patients to present problems and difficulties with their eyes at the start of the consultation and the information reported is highly consequential to the encounter. We observe that:
- questions from the optometrist orient both to the existence of problems and the reasons for the patient's visit;
- in response patients appear to experience difficulties articulating the experiences of their eye and distinguishing between problematic changes and expected 'normal deterioration';
- patients also attend to normative issues around the appropriate status of the consultation as a 'problem' or 'routine check'. For instance attending a check up with new problems can leave the patient open to censure for not attending sooner and we notice that patients might report apparent difficulties at the start of a check up appointment but subsequently label them as not problematic;
- optometrists use follow-up questions to pursue relevant information and so treat patients' answers as possibly incomplete.

2) Testing vision and assessing performance After openings, the consultation proceeds through a series of tests and checks:
- optometrists initiate, organise and assess testing through their vocal and visible actions;
- responses by patients provide a resource for the optometrist to determine how to proceed with the remainder of the test;
- patients frequently display a desire to do 'well' in tests and comment on their own performance;
- optometrists produce assessments at the end of tests and at transitionary points during them. Whilst end of test assessments refer to the quality of the patient's result, mid-test ones respond to displays of difficulty and effort, ameliorating the consequences of 'failure'.

3) The various consultation tests involve the deployment of **tools and technologies:**
- different tools and technologies have alternative consequences for interaction, particularly where opportunities for eye contact are increased/decreased;
- the visible actions through which tools/technologies are positioned relative to the patient are frequently highly distinctive. They function to help establish the test environment and provide time for the patient to prepare for the upcoming test whilst displaying sensitivity towards 'personal space';
- instruction-giving is closely coupled with the placement of tools/technologies. This coupling prompts the type of response required from the patient, enabling the production of test results.

4) The professional status of the optometrist becomes visible through various consultation practices, including;
- the use of follow-up questions to pursue potential patient problems;
- the construction of key optometric distinctions using terminology accessible to the patient;
- the deployment of gestures – for instance in the placement of tools/technologies – that are consistently distinctive and functional but also sensitive to arising difficulties;
- sensitivity to contingencies in the consultation, including spatial organisation and patient actions and reactions.

5) Video recordings can be highly beneficial to optometric training and professional development, providing a resource for consideration of key issues such as;
- the layout of the consultation room;
- optometrist-patient interaction, for instance in relation to instruction giving and eye contact;
- the alternative use of paper and electronic records;
- the deployment of tools and technologies, in particular the use of advanced, automated equipment.

The project findings have been disseminated at a variety of conferences/seminars and in a number of publications – as listed in the Resource Bank.

A major benefit of the project was that it highlighted the practical application of our findings and the benefits of video recordings for professional development. Throughout the project we found that eye care practitioners were very interested in our findings and produced their own commentary on what they saw in the video recordings. They also identified the potential usefulness of using video as a tool for development. Practitioners who were recorded and who subsequently watched footage of themselves frequently stated how useful this process was. They commented that they had observed practices, habits etc. that they were previously unaware of and had been encouraged to try new things. They also sometimes commented on changes they had made as a result – for instance changing their seating position in the consultation room to promote opportunities for eye contact.

This positive feedback led us to our current project, 'The Practical Work of the Optometrist 2'.

The 'Practical Work of the Optometrist 2' project

The 'Practical work of the Optometrist 2' project followed on from the 'Assessing eye sight and ocular health: The practical work of the optometrist' research study. It used the findings from this earlier project to promote communication skills training for eye care practitioners. The project was a collaboration between the College of Optometrists and King's College London. It was jointly funded by the Economic and Social Research Council and the College of Optometrists.

The '**Practical work of the optometrist 2**' project.
Economic and Social Research Council project reference ES/K005588/1

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College awarded grant for communication research

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MARCH 26 2013

The College of Optometrists, in partnership with King's College London, has secured a £40,000 grant to investigate the communication skills of optometrists.

The project aims to produce a range of evidence-based learning materials which will benefit optometrists, pre-regs and undergraduates alike.

To be led by researchers from King's College, previous research has found that patients are sensitive about discussing their eye problems with their optometrist.

Awarded by the Economic and Social Research Council, the College has invested £130,000 into the development of the project, which is in line with its objective to support other organisations in the development of research to increase the evidence base for eye care.

