Skills Development section: introduction

Welcome to the Skills Development section of this portfolio. This section contains various activities designed to help users seeking to maximise their communication skills. These activities can be used by individuals and/or small groups. They provide a series of topics for discussion, observation exercises and guidance on using video recordings for communication skills development.

How has the Skills Development section been designed?

The content of this section is based on the findings of our scoping exercise and feedback from our communication skills workshops and seminars. Practitioners, students and trainers have told us that a valuable element of communication skills training is learning through experience – encountering different communication challenges, trying different techniques and reflecting on their effectiveness. Consequently the overall aim of this section is to provide resources that can **accelerate the process of learning through experience.** Our project participants have also told us that that they find **discussion** to be one of the most effective ways to develop their communication skills and have also shown enthusiasm for the use of **video** as a communication skills resource. Therefore our activities focus on the conduct of (formal and informal) discussions and the use of video.

What is in the Skills Development section?

The section is divided into 4 activity sets;

1) **Topics for discussion and reflection** – these topics are based on communication scenarios in the consultation and can be used as the basis for individual reflection and group discussion.
2) **Observation worksheets and templates** - these can be used in various ways to assist formal and informal consultation observations.
3) **Guide to making and using video recordings for communication skills development** – a step by step guide to the practicalities of collecting video in optometry settings and using recordings for reflection and discussion.
4) **Communication skills-based CET peer reviews and discussions** – guidance on conducting CET peer reviews/discussions on issues involving communication skills.

Who can use the Skills Development section?

This section has been designed to be used by individuals and groups at all levels of experience.

The skills development activities can be conducted by **individuals** as reflection exercises or as preparation for future discussions, assessments etc. **Students** can also use the activities individually or in groups to support their learning and **education trainers** can incorporate them into their training practices. Many of the activities are ideally suited for discussion in **pairs and small groups** – these may be in the format of informal peer groups, or more formal mentoring groups etc. **Practice managers** can incorporate the observation activities into their appraisal and assessment procedures or use the discussion exercises as the basis for practitioner skills development evidence. **Qualified practitioners** can use this section for as a basis for CET peer review/discussions.

Part 1: Topics for discussion and reflection

Over the next few pages are 10 topics containing questions about typical communication scenarios in optometry consultations. These questions can be used for group discussion and individual reflection and have been designed to help users identify and evaluate different ways to communicate with patients. The topics covered are:

a) Layout and organisation of the consultation room
b) Greeting the patient and opening the consultation
c) Taking history and symptoms
d) Conducting tests
e) Delivering findings and advice
f) Using 'jargon'
g) Giving bad news
h) Closing the consultation
i) Understanding the patient experience
j) Learning communication skills

Each topic links to relevant sections in the Guide to Communication, which you may like to refer back to during the discussion. There is also space for extra questions to be added. Focusing on specific instances can be very useful so the questions often suggest that you select a single instance of a particular communication scenario to consider and discuss. For instance you might choose to refer to a personal experience from memory, a consultation you have observed, a video recording you have watched, an example from this portfolio etc.

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a. Layout and organisation of the consultation room

Relevant topics in the Guide to Communication

Topic 1: The layout of the consultation room
Topic 5: Note taking during the consultation
Topic 14: What is patient centred care?

Questions for discussion and reflection

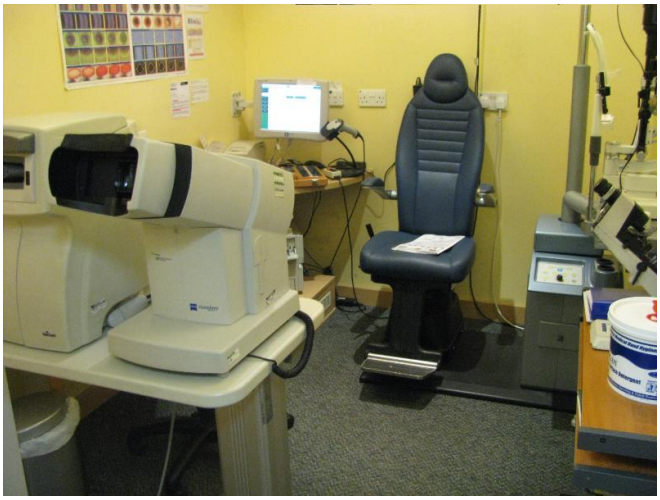
1) Look at the consultation room layouts shown on the next page. Thinking about eye contact, rapport, etc. what consequences do you think these different layouts have for communication with:
    i) an adult patient?
    ii) an adult patient attending with a carer?
    iii) a child patient attending with a parent?

2) What impact do you think computerised and automated technologies have for communication in the consultation? For instance, what are the differences between:
    i) writing notes on paper vs. a computer during history and symptoms?
    ii) using a trial frame vs. using a phoropter?

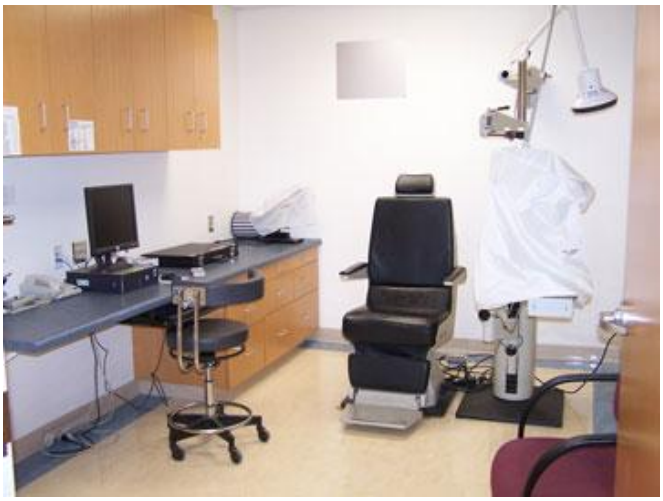
3) Think of the consultation room in which you work most often. What are the advantages and disadvantages of this room layout and organisation during these phases of the consultation:
    i) greeting the patient?
    ii) opening, history and symptoms?
    iii) conducting examination tests?
    iv) delivering findings and advice?

4) Are there any ways to overcome the disadvantages you mentioned in answer to question three? How easy/difficult would it be to make changes to the room layout and organisation?

Further questions/issues



Room A



Room B

Room C

Images acquired via Google Images

b. Greeting the patient and opening the consultation

Relevant topics in the Guide to Communication

Topic 2: Beginning the consultation

Topic 6: Understanding patient concerns 1: listening and treating the patient as an individual

Questions for discussion and reflection

1) How and where do you normally greet your patient? Do different types of patient need to be greeted in different ways?

2) Patients are not always relaxed or focused at the start of the consultation. What can you do to help the patient in the following scenarios:
   i. the patient appears to be very anxious
   ii. the patient has never had an eye examination and seems uncertain about what will happen
   iii. the patient seems distracted and is looking at her mobile phone
   iv. the patient is attending with a translator. The translator seems unsure where to sit, what to say etc.
   v. the patient is a shy child attending with his mother.
   vi. the patient is very talkative and seems to want to have a long conversation about her holidays.

3) What is your opinion of the pros and cons of using these opening questions? Are they better suited to some kinds of consultation than others?
   i. "Do you have any problems you would like to mention?"
   ii. "How can I help you with your eyes today?
   iii. "Are you just having a check up today?"
   iv. "How is your distance vision?"
   v. "How are your eyes?"

4. What opening question do you usually ask the patient to 'get down to business' in the consultation? How does this question enable you to gather useful information, and what opportunity does it give the patient to talk about his/her concerns?

Further questions/issues

c. Taking history and symptoms

Relevant topics in the Guide to Communication

Topic 4: Follow up questions and history taking
Topic 8: Understanding patient concerns 2: doing the right thing
Topic 14: What is patient centred care?

Questions for discussion and reflection

1. Look in detail at an example of a consultation opening, history and symptoms (sample transcripts are available in the Resources Bank).
    i. How much useful information is the optometrist gathering? Would it be possible to gain more/better information through different questions? Does the optometrist ask any unnecessary questions?
    ii. Do any of the questions appear too difficult for the patient to answer?
    iii. Do any of the questions appear to hint towards a 'correct' answer?
    iv. Does the phase take enough time, too long or not long enough?
    v. What information given by the patient is most important for the optometrist to remember and refer back to later?
    vi. How patient-centred is the communication in this phase? How engaged does the patient appear to be in the consultation?

2. Think of a time during symptoms and history taking that a patient did not reveal some information that later proved to be very important. Looking back, what could you/the optometrist have done differently to encourage the patient to reveal this information?

3. Patients sometimes have difficulty producing a relevant or accurate answer to the following questions. Why do you think this is? How could the questions be re-worded to improve this?
    i. "How is your general health?"
    ii. "Have you ever been to an eye hospital?"
    iii. "Do you wear your glasses all the time?"
    iv. "Are you still a heavy smoker?"
    v. "Do you get headaches?"
    vi. "Do you experience any flashing lights or floaters?"

