

Effective Communication – Breaking Bad News & Managing Difficult Conversations – Webinar Q&A responses by Lorcan Butler

1. **Any top tips for when the patient is happy and understands their optical situation but their spouse/partner is the one questioning and not listening to your answers!**

Try to help them understand by breaking it down into layman's terms; try to answer their concerns and fears. Eventually the patient is your sole concern and you must adhere to their decisions. Obviously if the patient has a cognitive condition and the spouse/partner is their carer it is difficult. Given PILs to the spouse, ask them to have a think about it, and make an apt to come back for further discussion if you think this is helpful.

2. **As a locum DO what should I do if the practice I work in does not encourage note taking**

You have to record all information that was discussed. In the GOCs eyes if it is not written down, it didn't happen, you need to record the information either on the computer record system or on the notes. One if not both would be the recommendation.

3. **Breaking bad news to children and their parents. Would your advice differ?**

Yes depending on age of child, say under 16, maybe leave them out of the communication loop, and pass on the information for the parent to tell the child. They will know how to better communicate with their child. Are they a worrier, will they get in a panic. Especially true if the child is on the autism spectrum or has SLD (specific learning difficulties).

4. **Can you ever get a second chance if you have blown it the first time with a patient or you have lost credibility?**

Yes. Show candour and honesty and put your hands up. Most people prefer honesty and will be forgiving. Apologise, explain what happened, draw a line in the sand and move on. We are all human, we all make mistakes.

5. **Do you find age gap with staff to patient a problem if big age gap**

Yes people prefer dealing with people of their own generation, females prefer females, presbyopes prefer presbyopes, younger generation prefer newly qualified, older generation want to see the same person as last time 'as they know their eyes'

6. **Do you find yourself rattling off the same info or language (robot-like?) when delivering bad news that you regularly have to deliver? If so, how do you get round this to be more individual?**

Yes it is quite repetitive but be genuine. I say the same thing but I say it genuinely as if it is the first time I have told somebody.

7. **How and ways to address breaking bad news when there is a language barrier?**

Write it down; speak with family/friend who is translating. Always make sure they can ask as many questions as possible. Sometimes words do get lost or mixed up in translation

8. How do we explain to a patient on collection that their reading has deteriorated and field of view is worse and this is why they can't see better?

Honesty, just explain the findings are worse than previous, that by making the glasses stronger will not make it any better. If you are not happy having this conversation book them back in for a recheck/chat with the optom. They will demonstrate that by making the glasses stronger will not improve the situation. Gentle, caring approach needed.

9. How do you distance yourself from the emotions involved?

Very difficult, it comes with experience.

10. How do you suggest responding to a Px who says, "I've been coming here for years, why did Mr so & so (previous optician) not tell me before?" when a Px's condition is clearly advanced?

No point in looking backwards always be positive. Mention to the optom, if they are still there to ask, if this was told, the patient may be forgetful. The optom may need to improve their communication skills too.

11. How long should we allow for an appointment of this type?

Same as your normal appointment time.

12. How to communicate information on to family members/partner if they are not there on the day without offending patient?

Book them in for another apt, or book in a telephone slot that you can speak to family member over the phone, this needs to be recorded on patient record.

13. How would you improve the wording emphasising the importance of a hospital referral if you gather that the Px is being apprehensive about going following your advice without worrying the Px?

You have to respect their wishes. I would say something like some appointments are important, this is one of those appointments where attendance is strongly recommended. It is in your best interest.

14. How would you deal with a patient who confronts you with their bad news e.g. "I fell down the stairs because you didn't explain to me how to my use varifocals properly"?

Candour and own up, or check that the Px was told and did not listen or ignore the advice. Some opticians give out a Varifocal leaflet on how to use their glasses especially for first time Vari wearer.

15. How would you deal with a situation whereby you feel you need more time to communicate with a Px but you are being pressured to speed things up and lack of time being allocated by your superior

Arrange a phone call to discuss further at a quieter time, i.e. 1st thing in am or last thin in pm. Arrange another appointment at these quieter times. Avoid booking in potential problem patients at the bust times i.e. lunch when everyone is in a rush, patients & staff.

16. If a Supervisor is with you, do you need the patient's permission for them to be there?

Yes, record it on the patient record. Explain, I would just like my colleague to sit in on this one if that is ok?

17. If someone has significant psychological difficulties, does your way of handling things change?

Yes. Speak to their family member, carer etc. Is there any point in referring onwards unless it is significantly impacting vision or lifestyle?

18. If you as the practitioner do not believe that, the Px has understood or taken on board the information given, despite your best efforts of delivery, would you follow up on your own initiative with the Px or perhaps book them back in for a return visit to re-iterate.