Co-investigator and College council member, Dr Peter Allen, said: "This project is highly

The key aim of the project was to **conduct activities that promote the use of video-based analysis to inform communication skills development in optometric practice and to enhance the education and training of optometry students.** This aim was accomplished through:

- a scoping exercise to review existing communication skills training in eye care and assess what type of training (in form and content) will most benefit practitioners and student practitioners;
- the design and delivery of communication skills workshops and seminars to practitioners and student practitioners;
- the design, production and dissemination of a communication skills development portfolio for optometrists, student optometrists, other eye care practitioners, practice managers and optometric trainers.

Scoping exercise

The scoping exercise helped us to design our communication skills training activities. Its results are discussed next in this Background Information section.

Communication skills workshops and seminars

During the scoping exercise, we discovered that there is a significant demand for communication skills training amongst student optometrists. Consequently we conducted a number of communication skills workshops with undergraduates at Anglia Ruskin University and City University London. These received very positive feedback from students and lecturers. Here is some sample feedback from lecturers:

Thank you both for a wonderful session. I thought It was very useful.

Communication skills session with undergraduate optometry students

I enjoyed the sessions and the feedback so far from the students has been excellent

We discovered that a key requirement for qualified practitioners to be involved in our communication skills activities was that they delivered Continuing Educational Training (CET) points for attendees. We therefore developed CET communication skills training sessions and travelled around the country delivering them at various practices. These also received positive feedback. Here are some sample comments:

I have learnt more about communication this afternoon than I did during my training

Your course was very interesting and helpful.
I hope you can come back again.

We all found your presentation very useful and relevant to real life optometry. I now have the view that video training techniques are the future!

To help widen the reach of our communication skills training, we also prepared two CET articles on communication for *Optometry Today* (see Resource Bank) and our project members have given presentations on communication skills at optometry meetings such as the 'Fresh Eyes Conference' for newly qualified optometrists.

Communication skills development portfolio

We have combined our project findings with the results of our scoping exercise and feedback from our other communication skills activities to develop this portfolio. It has been designed to meet the needs of eye care practitioners and to be easy to use.

Views on communication and communication skills training

When preparing our communication skills training activities, we wanted to make sure that we produced content that was innovative and that meets the needs of our target users. So at the start of the 'Practical work of the Optometrist 2' project we conducted a scoping exercise to answer the following questions:

- What are the views of eye care practitioners, students and trainers on communication in optometry consultations and the role of communication skills training?
- What communication skills training for eye care practitioners currently exists and what gaps in training exist?

In order to answer these questions we conducted a series of activities. These are shown in the box below.

Questionnaire for qualified eye care practitioners (72 respondents – 67 optometrists, 2 pre-registration optometrists, 3 Dispensing Opticians)

12 mini-interviews with qualified eye care practitioners (each approx. 10 minutes)

Questionnaire for undergraduate student optometrists (20 respondents) and focus group with undergraduate student optometrists

A focus group with the Public Patient Involvement (PPI) group at the College of Optometrists

3 mini-interviews (approx. 10 minutes each) and 2 questionnaires with university optometry lecturers/trainers.

A literature review of existing communication guidelines and communication skills training programmes in optometry and medical General Practice.

Focus group with members of the College of Optometrists' Public Patient Involvement group

The questionnaires with qualified eye care practitioners provided an overview of their opinions on communication, communication skills and communication skills training, and the mini-interviews enabled us to explore these views in more depth. Likewise, the student questionnaires gave us insight into the views of future optometrists, which we then explored in more depth in the focus group. The focus group with members of the Public Patient Involvement (PPI) group at the College of Optometrists gave us a helpful overview of communication issues from the patient perspective.

Although we only spoke to a small number of university educators, their input provided a valuable range of viewpoints on communication skills training provision. We had hoped to also survey the opinions of commercial communication skills trainers, but they proved difficult to access. However we accessed further information on current communication skills guidance and training provision through our literature review, which also involved an informative comparison to medical General Practice.

The scoping exercise produced a range of interesting findings, which we have used in the conduct of our project activities. In particular we have worked to ensure that this portfolio meets the interests and needs of qualified and student practitioners.

The following pages provide a summary of our findings, focusing in particular on the views expressed by practitioners.