Further questions/issues

d. Conducting tests

Relevant topics in the Guide to Communication

Topic 7: Conducting tests
Topic 8: Understanding patient concerns 2: doing the right thing

Questions for discussion and reflection

1. In your experience, how can you tell when:
    i. a patient does not understand what to do in a test?
    ii. a patient is feeling nervous/physically uncomfortable during a test?
    iii. a patient is concerned about 'doing well' in a test?
    iv. is not engaged with a test and/or is not making any effort?

What are effective ways to deal with each of these scenarios?

2. How often do explain to a patient the purpose of an upcoming test and what will happen during it? What are the pros and cons of doing this? Are there any types of patient who particularly benefit from this kind of explanation?

3. Think of a consultation you have conducted/observed involving:
    i. a 'know it all' patient
    ii. a patient with physical disabilities
    iii. a patient with learning disabilities attending with a carer
    iv. an extremely talkative patient

What were the barriers to the successful conduct of the examination tests in each scenario? What are effective ways to overcome these barriers?

4. What different kinds of instruction can be given before and during:
    i. the distance vision test?
    ii. subjective refraction?
    iii. ophthalmoscopy?

What are the pros and cons of these different instructions for a) enabling the patient to co-operate with the test and b) helping the patient to overcome nerves and/or concerns about 'failing' the test?

Further questions/issues

e. Delivering findings and advice

Relevant topics in the Guide to Communication

Topic 9: Delivering findings and advice
Topic 10: Delivering bad news
Topic 11: Patient adherence to treatment

Questions for discussion and reflection

1. Look in detail at an instance of the findings and advice phase in a consultation (sample transcripts are in the Resource Bank).
   i. Do you think the optometrist delivers information in a way that helps the patient to understand and remember it? Could anything be done differently?
   ii. Do you think the patient understands the information given to him/her? How can you tell?
   iii. Does the patient have an opportunity to ask questions and express concerns? What consequences do you think this has?
   iv. How patient-centred is the interaction between optometrist and patient?

2. What are the pros and cons of saying the following during findings and advice?
   i. "Does that all make sense?"
   ii. "Would you like to know some more about this?"
   iii. "Here is a leaflet for you to take home"
   iv. "You can find out more information about this on the internet"
   v. "Do you have any questions?"
   vi. "If you have any concerns, you can talk to me or anyone in the dispensing team"

3. Think of a time you have experienced or observed when a patient did not follow treatment advice given. Why do you think the patient did not follow the advice and what consequences did this have? Looking back, were there any signs that the patient would not follow advice, and could these have been addressed in the consultation?

4. What do you think is the role of a) the optometrist and b) others in the practice in ensuring that patients understand and follow treatment advice?

Further questions/issues

f. Using 'jargon'

Relevant topics in the Guide to Communication
Topic 9: Delivering findings and advice
Topic 11: Patient adherence to treatment

During our scoping exercise one of our interviewees commented that optometrists often over-rely on 'jargon' and rarely think about whether or not technical terminology needs explaining to the patient or whether it is necessary to use it at all. She went on to suggest that it would be useful to develop an optometry specific version of a popular word game. We have taken up this idea to develop an exercise that can be used with the word cards on the next pages. These cards can be printed, ideally onto stiff paper, out then cut along the borders.

This is an exercise to be conducted in pairs or small groups.

Instructions

Step 1) Person 1 takes a card without showing it to the rest of the group. Person 1 describes the Key Word at the top of the card (each word relates to some kind of eye condition or treatment) without using that word or any of the words written below it. The other members of the group must work out what word is being described. Everyone in the group takes turns until all the words have been described.

Step 2) The group works together to think of a simple definition for each Key Word. They must decide whether it is helpful and/or necessary to include the other words written below it on the cars in order to explain the Key Word to a typical adult patient.

Step 3) Group members take it in turns again to pick up a card and describe the Key Word as if they were explaining it to an adult patient. This time they can use whichever words on the card they feel are necessary. The rest of the group listens and votes on whether a typical adult patient is likely to understand the definition or whether the description needs to be modified.

Further steps

- conduct steps 2 and 3 in relation to other kinds of patients, such as children, adults with learning difficulties etc
- prepare more cards for other conditions and treatments.

MACULAR DEGENERATION Macula Scotoma Distortion Retina	**STRABISMUS** Squint Lazy Eye Spectacles Occlusion	**GLAUCOMA** CD Ratio IOP Visual field Optic nerve	**CATARACTS** Opacification Visual acuity Transparent Glare	**RETINAL DETACHMENT** Retina Tear Vitreous Trauma	**DRY EYE** Gland Tear film Irritation Eyelids	**ACCOMMODATIVE DYSFUNCTION** Accommodation Amplitude RAF Rule Facility
ANTERIOR UVEITIS Inflammation Iris Cells Uvea	**REGULAR ASTIGMATISM** Cornea Toric Refractive error Rugby Ball	**BLEPHARITIS** Inflammation Dermatitis Rosacea Lids	**OCULAR MIGRAINE** Headache Nausea ZigZags Visual aura	**PRESBYOPIA** Crystalline lens Ciliary body Accommodation Age	**CHALAZION** Cyst Gland Meibomian Tarsal	**POSTERIOR VITREOUS DETACHMENT** Vitreous gel Floaters Collagen Flashes

KERATITIS	HORDEOLUM	MYOPIA	THYROID ORBITOPATHY	HYPEROPIA	KERATOCONOUS	
Cornea Inflammation Photophobia Sterile	Stye Gland Pus	Refractive error Short-sighted Spectacles Axial elongation	Thyroid Gland Inflammation Engorgement Soft tissue	Long sighted Short Accommodation	Cornea Myopia Cone Astigmatism	

BIFOCALS	FUNDUS PHOTOGRAPHY	DIGITAL RETINOPATHY SCREEING	DOME MAGNIFIERS	TORIC CONTACT LENSES	DIGITAL RETINAL PHOTOGRAPHY
Presbyopia Optical Power Convex	Fundus Retina Vitreous Choroid Optic nerve Neurosensory tissues	Retinopathy Retina Dilate Screen Risk factor	Bright field (half) Spherical Low vision	Astigmatism Ballast Cylinder Power	High definition Retina Risk group Central retinal area
LASER EYE SURGERY	**PRISM**	**LUCENTIS**	**PRESCRIPTION SUNGLASSES**	**CATARACT SURGEY**	**VARIFOCALS**
Laser Posterior lens	Compensate Base-in Base-out	Anti-VEGF AMD Intravitreal	UVA UVB	Implant Dilate	Distortion Transition Progressive

capsule Retina Dilate Wavelength	Fresnel		Polarised Tint(ed	Phacoemulsification Lens capsule	Reading add

g. Giving bad news

Relevant topics in the Guide to Communication

Topic 9: Delivering findings and advice
Topic 10: Delivering bad news

Questions for discussion and reflection

1. How easy/difficult do you find it to give bad news to patients? Why?

2. Phrases such as "just a little" or "it's only ..." can soften bad news and make it seem less serious or less clear to patients. What other softening phrases are sometimes used when giving bad news to patients? What consequences might they have for the patient's understanding of the news?

3. What is the most common bad news you have to give to patients? How do you usually deliver this news? Do you think you soften it in any way? How can you deliver the news without softening it in any way?

4. How can displaying empathy with the patient help him/her to deal with bad news? What can you do to display empathy? How easy/difficult do you find this to do?

5. Think of a time you have experience or observed a patient receiving very bad news.
    i. How clearly did you/the optometrist deliver the bad news? Was the news softened in any way and what consequences do you think this had?
    ii. Did you/the optometrist give the patient an opportunity to respond to the news? What did the patient do and say in response to the news?
    iii. Did you/the optometrist display empathy with the patient? How was this done and how effective do you think it was?
    iv. Did you/the optometrist deliver any reassurance to the patient? How was this done and how effective do you think this was?
    v. Do you think you/the optometrist could have done anything differently to help the patient understand and deal with the bad news?

Further questions/issues

h. Closing the consultation

Relevant topics in the Guide to Communication

Topic 13: Closing and handover

Questions for discussion and reflection

1. How do you usually close a consultation? What can you say and do to:
   i. encourage the patient to ask questions if he/she has any?
   ii. display to that patient that his/her concerns from the start of the consultation have been met?
   iii. make the patient aware of when he/she needs to come back next?
   iv. encourage the patient to talk to a Dispensing Optician, reception etc. if necessary?
   v. ensure that the patient feels his/her custom is important to the practice?

2. In medical General Practice, doctors often complain of the 'door handle remark' phenomenon, in which a patient mentions a significant symptom right at the end of the consultation and just before he/she is about to leave the room. Have you ever experienced or observed this? What consequences did it have? What can practitioners do in the early stages of the consultation to avoid this happening?

3. How do you conduct patient handover to reception or Dispensing Optician? How important do you think this is to the patient's overall experience? What are the pros and cons of doing the following?
   i. walking out of the room with the patient.
   ii. introducing people by name.
   iii. repeating the important details of the consultation.
   iv. shaking the patient's hand.
   v. suggesting topics for the patient and receptionist/DO to discuss.

