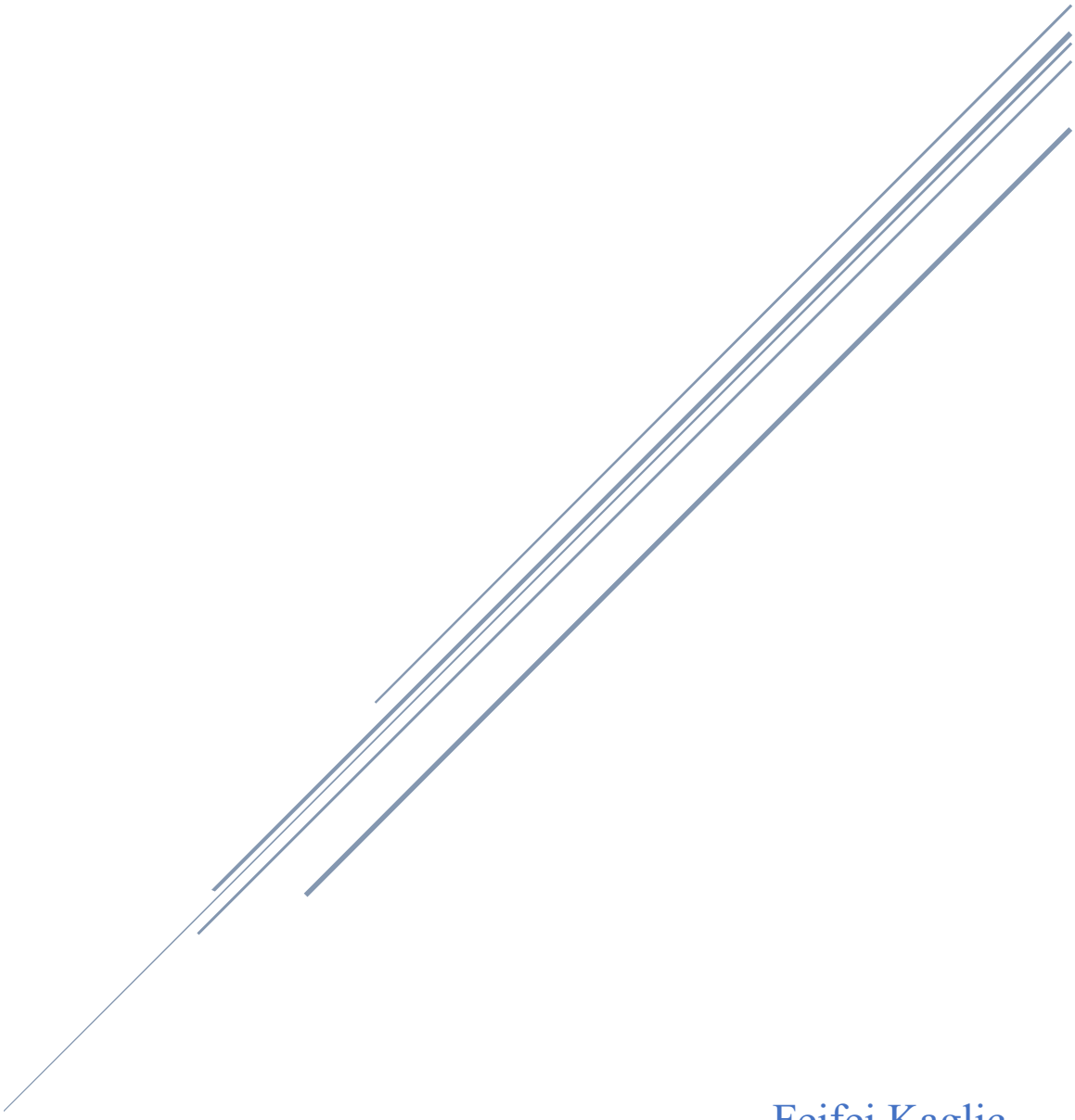
SEEING EYE-TO-EYE

A Training Program for Optometrists on Effective Patient Communication



Feifei Kaglic
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PROJECT OVERVIEW