The importance of communication in the consultation

"Patients view you with respect and appreciation if your communication is good" (practitioner, questionnaire response)

"Without communication being effective, everything one does in useless" (practitioner, questionnaire response)

"You can do a wonderful eye examination, but if the patient doesn't understand what you have done and why, they may not follow your advice" (practitioner, questionnaire response)

"I ensure that all optometrists in my practice deliver eye tests consistently and that everyone in the team conducts them in a similar way. This ensures that patients receive the same message whoever treats them" (practitioner and practice manager, mini-interview)

You need to give a good experience to ensure further custom" (student optometrist, questionnaire response)

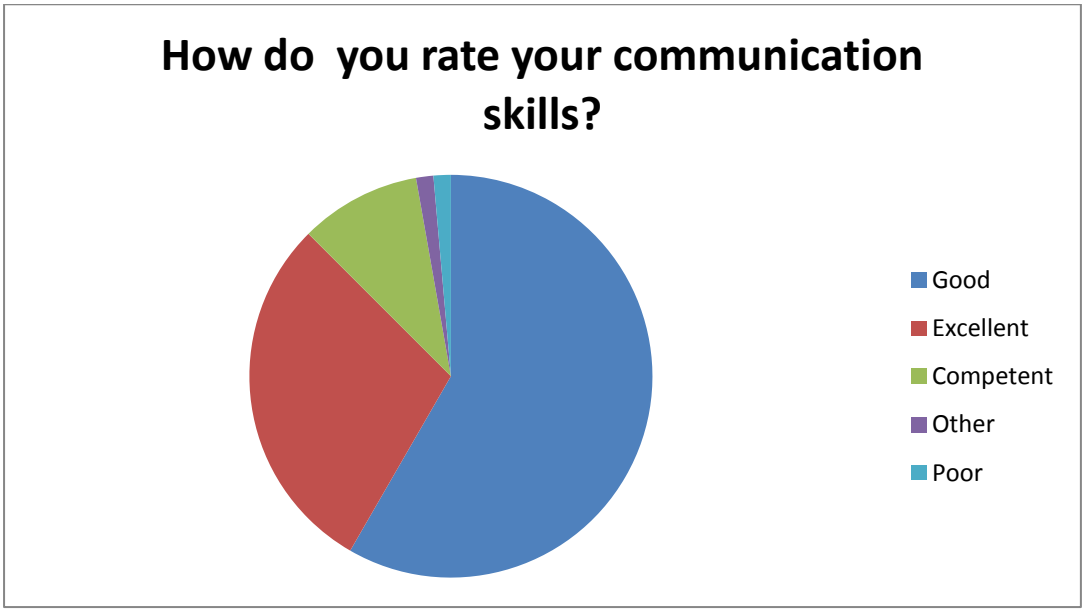
"It's important to take a full history with patients, find out what has been going on since last time, rather than making assumptions" (PPI focus group member)

In our practitioner questionnaires we asked respondents how long they have been in their role for and how they rated their own communication skills. In our paper questionnaires (rather than the online version) we asked an extra question: "How important do you think successful communication with patients is in the fulfilment of your role?" A total of 23 respondents answered this extra question and chose the different possible responses as shown:

- Not at all important = 0
- Quite important = 0
- Very important = 16
- The most important element in the fulfilment of my role = 7
- Other = 0

These responses indicate that a high value is placed on communication in eye care. They combine with comments made in our questionnaires, interviews and focus groups – a selection of these comments is shown in the box above

The practitioners responding to our survey varied in professional experience, from being newly qualified to having over 40 years' experience. Generally they rated their own communication skills positively.