Further questions/issues

i. Understanding the patient experience

Relevant topics in the Guide to Communication

Topic 6: Understanding patient concerns 1: listening and treating the patient as an individual
Topic 8: Understanding patient concerns 2: doing the right thing
Topic 14: What is patient centred care?

Questions for discussion and reflection

1. Why do you think patients often find the following scenarios difficult?
   i. describing what they can and cannot see
   ii. answering questions about lifestyle behaviours such as smoking, driving etc
   iii. admitting that they have not followed some previous advice they have been given
   iv. admitting that they have not understood some information they have been given
   v. 'failing' a test.

   What consequences do these scenarios have? What can you do to help make them easier for patients to deal with?

2. Eye contact is often related to patient satisfaction, as it demonstrates to the patient that he/she is being listened to and taken seriously. It is particularly significant during consultation openings, history and symptoms, findings and advice and closing.
   i. How much eye contact do you usually make with patients during these phases of the consultation?
   ii. Does making notes require you to break eye contact with the patient? What consequences do you think this has?
   iii. If it was possible, would you consider changing your seating position etc or making notes at different times (such as when the patient is not speaking) in order to maintain eye contact for longer? How easy would it be to make these changes?
   iv. How do you ensure you maintain eye contact with a) patients who attend with a carer/parent and b) patients with low vision?

3. Optometrists often comment that patients sometimes:
   i. try to talk a lot about irrelevant topics
   ii. want to describe their experiences in great detail
   iii. try to show they know as much as the optometrists
   iv. say they have understood when really they haven't

   How often do you experience these scenarios and what consequences can they have? What different ways can you use to manage them? Is it possible to avoid them occurring?

4. Think of a time you have experienced/observed when a patient has made a complaint about an eye examination. Even if you feel that complaint was unjustified, can you understand what the patient's perspective was in making it? For instance, where there any sources of misunderstanding or might the patient have experienced some difficulty? How can you avoid similar complaints arising again?

j. Maximising communication skills

Questions for discussion and reflection

1. Overleaf are some questions we gave to qualified and student optometrists during our scoping exercise. Take the questionnaire and compare with others.

2. All practitioners have particular communication scenarios or types of patient they personally find difficult to deal with. Which of these do you find difficult? Add any that are not listed.

Child patients	Time management
Patients with physical disabilities	Delivering bad news
Patients with learning disabilities	Displaying empathy
Overly talkative patients	Being patient-centred
Unresponsive patients	Active listening
'Know it all patients'	Other:

   Who amongst your peers and colleagues is confident dealing with the scenarios and patients you find difficult? What would you like to learn from them? What opportunities do you have to observe and discuss these issues with them?

3. Looking at the list in question 2 again, what scenarios and patients are most confident in dealing with? What three pieces of advice would you give to someone who finds each of these scenarios and patients difficult?

4. In our scoping exercise practitioners told us that they rank a) learning from experience and b) discussing with others as the most useful ways to develop their communication skills. How have you benefitted from these in the past? What are the most effective ways of ensuring you learn from experience? What makes an effective discussion?

5. How would you like to enhance your communication skills over the next two years? What can you do a) by yourself, b) in your workplace/education setting, c) with colleagues/peers in other settings?

6. What are the pros and cons of watching video recordings of yourself and others as a means to develop communication skills? How can you overcome the cons? Would you be willing to be recorded?

Further questions/issues

Questionnaire for qualified practitioners

1) What type of eye care practitioner are you? Please tick.

Qualified optometrist | Dispensing optician | Other: please specify

Pre-registration optometrist | Ophthalmologist

2) If you are a qualified practitioner, how many years of experience do you have?

3) How important do you think that successful communication with patients/clients is in the fulfilment of your role? Tick the most relevant:

Not at all important | Very important

Quite important | The most important element in the fulfilment of my role

Other: please specify

Please give reasons for your answer here:

4) How would you rank your skills in communicating with patients/clients in your role? Please tick the most relevant.

Poor | Good | Other: please specify

Competent | Excellent

Please give reasons for your answer here:

5) Are there any particular areas in your daily work involving communicating with patients/clients that you feel you would like to improve? List all that you consider to be relevant.

6) How frequently do your professional development activities (both those you undertake to gain CET points and any other kinds of activity) involve communication skills training? This could be an entire activity based on communication skills or one that includes communication skills as part of a broader focus. Please tick.

Never	1-2 times a year	5+ times a year
Less than once a year	3-5 times a year	

7) Below is a list of tasks that can be used to aid the development of communication skills. Please tick any that you have undertaken in previous professional development activities on this topic.

Question and answer sessions	Peer observations
Small group discussions	Making video recordings of own practice
Role play with 'actor' patients	Watching video guides to communication
Role play with other participants	Watching video recordings of other people's practice
Structured practice with real patients	Self-assessment and reflection exercises
Assessed observation	Reading articles or textbooks
Other: please specify	

8) Looking again at question 7, please list the four tasks that you feel would be most effective in helping you to maximise your communication skills in eye care consultations. Please give reasons for your answer.

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9) Below is a list of topics relevant to communication between practitioners and patients/clients in eye care consultations. Please tick any topics that you feel you could develop further in your own work.

Greeting patients/clients	Asking different types of question	Giving instructions on what to do in tests
Listening skills	Explaining symptoms and diagnoses	Giving assessments of test performance
Demonstrating empathy	Giving advice and prescription etc instructions	Identifying and addressing concerns and worries
Making eye contact	Delivering bad news	Dealing with 'difficult' patients/clients

10) Looking again at question 9, please list the four topics you feel are the most important to be addressed in communication skills training for eye care practitioners in general. Please give reasons for your answer.

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Questionnaire for student optometrists

1. What is the name of your university?

2. What course are you studying? (please tick)	**What year of your studies are you in?**
BSc optometry/BOptom	Year 1
MSc Optometry	Year 2
BSc Ophthalmic Dispensing	Year 3
Other: please specify	Other: please specify

3. During your studies (either this year or in previous years) have you taken part in any specific communication/interpersonal skills modules?

4. In what other parts of your course have communication/interpersonal skills been taught? Does this occur as part of other modules, during feedback on observed consultations etc?

5. During your course so far, which of these techniques have you experienced when being taught communication and interpersonal skills? Please tick all that apply.

Lectures	Role play with actors or other students

Group work with other students	Observing qualified practitioners
Written examinations	Observing other students
Assessed practice	Watching video recorded consultations
Observed practice with feedback	Reading textbook chapters or articles
Watching video guides to communication	Other: please specify

6. Looking again at the list in question 5, please list the four techniques that you feel would be most effective in helping you to enhance the way you communicate with patients/clients.

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Please use this space to explain your answer:

7. Below is a list of skills relevant to effective communication between practitioners and patients/clients in eye care consultations. Please tick (✓) those that you feel have been covered adequately in your course so far and put a cross (x) next to those that you feel have not been covered adequately.

Greeting patients/clients	Asking different types of question	Giving instructions on what to do in tests
Listening skills	Explaining symptoms and diagnoses	Giving assessments of test performance
Demonstrating empathy	Giving advice and prescription etc instructions	Identifying and addressing concerns and worries
Making eye contact	Delivering bad news	Dealing with 'difficult' patients/clients

8. Looking at the same list in question 7, please list the four skills that you feel are most important for you to develop further.

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Please use this space to give reasons for your answer.

Part 2: Observation worksheets and templates

Consultation observations provide a very effective tool to develop communication skills. Most practitioners are used to being observed in order to receive formal assessment and feedback, and informal observations are also are an opportunity to share advice and ideas. Colleagues and peers can find it helpful to have regular observations or to pair up and take it in turns to observe each other. Very often observations are conducted with the observer sitting in the consultation room and making notes but an alternative is to video record the encounter (see Part 3). The recording can then be watched and re-watched later, enabling very detailed observations to be made.

We have prepared a series of worksheets for communication skills based observations. These can be used by optometrists and students at all levels of experience. There are worksheets for the observed practitioner to complete as well as for the observing practitioner. In order to get full value from the observation process, these worksheets are based on a four stage process:

1. *Preparation:* Before the observation, the observer and observee agree on the aims of the observation and what topics will be covered. A note-taking grid is prepared (see below).
2. *Detailed observations:* During the observation the observer makes notes on what is happening, what consequences is has for the consultation and for the patient etc.
3. *Reflection:* After the consultation the observed practitioner reflects individually on how the consultation went and the observer decides on the key topics for discussion.
4. *Discussion:* The practitioner and observer discuss together and agree on conclusions and future actions

In addition to the worksheets we have also produced template grids that the observer can use to make notes on during the observation. These grids list the topics to be covered during the observation. Templates A-D cover some suggested topics and Template E is blank for users to decide their own topics.