Yes do both, phone them after 1-2 days, give them time to gather all the info and deal with it. Tell them that you door is always open for them regardless of how silly it seems.

19. If you had witnessed a colleague communicating poorly how would you approach them to help them improve for the future?

Ask them if they felt if that episode went well. Suggest your way of dealing with it, such as 'I know that was difficult but perhaps I would have said this or done this'. Suggestive comments rather than critical comments. At next 1-2-1 it could be addressed by your superior, boss, employer.

20. I've had a patient burst into tears when they were about to do a DVLA test, I gave them tissues and asked if they wanted a drink, I left them in the room whilst getting the drink, knock and went back in the room... is it ok to leave the room or best not to?

Yes of course it is, sometimes people just need a 1 min break to compose themselves

21. What happens if you are follow all process such as SPIKES and patients still complain to GOC about you based on bad news Px's been given.

Record, Record, Record. GOC will pass this on to OCCS for resolution. You did not do anything wrong, the patient is just angry about the news. You can't make everyone like you.

22. What is the best way to handle objections? Often Px are in denial & don't want to hear what you are saying - how do we 'win them round'?

Repeat, Repeat, Repeat, learn how to say things in 2-3 diff ways- Clinically, Layman terms, and friendly terms 'I'll be honest with you' or 'can I give you some advice'.

23. What notes do you leave on the customer record?

Everything that was discussed in clear, concise and contemporaneous manner. If it is not recorded, it did not happen in the eyes of the GOC.

24. What would you do regarding bad news to children where the parents are separated?

Explain to the parent- 'would you like me to pass this info onto your ex or would like to do it?' Then when you meet the ex you can say 'I believe your ex was going to inform you of your child's findings, did that happen Ok?'

25. What is the most common miscommunication within optics?

Not being honest, not telling a Px your findings, they go elsewhere for a second opinion and are told the truth; they begin to lose confidence & credibility in you and your practice.

26. When asking the patient to come in for a chat/diagnosis, shouldn't the Px be asked in advance if they want someone with them? Privacy? Some elderly can be very secretive with family members.

Yes, you can invite, but you cannot force, if Px does not want their family members not knowing, you have to respect that.

27. How to address breaking bad news to a patient with significant hearing loss?

Write it down, Patient info leaflets, signpost to websites, invite them back for another apt when they have done all their homework. It is all visual news for them.

28. How can you break bad news to a patient and avoid the patient losing their trust in the practice or you as a profession?

Showing Candour & Honesty at all, times will be respected. Being deceitful and not transparent will make people lose confidence and trust.

29. As DOs we often are thrown in at the deep in end with this in a busy clinic. For example, I had a keratonic Px who can't wear CLs and whose corrected vision with specs makes them below legal limits for driving. I was left with a distraught Px in a busy clinic, a situation that could not be pre-empted. What to do in such a situation?

Clinic Management- Look at the clinic the day before, and again that morning and try to identify the 'Red Flags'. You probably do this for expected Dispenses and looking at where your daily dispenses will come from. Anyway, look at the potential problem ones and speak to optom and manager about your concerns. If no time on the day be honest and say you will phone the personally at a later time when you can give them 100% focus and attention to them.

30. If a Px is really upset - crying etc. - is it ever okay to reach out & comfort them?

Of course, a gentle tactile touch on the elbow, knee can break down many barriers.

31. I've often been caught out by mentioning fairly common issues, most commonly cataracts, with Px's being caught unawares of slight changes. How can I approach my optometrist about mentioning more routine pathology?

Candour & Honesty, get them to say to people in their 60s, 70s and 80s about Cataracts more often, give those PILs in the testing room.

32. What do you do if asked a question by a patient but the information isn't on the record due to lack of note keeping by you colleague?

Be Honest, do not lie, 'I'm sorry I don't have access to that info it wasn't recorded'. I will double check with the colleague you were speaking to and confirm this, you are not being deceitful, or being awkward, you are just being honest.

33. When you talk about empathy, do you check their understanding of what they are experiencing?

Always do a self-check with PX: Do you understand what I have said, do you have any questions. People are often too scared to ask questions, I always say there is no such thing as a silly question.

34. Would you put on the Px notes whether you involved family members / friend / someone else?

Yes all the time.

35. Is there certain patient / consultant laws with breaking bad news with a patient's family members?

Always respect the patient's wishes. If they do not give you, consent then you cannot inform family members. Look at Consent and Capacity to consent GOC website. Dispensing Optics journal CET 192- Standards of Practice- Avoiding a wrong turn: Part 2 by Andrew Keirl.