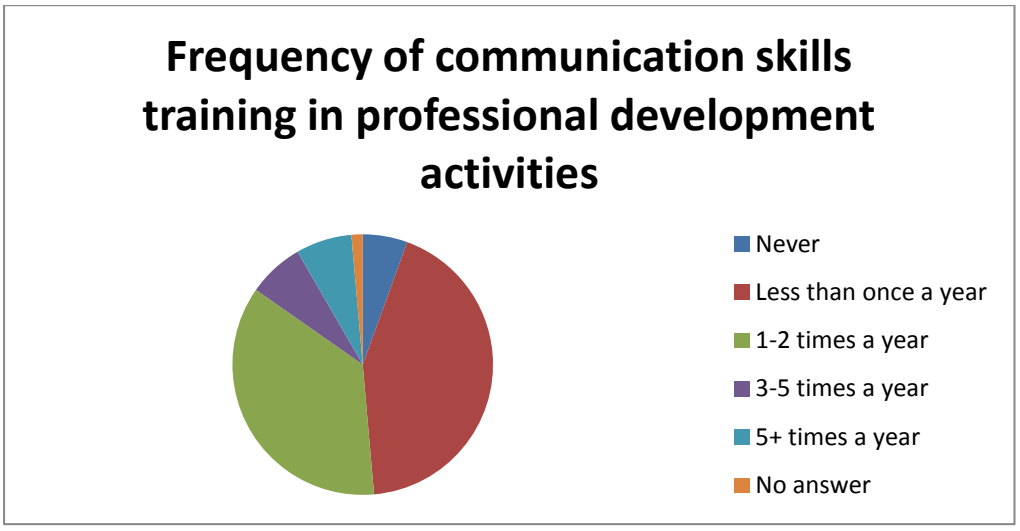
Of 72 respondents, 42 rated their communication skills as 'Good' and 21 as 'Excellent' with only 1 respondent ranking them as 'Poor'. In their comments practitioners provided evidence to support their chosen rating: most often they referred to years of experience, the ability to build a rapport and get on with all kinds of people, and the existence of loyal patients who return to them again and again. A number of respondents also referred to having communication skills training and learning through experience.

Overall our respondents placed a high value on communication in the consultation and ranked their own skills positively. How does this reconcile with consumer reports, and many of the views expressed in our PPI focus group, that 'poor communication' is a major source of patient dissatisfaction in optometry? It is likely that participants in our survey are those with a pre-existing interest in communication, therefore skewing our results somewhat both in terms of the importance given to communication and practitioners' assessments of their own skills. Nevertheless, these results pose an interesting question: if practitioners already view communication as important and

perceive themselves to be good at communication, how can they be encouraged to undertake further (necessary) communication skills training – such as this portfolio?

Communication skills training

We asked respondents to our practitioner survey how often their continuing professional development activities (of any kind) include an element of communication skills training. The results indicate a wide range of frequency – see chart below. Similarly, responses to our student questionnaires and discussions with academic trainers revealed that communication skills training provision differs across universities and between year groups. In some instances students receive specific modules on communication skills; in others it is incorporated into other activities such in the provision of feedback after assessed observations. There are no GOC requirements to provide specific undergraduate communication skills courses and their existence on undergraduate programmes may be determined by time constraints and the availability of relevant staff. This contrasts with the provision of communication skills training in medical training, which takes a much more structured form.



Developing communication skills

In our questionnaires, mini-interviews and focus groups we asked participants to tell us what topics they felt most needed to be addressed in communication skills training courses. When asked to select from a list of topics, both qualified practitioners and students routinely named delivering bad news and dealing with 'difficult' patients as the most important issues to be addressed in training. Our mini-interviews with practitioners and focus group with students gave us an opportunity to explore what constitutes a 'difficult' patient and the most common answers are given in the box below. It should be made clear that references to 'difficult' patients do not imply that these types of people are unlikeable, but that generally speaking their personal and/or clinical circumstances present particular communication challenges to the practitioner.

'Difficult' patients

- Children
- Elderly patients – who find it difficult to hear/who like to talk a lot.
- Patients who speak little English and attend without an interpreter
- Patients with learning difficulties/limited ability to understand
- Overly talkative patients
- Unresponsive patients
- Patients ('middle aged men') who try to show they know everything already

In our practitioner questionnaires we provided a list of consultation tasks related to communication and asked them to tick any that they felt they personally could improve on. Once again dealing with 'difficult' patients and delivering bad news were also the most commonly chosen tasks. The full list in order of most frequently chosen is:

- Dealing with 'difficult' patients
- Delivering bad news
- Asking different types of question
- Explaining symptoms and diagnoses
- Giving advice and treatment instructions
- Identifying and addressing patient concerns and worries
- Listening skills
- Greeting patients
- Making eye contact
- Giving instructions in tests
- Giving assessments of test performance
- Demonstrating empathy