Template A covers *different phases of the consultation*. The observer makes notes on the communication that occurs during openings, history taking, testing etc. You might choose to focus on all types of communication in each phase or agree to make notes on specific activities such as asking questions or active listening etc.

Templates B and C relate to *GOC stage 1 and 2 core competencies* as they relate to communication skills. The observer makes notes on the practitioner's actions as they relate to each relevant competency.

Template D relates to *patient centred practice*. The observer makes notes on specific actions related to being patient centred – such as encouraging the patient to talk, encouraging questions etc.

Template E is *blank* to enable users to select their own topics. For instance, you could choose to observe on a range of communication skills– such as building a rapport, displaying empathy etc.

Alternatively the observer topics might relate to issues specific to particular kinds of patient – such as a consultation with a patient with very low vision, or a patient attending with a carer etc.

Observation alternatives

The observation scenarios we have described so far take the format of an observer providing feedback to an observed practitioner. However observations can be conducted in other formats too and we have prepared alternative worksheets for these. In a **development observation** a practitioner observes a colleague/peer with expertise in a particular area (dealing with children, patients with very low vision etc.). The observation provides an opportunity for the observer to see this expertise in practice and learn from it. The development observation worksheet helps the observer to maximise what can be learnt from the process.

It is not always possible or practical to be observed by someone else, so an **individual observation** can be useful. Our worksheet prompts the user to make communication aims before a consultation and then to reflect on how far they were achieved afterwards. These reflections can be made through memory of the consultation or by watching a video recording of it.

The development observation and individual observation worksheets can be found after the template grids.

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Feedback observation: worksheet for practitioner being observed

Before the observation

What would you like to achieve from the observation?
e.g., general feedback, an overall assessment, advice on a specific issue, exchange of ideas etc.

What topics do you want to be covered in the observation?
e.g., phases of the consultation, Core Competencies, patient-centredness etc. Is there a particular type of patient you want to be observed with?

Once you have answered these questions, discuss them with the observer and confirm the details of the observation. E.g. When will it take place? Where will the observer sit? When will the post-observation discuss take place? If it is a peer observation, perhaps you will swap roles and conduct another observation before the discussion?

After the observation

As soon as possible after the observation, make some reflections on how you feel about the consultation.

Your reflections

What happened in the consultation in relation to the observation topics? What do you feel went well or not well? What would you like to talk about in the discussion?

Begin the discussion with some comments on the reflections you have made. Then suggest to your observer what you would like the discussion to focus on. Make notes of what you learn during the discussion.

Discussion notes

What have you learnt from the discussion with your observer? E.g. have you realised something about your own communication practices or considered a different practice you would like to try?

Conclusions and future actions

Think of three conclusions you can draw from the discussion

What will happen next? – E.g., will you try some new communication technique? Will you observe a colleague? When will you be observed again?

Feedback observation: worksheet for observer

Before the observation

Discuss with the practitioner being observed when and where etc. the observation will take place and find out:

- **What does the practitioner being observed want to achieve from the observation?**

- **What topics will be covered in the observation?**

Select an observation template gird and make any necessary amendments. Or design a new one.

During the observation

Make notes in the relevant part of the observation grid. For instance:
What is the practitioner doing?
What does the patient do in response?
What consequences do the practitioner's communication practices have for the consultation task, time management, patient engagement etc?
What do you think is going well in the communication between practitioner and patient, and where might there be scope for improvement?
What do you normally do in this kind of situation?
Do you think there are any alternative ways the practitioner could communicate with this patient?

After the observation

Before your discussion with the practitioner, look over the notes you have made and fill out the final column on the grid to select the key points you would like to discuss.

Start the discussion by encouraging the practitioner to make some personal reflections on the consultation and find out what topics he/she would like to talk about. If necessary make a list of topics to be discussed.

Go through the topics for discussion, offering your observations. In order to be constructive, it is helpful to describe what you observed happening and its consequences and using this to explain any negative assessment. For instance *"when the patient came into the room I noticed that he was fidgeting quite a bit and taking some deep breaths. I thought he looked quite nervous. You were looking in your notes* and weren't able to see this. *I think if you were focusing on the patient instead, you would have been able to help him feel comfortable and this would have made a better start to the consultation."* This kind of comment can be more helpful and much easier to receive than "*You weren't very good at engaging with the patient".*

Encourage the practitioner to think of, and write down, different communication practices they can try as well as other steps they can take – observing other colleagues, looking at CET materials etc.

Close the discussion by agreeing with the practitioner a) three overall conclusions from the exercise and b) what will happen next.

Observation template A: Consultation phases

Consultation Phase	Observations	Points for discussion
Greetings and opening		
History and Symptoms		
Tests		

Findings and advice		
Closing and handover		

Observation template B: Stage 1 Core competencies

Core competency	Observations	Points for discussion
1.1.1 Ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background – building a rapport		
1.1.4 Ability to make a patient feel at ease and informed – understanding their fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.		
1.2.1 Ability to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.		

1.2.2 Ability to produce comprehensive, legible and organised record keeping with appropriate detail and grading		
1.3.2 Ability to interpret and respond appropriately to patient records and other relevant information.		
4.1.1 Ability to advise on, ... the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance, age and lifestyle.		

Observation template C: **Stage 2 core competencies**

Core competency	Observations	Points for discussion
1.1.1Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.		
1.1.2 Elicits the detail and relevance of any significant symptoms.		
1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.		
1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.		

1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead		
1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.		
1.2.4 Explains to the patient the implications of their pathological or physiological eye condition.		
1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient		

Observation template D: Patient-centred practice

Action	Observations	Points for discussion
Giving/seeking recognition of the patient		
Broad opening question		
Offering observations		
Indirect/Concealed questions.		
Encouraging patients to talk more (including using silence)		
Reflecting the patient's talk to enable him/her to speak further		

Exploring.		
Summarising to open up		
Answering patient questions		
Indicating understanding of what the patient has said		
Treating patient ideas – for example about treatment management – as relevant		
Seeking, accepting and using patient ideas.		
Reassuring the patient		

Observation template E:

Topic	Observations	Points for discussion

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Development observation: worksheet for observer

Before the observation

What would you like to achieve from the observation?
e.g., learn some new techniques for dealing with a certain kind of patient/scenario.

What topics/issues are you most interested in observing?

Once you have answered these questions, select and complete/amend an observation grid as necessary. Talk to the practitioner you are going to observe to arrange when the observation will take place, where you will sit etc. If possible, also arrange time for a meeting after the observation do discuss key points.

During the observation

Make notes in the relevant part of the observation grid. For instance:
What is the practitioner doing?
What does the patient do in response?
What consequences do the practitioner's communication practices have for the consultation task, time management, patient engagement etc?
How does this differ from what you typically do in the consultation?
What are the pros and cons of the communication practices you observe?
Would you like to try using these practices yourself?

After the observation

Look over your notes and decide what your key issues are for the final column of the observation grid. i.e. What new ideas and techniques have you seen in the observation? Do you have any questions you would like to ask the practitioner you have just observed? Do you think you will try to use any of the communication techniques you have seen? Talk through these key issues in your discussion with the practitioner, and make notes below.

Discussion notes

What new ideas and techniques have you seen? What kinds of consultation scenario do you think you can use these ideas and techniques in? Do you need any further advice, observations etc. to help do this?

Conclusions and future actions

Think of three conclusions you can draw from the discussion

What will happen next? – E.g., When will you try to use a communication technique you have just observed? What will you do to assess how effective it is? Would you like to be observed by someone else?

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Individual observation worksheet

Before the observation

- What would you like to achieve from this observation?
  e.g., a reflection on your overall communication practices, an in-depth focus on a particular skill, use of video etc.

- What topics will you cover?

After the observation

Make reflections on each of the topics you selected to cover. These reflections could be made through memory or by observing a video recording of the consultation. Think about: what you did, what the patient did, what went well, what could be improved, what different techniques you can try etc.

Conclusions and future actions

What conclusions can you draw from your reflections? For instance, can you identify personal strengths and areas for improvement? What can you do next to develop your communication skills?

What will happen next? – for instance, will you try a new communication technique? Will you ask a colleague to observe you?

Part 3: Guide to making and using video recordings for communication skills development

Video recordings of optometry consultations are an excellent tool for communication skills development. Recordings of actual consultations capture real-time communication, and these recordings can be watched again and again to help practitioners develop a detailed understanding of communication. Recent advances in technology also mean that the process of making and editing video recordings is straightforward, quick and relatively inexpensive.

How can video recordings help communication skills development?

In our research project we video recorded optometry consultations conducted by a range of practitioners with different levels of professional experience. These practitioners consistently told us that they found watching the video recordings of themselves helpful as it encouraged them to think about how they communicated with their patients. For instance, they told us that seeing themselves on video helped them to recognise their strengths and revealed to them certain habits that they felt they wanted to change – such as talking too quickly, beginning tests without introducing them first. In our CET sessions we used video recordings as the basis for group discussions about communication. Participants told us that seeing video footage of other practitioners helped them to understand the importance of various communication issues and encouraged them to try different communication techniques they had seen. At times our video based CET sessions have led to Practice Managers making changes to enhance communication, such as rearranging the layout of the consultation room or making leaflets and other types of information more easily available to patients.

