

Can Your Patients Hear You?

Good communication can make all the difference in how patients perceive the outcome of their refractive surgery.

BY ROBERT K. MALONEY, MD

In a refractive surgery practice, postoperative visual acuity and quality are of the utmost importance. Do not make the mistake, however, of thinking that 100% of your success comes down to vision. Poor communication preoperatively or postoperatively between you and your patients can make them disappointed in a seemingly successful surgical outcome. Furthermore, if you do not have an effective system for communicating with your patients at all points in the surgical experience, at least some of them are bound to be unhappy. At worst, an unhappy patient becomes a litigious one.

Communication is especially important in refractive surgery for many reasons, not the least of which is the elective nature of refractive procedures. As a result, your patients will be keenly aware of any deviation from their expectations. This article shares some tips on how to improve and streamline your interactions with patients to ensure that they are hearing—and understanding—the information that you provide.

HAVE AN EDUCATIONAL PLAN

At the Maloney Vision Institute, my staff and I follow a well-defined algorithm for each and every patient. For example, anyone who comes in for a LASIK evaluation immediately views an introductory video that addresses the benefits and risks of the procedure as a foundation of knowledge.

Every step afterward is explained carefully and in detail to the patient. At the autorefractor, the techni-

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cian performing the refraction explains what he is doing and how the measurements might make the patient a candidate for LASIK, a phakic IOL, or refractive lens exchange.

After the refractions and any testing for monovision, patients receive a verbal informed consent. The technician then presents the patient with a written checklist of the risks associated with a refractive procedure (eg, the loss of BCVA, nighttime glare, infection). The staff goes down the list with every patient to explain each risk fully.

Next, I enter the examination room to answer any questions that the patient has. I will also assess the patient at this time to confirm his candidacy for the selected refractive procedure.

I am confident that every patient who goes through the aforementioned process is very well educated about the benefits and risk of LASIK.

MAKE COMMUNICATION AN ONGOING PROCESS

It is important to communicate with patients throughout their surgical experience. If they choose to have a

comprehensive dilated examination, extra information is required regarding the purpose of the assessment. When patients are ready to schedule surgery, they receive a written checklist containing preoperative instructions. My technicians do not just hand this document to patients; they verbally review each line item.

We also provide patients with a contact person for any questions they have after leaving the office.

TRAIN YOUR STAFF WELL

Having staff flawlessly execute a communication algorithm is crucial. At Maloney Vision, new staff members must complete training that lasts approximately 3 weeks—a mini-apprenticeship for counseling patients. We generally hire ophthalmic technicians, and, although they are skilled, often they do not have the communications skills that the practice requires. During their mini-apprenticeship, new hires learn how to accurately describe the risks and benefits of LASIK.

Only after passing a test on their knowledge of the basics of refractive surgery may they see patients under the supervision of the senior technicians. At the end of this training process, new ophthalmic technicians are ready to counsel patients independently.

KEEP THE MESSAGE CONSISTENT

Each morning, I have a 5- to 10-minute meeting with my entire technical team, which I call the *tech huddle*. This is regular opportunity for them to ask me questions and for all of us to clarify communications issues. For example, if a patient asks me a question that seems incorrect (eg, “glare goes away eventually, right?”), I broach the matter at the tech huddle and make sure my staff has the correct information.

General staff meetings every 2 to 4 weeks and e-mail communications to staff also serve to maintain a consistent message to patients.

At the Maloney Vision Institute, our primary message is that we put the patient’s interest first. This philosophy guides all of our external communication, from the counseling of patients to the advertising for the practice.

ENSURE THAT THEY ARE LISTENING

All of the speaking we do is useless if the patient does not hear the information. I have had patients who were unhappy with their postoperative vision claim that I left out key information during the informed consent. To ensure that patients hear what I say, I try to demonstrate what their postoperative vision may be with trial frames and sometimes contact lenses. Alternatively, I will demonstrate glare by having a patient view a penlight across a darkened room.

I should mention that I have turned a number of patients away because I knew they were not hearing me, despite my best efforts to communicate. In these instances, I simply say that, in my professional opinion, they are not good candidates for refractive surgery.

COMMUNICATE WHEN THINGS GO WRONG

When problems with patients arise, I believe an apology is appropriate, even if you did nothing wrong. It is critical to acknowledge an error or undesirable outcome, however, and saying you are sorry is a perfect way to achieve this. Many ophthalmologists are afraid to apologize, because I believe they feel it is an admission of guilt when rather it is showing that they care. In my opinion, patients would be happier, and there would be fewer lawsuits if doctors acknowledged a less-than-perfect result.

For me, the first step is an apology: “I am sorry that you are unhappy. I realize that this has been very difficult for you [for whatever reason]. Here is what I propose to do to fix this situation.” No admission of guilt has been made. The patient does not feel abandoned and is more likely to be satisfied in the long term.

CONCLUSION

Patients desire and deserve consistent communication throughout the surgical process. It takes hard work to establish an algorithm for communication, but the effort results in happier patients and a stronger practice. ■

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