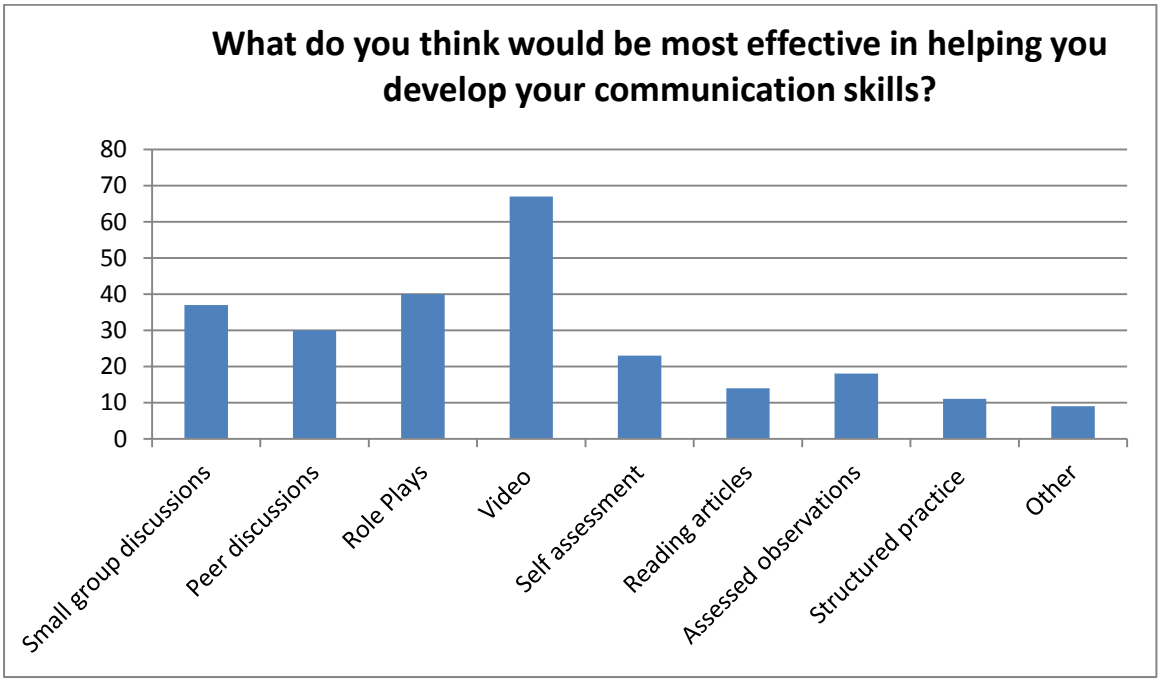
Despite the high ratings they had given of their own communication skills, almost all of our respondents selected one or more task they felt they could improve on. In their questionnaire comments several practitioners also expressed a motivation for continual improvement or commented that 'there are always ways to do better'.

Our results indicate that eye care practitioners and students vary in their experiences of communication skills training but that they identify a core set of issues that they feel need to be addressed in such training. Our respondents often commented to us that the issues they were highlighting were things they had not personally been formally taught. For instance several practitioners commented that they had learned the value of referring back to the patient's original reported concerns after the completion of the examination tests but that this was not something they had been taught to do at university. We also note that some of the issues practitioners identified here as needing to be addressed in communication skills training are not specifically covered in the GOC's core competencies.

Techniques to teach communication skills

Finally, we were interested in the views of practitioners, students and trainers on techniques to deliver communication skills training. We asked our questionnaire respondents to tell us what kinds of training activities they had experienced: for student optometrists the most common activities were lectures, group work and assessed practice. For qualified practitioners the most common were reading articles, small group discussions and role plays. Very few had experience of being video recorded. We also asked our survey respondents to choose the four activities they felt would be most effective in helping them to enhance their communication skills. The results for qualified practitioners are shown in the chart below.

Respondents chose up to four activities, so the number for each activity in the chart represents how many times it was chosen across the survey. The category of 'video' was split into three types of task in the questionnaire: 'making video recordings of own practice', 'watching video guides to communication' and 'watching video recordings of other people's practice' The total number of 67 ticks for video shown in the chart was spread almost equally between the three tasks, with several respondents choosing two or more uses of video as most likely to be effective in helping develop their communication skills. The category of role play was also split in the questionnaire into two tasks – 'role play with actors' (24 ticks) and 'role play with other participants' (16 ticks).