We recommend that all practitioners interested in communication skills development video record themselves in the consultation and then use the recording for individual reflection and/or group discussion. We also recommend that Practice Managers – including student clinic Managers – encourage practitioners who are interested in being recorded by providing necessary technical and practical support. To help with this, the following pages provide a guide to making and using video recordings of consultations for the purposes of communication skills development. This guide covers the practicalities of collecting and editing video data and includes template information and consent forms to give to patients whose consultations are recorded. It also describes how video recordings can be used in reflection and observation exercises, plus CET peer discussions and reviews. Finally, we have made a short guide to ensuring that discussions of video recordings are positive and constructive.

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Collecting and editing video recordings of consultations.

Notes for practitioners

Why should I video record my own consultations?

Making video recordings of your own consultations is one of the best ways to advance your communication skills. Making the recordings is a relatively straightforward process and you can then watch them as many times as you want in order to identify your communication strengths and any areas you would like to improve on. If you record yourself regularly you can assess how you communicate with different kinds of patient and assess the effectiveness of changes you have made. You might also consider showing recordings to others as part of formal assessments, peer discussions or CET peer reviews/discussions.

I'm not sure I will feel comfortable being recorded

People often worry that they will feel self-conscious when being recorded and not act 'naturally'. In our experience once recording begins practitioners (and patients) soon become focused on the consultation itself and find it easy not to think about the camera too much. It can also help to position the camera in a corner of the room rather than immediately in front of you and to conduct a few trial runs to get used to the camera before recording an actual consultation. Watching footage of yourself can feel a bit strange at first but again we have found that practitioners get used to this quite quickly and find the exercise very helpful. Ultimately though you should only record yourself if you are happy with the idea and it should be your own decision whether or not to show the recordings to others.

What do I need think about before recording my consultations?

Before you can start recording you need to have necessary equipment for making and editing videos. You will also need to make practical arrangements to ensure the recording process runs smoothly and ethical arrangements to ensure patients are treated appropriately. Most of these preparations are best made together with your Practice Manager. The following pages provide more advice on how to go about them.

Notes for Practice Managers

Why should I encourage my practitioners to video record their consultations?

Recordings of consultations help practitioners to assess in detail the ways that they communicate with their patients. Video recorded consultations can be watched individually, used as part of formal assessments, or discussed in groups – including in CET peer reviews/discussions.

What arrangements do I need to make for video recording?

It is important that practitioners feel comfortable with the idea of being recorded and explicitly agree to show recordings to others. If a number of practitioners are interested in using video you might consider buying specific equipment for making, editing and showing recordings. You will need to discuss certain practical arrangements to ensure the process of recording runs smoothly and will also need to take steps to ensure that the process is conducted in an ethical manner, meaning that patients give consent to be recorded and that the recordings are used appropriately. Over the following pages we give advice to help make these preparations.

Equipment for video recording

Over recent years video recording equipment has become relatively inexpensive and very easy to operate. Many **mobile phones** and **compact cameras** now have the capacity to capture video recordings on internal memory cards. Although they may not have enough power or memory to record entire consultations they can be easily placed onto a shelf or worktop and can capture portions of the encounter. The memory card can then be inserted into a computer to watch the recording and store it as a digital file. **Laptops** and **tablets** also often have good quality cameras and can be used in a similar way to make and watch recordings. A useful guide to recording with mobile phones and tablets can be found here: http://www.mediacore.com/blog/ultimate-guide-to-smartphone-and-tablet-video

If you are keen to record for longer, you might consider buying a video camera. The simplest and cheapest kinds are **pocket camcorders** (also often referred to as or 'Flip style cameras' after one famous brand) which cost from £30-£200. They are very small (Figure 1) but can record good quality footage for up to an hour or more. They run off a rechargeable battery and record onto an internal hard drive or sometimes an inserted SD memory card (£5 and upwards depending on size). Recordings can be watched on the camera's small screen or transferred to computer via a USB. The 'one press to record' design of pocket camcorders makes them very simple to operate. **Camcorders** are larger (Figure 1) and offer a greater range of useful features; these can include a zoom function, battery and plug-in operation, settings to record in darkened rooms, and remote control operation. Digital camcorders record onto memory cards or an internal hard drive (rather than traditional cassettes) so recordings can be stored and watched on a computer. There are a wide range of camcorders available and prices vary from £200 to over £2000. A useful guide to choosing a (pocket) camcorder can be found here: http://www.which.co.uk/technology/camcorders/guides/how-to-buy-the-best-digital-camcorder/

Figure 1: Pocket camcorder

Figure 2: Digital camcorder

Mounting your camera onto a **tripod** helps get the possible angle for recording and holds the camera securely into place. Tripods for mobile phones clamp them into place (Figure 3) and stand on worktops or shelves. Pocket camcorders and camcorders typically have indentations on the bottom that fit onto standard tripods. Mini tripods have short legs and standard ones have extendable legs (Figure 4) so they can stand on the floor. Monopods (Figure 5) have a very small base so can fit well into small spaces. Mobile phone and mini tripods cost from £10 upwards and standard camera tripods and monopods from £30 upwards.

Figure 3: Tripod for mobile phone *Figure 4: Standard camera tripod* *Figure 5: monopod*

Sound quality is very important in the video recording as you want to make sure you can hear what optometrist and patient are saying. Optometry consultation rooms tend to be small and quiet so the internal microphones in cameras – in particular in camcorders – are often good enough by themselves. However pocket camcorders and camcorders often have jacks for an external microphone which can boost sound quality. Of the various kinds of microphone available, boundary microphones (Figure 6) can be very useful as they are small and can be placed in an obtrusive position close to the optometrist and patient. They cost £40 and upwards. Some microphones can also be fitted onto mobile phones (Figure 7) and compact cameras – availability and price differs according to model of phone/camera.

Figure 6: Boundary microphone *Figure 7: Microphone for mobile phone*

Video files are very large so you will not be able to store many recordings on a single memory card or on a camera's hard drive. Most cameras provide the necessary cables and programs to transfer your recordings onto a computer and you can then re-use the memory card/hard drive space. If your computer does not have a large amount of file storage space or is slowed down by video files, an **external hard drive** of 500 GB or more (around £50) will easily store a large number of recordings. External hard drives can be locked into drawers etc. so are an excellent way to keep recordings secure. If you are planning to share recordings with peers/colleagues, external hard drives or **online cloud storage** systems (OneDrive, Dropbox, Google Drive etc.) provide a simple way to do so.

Once you have transferred your videos, you might also consider some simple editing. A large, single file of a complete consultation can be difficult to play on less powerful computers, so splitting it into a series of smaller files can be very useful. You can also edit files to create clips that focus on specific issues of interest. Many **video editing programs** are available; *imovie* and *Windows Movie Maker* are often pre-installed on relevant devices and *Windows Movie Maker Live* is free to download. These programs are very straightforward to use and online tutorials are available.

To watch your recordings on a computer you will need some form of **media player.** Most video formats can be played on pre-installed or freely available players such as *Windows Media Player*, *Quick Time*, and *VLC Media Player.* If you are watching recordings in a group, you might simply all sit around the computer screen. However an alternative is to connect the computer to a **projector** which projects a larger image onto a plain wall or **screen** (Figure 8). This provides an excellent way for groups to view videos together in comfort. Projectors range in price from £40 to over £200 and portable projector screens are available from £60. Finally, you will need to make sure the computer has suitable **speakers** so that everyone can hear the recording. Plug in speakers cost from £20 upwards.