36. What if a family member approaches you at a later date on their own to ask questions about the patient, how can we deal with discussing the matter without the patient present?

Be Honest and show respect. The majority of family members will want to help and do right for the family member. The majority of them mean well especially if there is early cognitive disorders. Record the conversation and always end 'I would need to run this by your....'

37. When would you stop giving information? When is it too much information?

You can do yourself an injustice by talking too much. Give the facts, repeat and answer any questions. Sometimes people do not want to listen, rabbit in the headlights, ask them to condense the info you have given them and make a return apt to answer any fears, concerns

38. How would you address if a patient feels that the diagnosis is incorrect and wants a second opinion?

Suggest it; quite openly say if you would like to speak to another member of the team, or get a recheck with another optom please feel free, you are showing candour and transparency.

39. How do you handle patient that is aggressive if you feel threatened by them?

Suggest that you will discuss this further at another time when the person has time to accept all the info you have given them. Offer to boom them in for another apt, a telephone consultation. If you feel threated, ask member of staff to help you.

40. How do you overcome with a patient whom you have broken the bad news and they have become frustrated and angry and you have to try to calm them down but this hasn't helped or worked?

See answer to 39 above

41. Do you have any tips when dealing with a patient who is hostile after receiving bad news?

See answer to 39 above

42. What is the best advice you can give me when giving someone bad news and they get angry?

See answer to 39 above

43. What is the best way to communicate to an angry customer who is refusing to believe they need driving spectacles?

Talk the truth; you no longer meet the driving standards without glasses, like wearing a seat belt or using a mobile phone when driving. 'I'm sorry I don't make the rules I just apply them'. Anyone who cannot read that the line must wear glasses for driving. You do not have to walk around with them; just leave them in the car. If you were stopped and asked to read a number plate you would fail and receive penalty points on your licence plus a fine.'

44. In regards to driving standards, are there any situations where you would take further action if the patient insists on driving when they are blatantly and obviously not legal to drive?

Yes, you would seek help for your professional representative bodies, ABDO, AOP, and FODO. The Px is responsible for informing the DVLA/DVA, put your advice in writing and record your advice, maybe by sending a letter recorded delivery by post. You have a duty of confidentiality to the PX, but this can be broken if it is the public interest to do so. If you conclude that the public interest outweighs the duty of confidentiality, you should notify the Px that you will be informing the GP and/or DVLA.

45. If a patient is using ready readers for driving how would you best advise patient to have prescribed glasses?

Ready Readers are not prescribed glasses; they do not correct the full prescription.

- 46. What would you do if the customer is angry and does not consent to involve another member of family about their failure to meet the driving standards?**
See answer to 45 above
- 47. Best way of managing the customer who does not agree they do not meet the driving standards?**
Ask them to get a second opinion
- 48. Also in relation to DVLA tests, where we are not allowed to tell the Px anything, how do you deal with folk who ask you anyway?**
'Sorry I don't interpret the test I just perform it.'
- 49. We have patient leaflets available and invite the patient to pick them up rather than handing them over.**
Yes, that is good practice; just make sure they read them
- 50. Is it good practise to give out leaflets during COVID? We have taken away leaflets in the waiting area.**
No you re following the best ICP advice, nobody has leaflets, people can print downloadable resources from online
- 51. Should we still handout copy Rx in this pandemic?**
Ask the patient. 'I'm supposed to give you a copy I can email you if you wish, or if you would prefer not that is Ok too.'
- 52. Just an idea - people can print leaflets from AOP on demand or email them?**
Yes
- 53. With the current situation, it is difficult to have the same rapport with Px's and having eye contact etc. Any suggestions, the PPE and distancing makes it more difficult**
Good question- look for non-verbal sign, Body language signs, open closed body, hand position, leaning in or leaning away, eye contact, affirmative active listening or passive listening.
- 54. Currently patients & ECPs are all wearing masks covering our/their faces, this makes reading facial expressions very difficult. Do you have any tips reading body language in these circumstances?**
See answer to 53 above
- 55. Given current COVID situation and trying to reduce the barriers, any advice given we have screens, masks etc. in the way?**
Offer a telephone call especially if they have hearing issues or difficulty speaking with a facemask, they will not have those issues in their own home.
- 56. How much does the wearing of facemasks impact on communication?**

Huge impact, you can see the subtle body language signs, you do not get those nonverbal signs

57. With COVID can we soft touch?

If you are wearing full PPE, apron & gloves at your discretion.

58. Best advice to a Px who has called in with COVID symptoms but also experiencing flashes & floaters

F&F would need to be triaged by your Optom to warrant if they need an Urgent & Essential appointment. A lot of detached retinas were detected during routine appointments.