We gained a more detailed view of practitioner opinions through written comments on our questionnaire and through responses in our mini-interviews. For instance, role plays with colleagues/peers seem to be the subject of a love/hate divide, with some practitioners describing them as 'fun' and 'a good way to learn' whilst others view them as 'embarrassing' and 'difficult to feel comfortable in'. Group discussions were extremely popular, with many of our participants stating that in their own experience they provide an ideal way to share experiences and learn from others. This included informal discussions with colleagues during tea breaks etc. in addition to more formal practice meetings and mentorship arrangements. A theme that emerged very strongly from

these comments was the value of learning from experience in order to develop communication skills. The comments below illustrate the value given to group discussions and learning from experience.

> **"You get more when you can discuss things together"** (practitioner, mini-interview)
>
> **"Groups provide a chance to share and exchange ideas"** (student focus group participant)
>
> **"My communication skills have developed over time. I have learnt strategies to deal with, for instance overly talkative patients. ... Experience has definitely been the most important thing"** (practitioner, mini-interview)
>
> **"I have often learnt things the hard way"** (practitioner, mini-interview)
>
> **"Experience has helped me develop my communication skills"** (practitioner, questionnaire response)

The results indicate a strong preference for more active and interactive forms of communication skills development, such as discussions and role plays. This corresponds with current CET priorities and is also echoed in the information we gathered from students and academic trainers. The trainers we spoke to were very committed to delivering communication skills training and described it as an important part of ensuring students were ready for professional practice. They highlighted the value of 'active' learning activities such as role play and observation with feedback. A number also reported university plans to install video cameras in student clinics and to incorporate recordings into teaching and feedback – including a focus on communication skills.

Our respondents displayed a lot of interest in video recordings – of themselves and of others – as a means to develop communication skills. Typical comments mentioned the benefits of being able to see behaviours in detail and observing unrecognised habits. This positive response is ideal for our project as we are keen to promote video recordings as a means to maximise communication skills. However some of our respondents expressed worries over not feeling comfortable being recorded and over the risk of recordings being used in a critical, non-constructive way, so it is important that we take time to address these concerns.

Conclusions

We draw a number of conclusions from our scoping exercise findings:

- Practitioners, students and trainers all express an **awareness of the key role of communication** in eye care consultations; however there is **scope for an increased and more consistently applied provision of communication skills training** at undergraduate and continuing professional development levels.
- Our respondents pointed to a **variety of topics relevant to communication skills training**. These include a number of challenging communication scenarios and topics not specifically covered in previous university training or the GOC's core competencies.
- Even though many of our respondents rated their own communication skills highly, they also acknowledged that their **skills can be maximised** – in particular through a focus on challenging scenarios.

- Our respondents favoured methods of communication skills development that involve **active participation,** in line with the current CET emphasis on interaction in continuing professional development activities. They displayed a (cautious) interest in video recording and were particularly enthusiastic about the value of **peer discussion and learning through experience**.

These conclusions have helped us considerably in the development of our communication skills training activities:

1. The importance practitioners, students and trainers place on communication underlines the valuable contribution our activities can make in communication skills training.
2. We have focused our communication skills training activities on **maximising communication skills** so that they offer relevant content to practitioners with all levels of experience.
3. We have ensured the **relevance of our activities** by covering issues identified by practitioners as relevant and important to communication skills development.
4. Our skills development activities focus on techniques our respondents have rated as most helpful in developing communication skills: small group discussions and using video recordings. As learning through experience has also been identified as highly important, we have designed our various activities to **accelerate learning through experience in order to maximise communication skills.**

Understanding communication

Communication is central to the conduct of optometric consultations. The more we understand the practice of communication, the more it is possible to maximise communication skills.

Communication as spoken and non-spoken

Face-to-face communication is made up of spoken and non-spoken elements. Talk, gaze direction, gestures and other body movements are all highly relevant to the accomplishment of interaction between two or more people in a setting.

Communication as action

Interaction is comprised of units or 'turns'. We can observe that each turn performs an action. In Box 1 for instance we can see that Turns 1 and 2 both perform the action of asking a question. Turn 3 has the grammatical form of a question and performs the additional action of giving an instruction. Turn 4 performs the action of giving advice.