Figure 8: Projector and screen

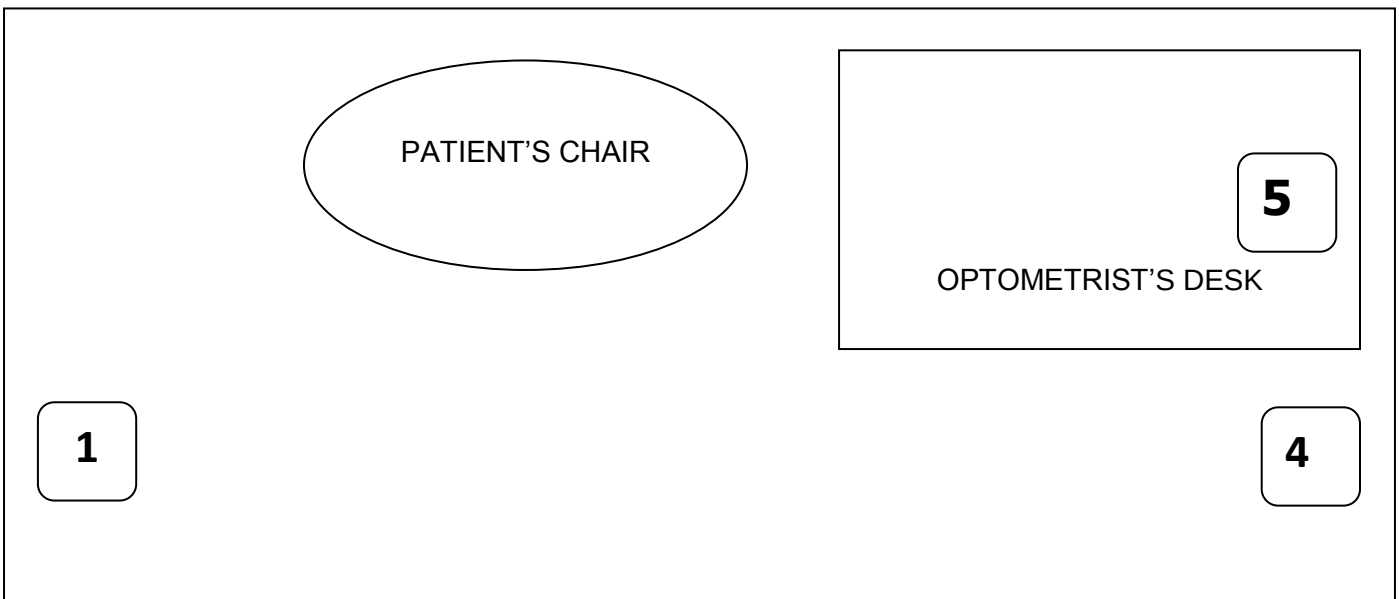
Preparing to record

Good preparation ensures that the recording process runs smoothly.

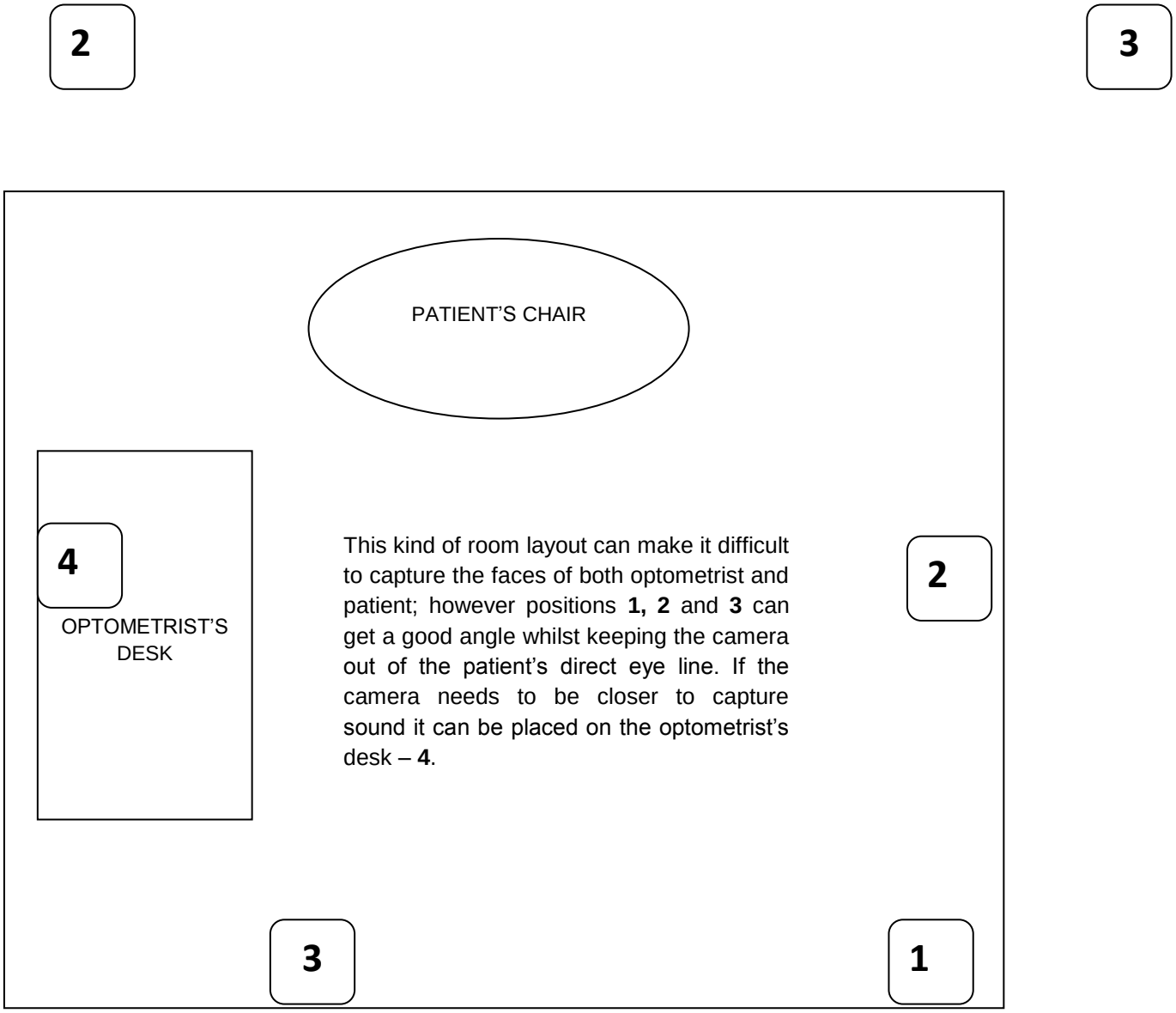
Technical issues

Before making any recordings **get to know the camera.** Check that you know what functions it has, how to operate it, and how long it can record. Decide whether you want to use a tripod and/or a microphone. Then **decide what to record.** Optometry consultation rooms are often easy to record in as they tend to be small and quiet. If your camera has enough power and memory, it is a good idea to record the entire part of the consultation that occurs within the consultation room as you can start the camera running before the patient comes into the room and leave it to run without drawing any attention to it. A recording of this length will create a very large video file but you can use a simple editing program to separate into a series of smaller, more manageable files later if necessary. If your camera does not have the capacity to record for longer periods or in darkened rooms, you can instead for short periods such as specific consultation phases. Once you are familiar with recording in consultation rooms you could also consider recording in other examination areas and dispensing areas.

After deciding what to record you can then **choose where to place the camera**. Moving the camera around whilst recording can be time consuming and obtrusive, so most likely you will want to set it up in one position and leave it there throughout. You can use a tripod to fix it into place or may simply be able to prop it on a worktop or shelf. It is essential to place the camera somewhere that captures a good view of what is going on. Ideally the camera angle should capture the upper bodies and faces (rather than the backs of heads) of the practitioner and patient when seated. You need to allow some room for movement so don't focus or zoom in too tightly. Seeing the camera can sometimes make those being recorded feel uncomfortable, so wherever possible keep it out of their immediate eye line – even if that means sacrificing the technically best camera angle. Sound quality is equally as important as visual quality and cameras with less powerful microphones might need to be kept close by to get a clear recording of what is being said. The exact position you choose will depend on these kinds of technical features as well as room layout. The two diagrams below show some possibilities for typical consultation room layouts.



If there is enough space for the camera to be out of the patient's immediate eye line, positions **1** and **2** will provide a good side-on view of the faces of both optometrist and patient. Alternatively, positions **3** and **4** will give a good view of the patient's face without being in his/her eye line. If the camera needs to be closer in order to record sound effectively, then position **5** can get a good angle whist being relatively unobtrusive.



Once you have chosen the camera position, it is essential to **carry out a few practice recordings.** Put the camera into position and record for a couple of minutes with you moving around the room, talking to a colleague etc. This will help you to: 1) check the quality of the camera angle and sound; 2) get used to setting up and operating the equipment; and 3) get used to the feeling of being on camera.

Patient consent and privacy

It is very important to adopt good practice with regard to patient consent and privacy when making, watching and storing video recordings. Patients should only be recorded if they feel comfortable to do so and they should be **asked for their consent before recording begins**. People sometimes suggest to us that it would be 'better' to record

consultations secretly and then seek permission retrospectively, as this captures more 'natural' behaviour. However, this is potentially illegal and overlooks patients' rights to know what will happen to them in advance. Getting patient consent is very quick and simple – it can be done by reception staff when the patient arrives at the practice or by the practitioner right at the start of the consultation. Getting consent involves:

- telling the patient what is being recorded and why
- telling the patient who will see the recordings and how long they will be kept for
- making the patient aware that agreeing to be recorded is voluntary
- making the patient aware that he/she can change his/her mind and that the camera will be stopped immediately or any recordings made will be destroyed

In our projects we gave patients an information sheet explaining the recording process and asked them to sign a consent form when they agreed to be recorded. This enabled us to be certain that they had all the information they needed and ensured we were clear about their consent. The patient signed two copies of the consent form; they kept one and we kept the other. A sample information sheet and consent form are provided overleaf. Decisions about how patients will be asked to give consent should be made with the Practice Manager. You will also need to decide how to deal with patients who may be unable to give consent for themselves – e.g., children under the age of 16 and adults with learning difficulties. You might choose to allow a parent or carer to give consent in their place or may choose not to record them at all.