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1) What concerns do you have about your eyes?
2) Do you wear your glasses when you drive?
3) Can you read the bottom line of letters?
4) I recommend that you update your lenses to this new prescription.
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Actions project next actions

Whilst performing an action, an interactional turn also sets up or 'projects' another action to follow from the next speaker. Returning to box 1, Turns 1 and 2 both project that the next speaker – i.e. the patient – will provide an answer in response to the question. Turn 3 sets up the reading of the line of letters as the response to the instruction and Turn 4 projects an acceptance or rejection of the advice-giving. These responses then project further interactional turns – such as another question or an instruction to read the next line - and communication thus unfolds in chains or 'sequences' of connected turns, each related to what has come before it and relevant to what will come next.

'Shaping' the interaction

As well as projecting what type of action will be performed next, a unit of interaction might also project how that action is performed. The 'design' of turns can shape how interaction unfolds. Looking at box 2 we can see that Turns 1 and 2 are both questions but are designed in different ways and project different kinds of response from the patient.

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1) Do you have any problems with your eyes?
2) What concerns do you have about your eyes?

3) Do you wear your glasses when you drive?
4) You do wear your glasses when you drive, don't you?
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The question in Turn 1 is a 'closed' question and sets up a 'yes' or 'no' answer in response to it. By contrast Turn 2 is an 'open question' which projects a longer, more substantial answer. The questions in Turns 3 and 4 perform the action of asking for the same information but are designed

differently. Whereas Turn 3 appears 'neutral', Turn 4 strongly marks a 'yes' response as expected and as more appropriate than a 'no' one.

Turn-taking and sequences are of course hugely complex and often appear to proceed in unexpected ways – practitioners sometimes find for instance that patients answer 'more than' the questions they are asked or perform an action not set up by a prior turn. In addition 'visible' actions are also central to communication, including in the conduct of optometric consultations.

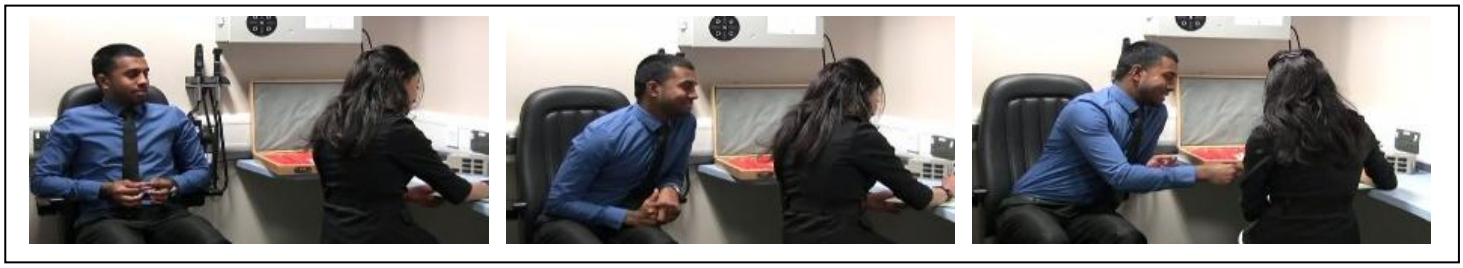
Visible actions

'Visible' actions are non-spoken interactional actions - physical movement, gesture, gaze, eye contact and so on. As with talk, visible actions are part of interactional sequences meaning they relate to what comes before and after them. In the optometric consultation actions such as gestures directing patients where to look, the maintenance of 'personal space' during examination tests and eye contact between optometrist and patient are key to the unfolding of communication sequences.

In our research project we consistently found that visible actions play a significant role in the unfolding of communication between optometrist and patient. We describe two key themes below. As our video data are confidential, we have illustrated these findings with photographs re-enacting typical scenarios with the help of undergraduate students at Anglia Ruskin University.

Eye contact and note taking – Eye contact is hugely important in face-to-face communication. Participants in interaction typically draw on it to demonstrate that they are listening to each other and paying attention. Optometry text books frequently highlight the importance of eye contact in ensuring patient satisfaction, as making eye contact signals attentiveness to the patient's needs and concerns.

In our research we took a particular interest in what happens with eye contact is withdrawn by the practitioner during conversation with the patient. This often happens when the optometrist writes or types information into the patient record form. Patients frequently respond to this removal of eye contact in particular ways: firstly by stopping or slowing down their conversation and/or secondly by making gestures or body that are likely to be visible within the optometrist's field of vision. We can see this in the images below.



In response to the withdrawal of eye contact patients conduct actions that appear to solicit the gaze of the optometrist. This phenomenon is found repeatedly in our video data (see references for our findings in the Resources Bank) as well as in studies of other healthcare settings. It demonstrates that patients treat the withdrawal of eye contract as negative in communication terms and attempt

to re-seek it. This is not to suggest that patients do this in a conscious, pre-mediated way but that rather eye contact is an important interactional resource that all of us employ and attempt to re-employ without necessarily thinking about it.

The withdrawal of eye contact can have an impact on patient satisfaction and can also slow down the 'flow' of communication. Patient attempts to re-solicit eye contact tend to occur at times when (to them) it is most important that the optometrist should be listening: i.e. when the patient is revealing important information about troubling symptoms or concerns etc. Therefore we see instances of attention seeking gestures and body movements most often in the symptoms and history phases of the consultation.

Examination tests **-** In social encounters, in particular those between strangers, it is usual to maintain a degree of physical space between each other. In healthcare consultations it is frequently necessary to break into this 'personal space' in order to conduct physical examinations. Whilst optometric examinations are less intimate or intrusive than many medical ones, they have the added complication that it is highly unusual in daily life that someone moves close to, or brings an object towards our eyes. A 'normal' reaction for the recipient of this kind would be to move away. So in the conduct of physical examinations the optometrist is required to create and maintain an environment in which the patient feels comfortable enough to withstand movements towards the eyes. Our video data show that the optometrist's visible actions are central to how this environment is accomplished. The images below represent the optometrist bringing a lens in front of the patient's eye during subjective refraction.

The optometrist sits with a degree of space between herself and the patient so that only her arm comes physically close to him. She moves the lens towards the patient slowly and in an arc shape that comes above the eye and then downwards rather than travelling to the eye directly. This provides time for the patient to prepare for the arrival of the lens. We can also observe that the optometrist keeps the fingers not holding the lens away from the patient's face and that the patient cooperates with the task at hand by looking forwards and not moving when the lens is placed.

In combination with spoken instructions, these kinds of visible action are crucial to the smooth running of the various tests involved in eye care consultations. When they do not occur 'trouble' can follow. They may appear trivial or obvious to practitioners but these actions are in fact an important part of professional expertise, even if practitioners are not explicitly taught to perform them in formal training.

Maximising communication in optometry consultations

As we have described, we can understand communication as unfolding through sequences of spoken and visible actions. We can use this approach to analyse examples of 'real life' communication - such as video recorded optometry consultations – and in doing so can produce a highly detailed examination of interaction with very practical implications. In our analysis of our video recorded consultations, we begin by identifying the actions and sequences occurring. In particular we look for patterns of action – different optometrists conducting the same communication behaviours in the same way etc. We compare different actions and patterns as they relate to consultation tasks and activities. For instance, a successful consultation requires the optometrist to obtain information from the patient and, as we have seen, information can be requested through differently designed questions. It is useful to compare the responses these different questions produce as well as other consequences they may have for the conduct of the consultation. Finally, we draw on these comparisons to reflect on communication in the consultation and make informed assessments regarding communicative practices.

The key strengths of this approach are that:

- it takes a strongly **fact-based view of communication** and communication skills training. The detailed analysis of actual interactions produces a very robust understanding of interactions in the consultation and challenges to successful communication;
- it identifies and **highlights the professional expertise exercised by practitioners** when communicating with patients. This includes tacit expertise (as seen for instance in the ways optometrist places a lens in front of the patient's eye) which is not explicitly taught but which is nevertheless central to a successful communication. Once identified these practices can then be applied to training;
- it focuses on **observable and adaptable actions** with regard to communication skills training rather than emphasising personal character attributes, which are very difficult to change;
- it **recognises that communication is a complex process**. In doing so it: 1) avoids the oversimplified guidance produced in much healthcare communication skills education; and 2) avoids non-useful generalisations of certain communication behaviours as always 'good' or 'bad' regardless of context.

This is the approach adopted in this portfolio. It underpins our observations and advice on communication in the Communication Guide and the Skills Development sections. We encourage practitioners to apply it themselves in their own communication skills development.