In addition to securing patient consent, it is necessary to ensure patient privacy by **making sure that completed video recordings are stored and used appropriately**. Once again this will involve making decisions with the Practice Manager. It is necessary to decide:

- *who will see the recordings.* It is essential that any recordings made are only used for the purposes of training. Therefore only those involved in the training should have access to the recordings and images from them should not appear on any advertising material, websites etc.
- *how the recordings will be stored.* To make sure that the recordings are only seen by those involved in training, they should be stored securely. This typically involves keeping physical copies in a locked drawer/cabinet and digital copies on password protected computers.
- *how long the recordings will be kept for.* Recordings should not be kept indefinitely and instead should be deleted once they are no longer needed. This may be immediately after a training session or after for after a longer period, e.g. a year, if you want to compare communication over time.
- *how to maintain patient confidentiality.* Generally speaking, it is a good idea to give the patient a pseudonym and use that rather than his/her real name in all discussions of the recording as well as in any written references to it – such as on the name you give to digital files. You might also choose to avoid referring to any highly sensitive patient details if they are not relevant to understanding the recording. This could include editing out certain parts of the recording before showing it to others.

Sample Patient Information sheet for video recording

[Practice logo]

[Month and year]

Information sheet for patients: Video recording in [name of practice]

At [name of practice] we are always looking to improve the service we give you. As part of this we are currently making video recordings of some of our patient consultations. This is for the purpose of communication skills development - we will look at the videos to make sure that our staff talk to you and listen to you in the best way possible.

We would like to ask you if we can video record your appointment today. This is a very simple process and won't add any extra time to your visit. The video recording will only be used by our staff for training purposes and we will take great care to protect your privacy and patient confidentiality.

Please read on if you would like more information about why and how we are making video recordings. You can also ask staff here if you any questions.

Do I have to be recorded? No it is totally up to you. If you don't want to be recorded, we won't record you.

What will happen if I agree to be recorded? Will my appointment be different? If you are happy to be recorded, we will ask you to sign a consent form and then your practitioner will turn on a camera at some point during your appointment. The camera is small and will be in place that doesn't disturb you. Your appointment will continue as normal: nothing else will change and it won't take any longer.

How will you use the video recordings? We will watch and discuss the video recordings we make in training sessions to help us think about how we communicate with patients. If we video your appointment, the recording will be seen by staff at [name of practice] involved in these training sessions. We will only use the recording for these training purposes and we will make sure that no one else sees it. We will delete the recording when we have finished using it – this will be in [insert time]. We will also follow strict procedures to protect your privacy and confidentiality. If you would like to know more about these procedures, please ask a member of staff.

What happens if I change my mind about being recorded? If you agree to have your appointment video recorded you are free to change your mind at any time. If you decide you no longer want to be recorded during your appointment, just tell your practitioner and he or she will turn the camera off. If you change your mind after your appointment, contact us at the address below and we will delete the recording.

Who can I talk to about these video recordings? If you would like more information before deciding whether you would like to be recorded, feel free to ask your practitioner or any of the reception staff at

[name of practice]. You can also contact us at any time after your appointment. If you have any serious concerns, please ask for [ ], our Practice Manager.

[Insert name, address, telephone number and email address of practice]

Sample Patient Consent Form for video recording

[Practice logo]

Consent form for patients: Video recording in [name of practice]

Please tick the boxes and sign your name at the bottom of the form.

I understand that my appointment today will be video recorded ☐

I understand that the video recording will be seen by staff at [name of practice] in communication skills training sessions ☐

I understand that [name of practice] will keep the video recording secure and will protect my privacy. ☐

I have been given a Patient Information Sheet and have had an opportunity to ask questions about being video recorded. ☐

I am happy for my appointment today to be video recorded. ☐

Patient name ----------

Patient signature ----------

Practitioner name ----------

Practitioner signature ----------

Date ----------

One copy for patient, one copy for practitioner

Making recordings

After all the preparations are in place, the process of making recordings should be very straightforward. Here is a step by step guide.

Before recording

- Check the camera is charged up/plugged in, with space on the memory card/internal hard drive.
- If necessary, check the microphone has working batteries and is connected to the camera.
- Fix the camera and microphone into position and put them on standby ready to record.
- Check that the patient has given consent to be recorded.

Recording

- Start the camera recording either before the patient comes into the room, or just before the phase of the consultation you are planning to record – preferably at a moment when no one is talking
- Simply leave the camera to record for the time you want and turn it off at the end of the phase (again at a moment when no one is talking) or after the patient has left the room.
- Allow a few moments at the start for you and the patient to get used to the camera, but turn it off if you feel that its presence is disruptive or making the patient feel overly nervous etc.

After recording

- As soon as possible after recording, transfer and save the file onto computer. This avoids the danger of the recording being accidentally deleted and means that the memory card/hard drive can space can be used again.
- Recharge the equipment ready for next time.
- If necessary use an editing program to divide the recording into smaller files to make them easier to play on computer.
- Store the recording securely in line with patient privacy requirements.

Using video recordings for communication skills development

Once you have made video recordings they can be used for communication skills development in a number of ways:

- **Individual observation/reflection** If you do not want or are unable to show recordings of yourself to others, they can be used for your own observation and reflection. You can watch entire consultations or particular clips to assess your own communication skills and use the template grid in Part 2 to record your reflections. If you choose to record yourself on a regular basis, watching video recordings provides an excellent way to assess how your communication skills change over time.

- **Pair observation** Video recordings are well suited to all forms of pair observation – informal peer observations, formal assessments, and learning observations in which you observation to learn from someone with more experience. The template grids in Part 2 can help to structure these observations. You will need to decide together whether will you discuss an entire recorded consultation or a specific part of a consultation plus what kinds of communication issues will be focused on. You will also find it helpful if you each watch (and make notes on) the recording individually before discussing it together and playing it again as necessary.

- **Group discussions** Watching and discussing video recordings with a group of practitioners can provide an excellent way to share experiences and ideas. You might choose to play and discuss one full length consultation recording per meeting or instead discuss a number of clips (from different practitioners) focusing on one phase of the consultation, type of patient etc. You can use Topics for Discussion in Part 1 of this section to help prompt what to talk about. It can be helpful to allow group members to see the recordings in advance of the meeting (via a shared cloud storage file etc.) as this will help the discussion to be more detailed and focused. It is important that everyone in the meeting can see and hear the video easily so you may need to consider using speakers and even a projector and screen. It is also important that the discussion is positive and constructive – as we discuss overleaf.

- **CET peer reviews and discussion** Video recordings are ideal for CET peer reviews and discussions. They can be used as a case to present for discussion and replayed if necessary as the discussion develops. This helps the discussion to remain detailed and focused, and to generate concrete outcomes. In Part 4 we provide a short guide to using video in CET peer reviews and discussions.

Conducting constructive and productive discussions of video recordings

Practitioners often worry about showing video recordings of themselves to others as they feel it leaves them exposed and vulnerable to criticism. It is therefore crucial that discussion of video recordings is conducted in a constructive manner that seeks to facilitate development rather than find faults. It is also important that a discussion achieves useful and concrete outcomes to fulfil its development purpose. Here are some steps to help ensure a constructive and productive environment in the discussion of video recordings for communication skills development. They can be applied to informal pair discussions, group discussions and CET peer reviews/discussions. Many of these points are also relevant to the use of video for formal assessment.

Making and preparing recordings for discussion

- Practitioners should **only record themselves if they feel comfortable to do so**. Likewise, showing the completed recordings to others requires the explicit agreement of the recorded practitioner.
- To help them feel comfortable, practitioners should have the opportunity to **decide which consultation(s) they would like to record and what parts of the recordings they would like to show to others**.
- The recorded practitioner should have **time to view the recording** and reflect on it before showing it to the rest of the group.

Organising discussion meetings

- As showing video recordings of yourself to others can feel a daunting prospect, it is very helpful if **the first person in a group to show a recording is the most experienced member of the group**. This helps others to become more familiar with the process of watching and discussing recordings before it is applied to them. Students in particular can benefit from seeing video footage of their tutors etc.
- If there is a lot of reluctance in the group about being recorded and/or showing footage to others, it can also help to spend some time (over a few sessions) watching archive footage available online, on DVD etc. **Once members have seen the benefit of discussing video recordings of others they may be more willing to be recorded themselves**.
- In any group discussion **one member should take the role of facilitator**. At the start of the meeting the facilitator confirms the aims, timing, and expected outcomes of the discussion. During the meeting the facilitator directs the discussion to ensure it remains constructive, runs on time and meets its aims.
- If possible, all group members should have an opportunity to see the video recording before the discussion meeting, to help prepare comments for feedback and discussion.

Discussing and giving feedback on communication in video recordings[1]

- When video of a group member is presented for feedback and discussion, a conventional approach is for others to comment first on what is 'good' in the recording and then what is 'bad'. However this can easily lead to the discussion becoming unbalanced and focusing more on the negative. It can also risk providing little relevant feedback to the practitioner.

[1] These points are taken and adapted from Kurtz, Silverman and Draper: Teaching and learning communication skills in medicine, 2nd Edition.

- A more constructive alternative is for the **recorded practitioner to set his/her own agenda for the discussion.** Either before or after playing the clip the practitioner provides comments about his/her feelings concerning the communication that occurs in the clip and what he/she would like to gain from the discussion. For instance the practitioner may request an assessment of his/her communication technique or to hear about similar experiences other members in the group have had and how they dealt with them. The facilitator then ensures that the discussion follows the agenda the recorded practitioner has set.
- To ensure that group members provide useful feedback about the communication observed in the video they should **describe what they see and hear BEFORE making any kind of evaluation of it**. For instance "You asked the patient what help she would like today and in response she talked about being worried about her deteriorating eye sight and getting cataracts. I think your question worked very well as this patient clearly had a number of issues she wanted to talk about and you gave her time to reveal them." Also "When you told the patient he needed a hospital referral he seemed quite confused and looked as if he wanted to ask a question. You started talking about something else. I think it would have helped the patient if you had asked him if he was okay or done something to reassure him and then given him a chance to ask questions". Providing descriptions followed by assessments avoids unhelpful generalisations (e.g., "You're not good at giving bad news") and helps the practitioner to acknowledge and reflect on his/her own practice. If necessary the relevant part of the recording can be played again to help the discussion. If the meeting involves showing clips recorded by a number of different practitioners, this process will be repeated each time.
- The facilitator should ensure that there is **balance in the discussion to include issues of communication in the clip that went well and issues for potential improvement**. In particular if the recorded practitioner has a tendency to be highly self-critical, the facilitator should encourage other members to describe what went well.
- The discussion can **draw on wider issues** relevant to the agenda set. These may relate to GOC core competencies, CET materials, our Guide to Communication, Practice policies etc.
- The discussion can include suggestions, and even role plays, of **alternative approaches to communication in the scenario shown in the video**.
- **It is not necessary to achieve consensus in the discussion about how to communicate.** There is rarely a single 'right' or 'best' way to communicate in the optometry setting and almost all communication practices have both pros and cons.

Achieving useful and concrete outcomes

- At an appropriate point, the facilitator **returns to the agenda set by the recorded practitioner** and checks that he/she feels this has been met.
- **The facilitator should then encourage other members of the group to comment on what they have gained from the watching and discussing the video recording**. For instance, they may have begun to reflect on their own communication style or been encouraged to try a new technique etc. This ensures that the video recording is a development tool for the whole group not just the individual practitioner(s) recorded.
- To close the meeting group members suggest future steps – such as when the next meeting will be, who will be showing a video recording, what new communication techniques or training activities they will try before the next meeting etc.

Part 4: Communication skills-based CET peer reviews and discussions

The GOC now expects optometrists to take part in one peer review or discussion as part of the CET cycle. These sessions involve the discussion of interesting and unusual cases; optometrists are recommended to attend them regularly as they can provide an effective and enjoyable part of continuing professional development. The College of Optometrists provides various guidance documents for both peer reviews (a small group of people who bring their own cases for discussion, with one member nominated to facilitate) and peer discussions (a structured case based discussion using examples provided by a facilitator). This guidance is reproduced overleaf.

Cases concerning communication in optometry settings are an ideal fit with the CET peer review/discussion format and can be highly effective for communication skills development. The results of our scoping exercise showed us that practitioners find group discussions one of the best ways to develop their communication skills and this format provides an excellent opportunity for participants to share and learn from different experiences and perspectives whilst also gaining necessary CET points.

In this final part of the Skills Development section we provide a short guide to running communication skills-based CET peer reviews and discussions.

Communication case studies
In peer reviews group members present for discussion cases they have found 'interesting, unusual or puzzling'. In peer discussions the facilitator presents similar kinds of cases or patient scenarios for group discussion. Here are some ideas for communication based cases or patient scenarios.

Patients with whom it can be difficult to communicate

- patients with limited spoken English (who attend with or without a translator)
- patients with learning difficulties/limited ability to understand (who attend with or without a carer)
- children (who may be anxious, find it difficult to concentrate or understand etc.)
- nervous patients
- 'know it all' patients

Difficult/complex communication scenarios

- soliciting symptoms and history from a patient who is attending for the first time and has very little knowledge about eyes and eye care
- soliciting information from a patient with a set of very complex and/or unusual symptoms
- testing a patient who displays a lot of concern to 'do well' in the examination
- testing a patient who appears unable/unwilling to answer test questions decisively or accurately
- giving a complex diagnosis
- giving advice to a patient who appears unlikely to follow it
- giving findings and advice that contradicts the patient's own assessment of his/her eye status and needs
- delivering very bad news
- responding to a patient complaint

Presenting cases

The ideal way to present a case is to show a video recording of it – either of the entire consultation or the most significant parts of it. This reduces reliance on memory recall and enables all members to see the details of the case directly. Parts of the video can also be replayed as necessary as the discussion develops. If a practitioner has video recorded him/herself but does not yet feel comfortable to show the recording to others, he/she might choose to watch it alone and make detailed notes which are then presented to the group.

If video recordings are not available, detailed notes are another effective way to present cases. When participants present their cases from notes they may find it helpful to prepare these notes using the worksheets for individual observation in Part 2 of this Skills Development section. This will help them to identify relevant details and topics for discussion. Similarly participants might like to base their case on a recently observed consultation and can use their notes (for instance from the other observation worksheets and grids in Part 2) as the basis for this. Peer discussion facilitators may find our Guide to Communication and Topics for Discussion useful for drawing up patient scenarios.

Preparing for the peer review/discussion

- Once the group has decided on holding a communication skills based peer review/discussion, the facilitator or member presenting the case can choose what type of case to present and whether to use video or notes. Part 3 of this Skills Development section gives detailed guidance on making video recordings in optometry settings. Our Topics for Discussion (Part 1 of this section) and Guide to Communication can help with choosing a case. As mentioned above, observation notes can help prepare the details of the case.
- If video will be played during the session, the facilitator and/or group member presenting the video should make sure that there is a computer for the video to be played on, speakers to ensure everyone can hear and perhaps even a projector and screen so that everyone can see clearly.
- When a video will be played during the session, it can be helpful to make the recording available to other group members beforehand (via shared could storage files etc.) so that they can watch it in advance and prepare some comments.

Conducting the session

The College of Optometrists provides detailed guidance on how to conduct peer reviews/discussions so that they are enjoyable and effective. When video is used this guidance can be combined with our guide to ensuring discussions are productive and constructive.

1. The session facilitator makes sure that the room is set up, that refreshments are available, that the session starts on time and that an ice breaker is conducted if necessary to help group members get to know each other.

2. The facilitator confirms with the group how long the meeting will last, what the aims of the session are, what will happen during the session and how confidentiality will be maintained.

3. The group member presenting the case gives details of the case and why it was chosen. If the video is being used, a short factual introduction is needed before playing the video. The

group can decide whether they would like to see the entire recording at one or break it into smaller sections with discussion in between.

4. Group members have an opportunity to ask factual questions about the case.

5. The group member presenting the case puts forward particular issues he/she would like the discussion to cover.

6. The group discusses the communication issues occurring in the case. For instance:
- how the practitioner in the case communicated with the patient, how the patient responded, and what consequences this had for the consultation. Were there some significant challenges, difficulties etc?
- the pros and cons of the communication techniques used by the practitioner in the case.
- possible alternative communication techniques and their pros and cons
- group members' experiences of similar cases. How have other members encountered and dealt with this kind of scenario? Have they developed skills and practices they feel are particularly effective? What would they like to learn about dealing with this kind of case?
- Recognising the patient perspective. Why might the patient behave, respond etc. in this particular way? Are there some misunderstandings, concerns etc. that the practitioner might be able to help the patient overcome?
- relevant GOC core competencies.

7. The facilitator makes sure that the discussion remains focused and constructive. This includes ensuring that the issues raised by the member presenting the case are discussed and that there is a good balance between focusing on 'positive' issues of went well in the case and 'negative' issues of areas for improvement. When a group member's own case is being discussed (either through notes or video), it is particularly helpful to encourage others to comment factually on what happens in the case before giving an evaluation of it – e.g., 'This patient was very talkative. You asked her a lot of open questions and she responded with long answers full of unimportant information. Then you ended up having difficulties with time management. If you asked her a few closed questions, this would have helped you as she would probably have talked less'. It is not necessary to reach consensus and group members should be encouraged to acknowledge that there is very rarely a single 'right' or 'wrong' way to communicate.

8. The group jointly produces a summary of the discussion and its main outcomes. Then individually members comment on what they have learnt and what they might put into practice in future.

9. Participants write up reflection notes to transfer to the GOC's CET system.

10. The facilitator encourages members to comment on how useful they found the session, whether they feel the objectives of the session were met what they might do differently next time. The facilitator also encourages the group to set a date for the next meeting and to decide who will present a case.