Eye problems are a prevalent issue among the population in the 21st century where everyday tasks in education, work, personal care, and leisure bind individuals to technological devices that emit harsh blue light for hours on end. Though optometric care is available to anyone with the means of access, a communication gap exist between trained professionals and regular patients. Optometrists are familiar with a variety of jargon that identifies any potential eye complication, but the average patient will most likely not understand much about eye health given that public education often neglect self-care principles. Two programs in renowned optometry schools within the United States lack courses dedicated to patient communication. On-site observations reveal frustrations between optometrists and patients when they cannot understand each other. Even if a provider can diagnose the issue, healing will not be possible if the provider cannot effectively communicate the problem and potential treatment options to the struggling patient.

This training program on effective patient communication aims to bridge the gap between optometrist and patient. During this course, providers will be taught techniques to convey diagnosis and treatment plans with clarity, patience, and empathy. It is important that providers are able to communicate their findings so the patients can be well-informed in making their next decision toward ocular health. With scenario-based learning, self-paced modules, and an andragogical approach, this course will equip optometrists in practice with the knowledge they need to help their next patient toward recovery.

NEEDS ANALYSIS

As stated in the project overview, this course is dedicated to bridging the communication gap between provider and patient so both parties can work together and pave the way toward lasting ocular health. The following needs analysis presents the types of data collected, the detail of such data, the target demographic, and the performance gap that warrants the existence of this course.

Data Collection

Several practices were utilized to procure qualitative data. First, an on-site observation at Taylor Retina Center in Wake County was conducted where a conversation between a female patient and her optometrist was observed. The young white optometrist showed visible signs of impatience as his voice took on a sharp edge and a sigh or two accompanied his words. The female patient was struggling to understand the optometrist's explanation, asking question after question after question. Finally, the optometrist printed off an online article about ocular headache and handed it to her in lieu of a response from himself.

The female patient was interviewed about her experience with the optometrist at Taylor Retina Center as well as her time with a doctor at Mitchell Eye Center in Goldsboro. The patient denoted that she was anxious about not being able to understand the doctor, yet she was afraid of asking too many questions that would irritate her providers. It is important to note that the patient's mother tongue is not English, which erects an additional linguistic barrier between patient and provider.

The author of this proposal spoke with a nurse who served as a middleman between herself and the same doctor at Mitchell Eye Center about her possible conjunctivitis. Though the author is fluent in English, the doctor did not offer a clear diagnosis. He told the nurse to deliver a vague message about warm compresses.

As for quantitative data, the coursework for optometry programs in two colleges, the first being the Illinois College of Optometry and the second being the Pennsylvania College of Optometry, were analyzed to see if there existed courses dedicated to patient communication. There was none.

Articles on patient communication published in popular online vision care magazines were also examined as these articles act as one of the first points of consultation for practicing optometrists. There were not many dedicated to patient communication.

On-site observations and interviews demonstrate existing practices of patient communication that is currently being employed by optometrists at different locations and how such practices impact both practitioner and patient. Analysis of coursework offered by optometry colleges showcase whether

communication training is provided during a practitioner's school years. The popular magazines are a hotspot for optometrists to keep up with the latest news and updated practices, so it is important to consult these as well.

Target Audience Analysis

The target audience is optometrists who have already graduated and have started working. Most optometrists must complete a graduate program in order to become certified practitioners. Since academia is rife with elitism and is a privilege for the upper-class, most optometrists will most likely be white men and a few white women who can afford the education. All the eye doctors observed were white.

Given the fact that these optometrists are adults, their learning preference would be largely rooted in andragogy. However, since most are probably white, ethnocentric barriers may exist when it comes to communicating with minority patients.

Performance Gap Analysis

As shown by the Illinois College of Optometry and the Pennsylvania College of Optometry, coursework does not include courses dedicated to patient communication. Most of the courseload focuses on clinic work, anatomy, and eye diseases. Even if optometrists can successfully identify the problem with a patient's eyes, it would be fruitless if the optometrist fails to communicate the issue to the patient with clarity, patience, and empathy. Optometrists may grow frustrated with the patient's many questions as seen during my on-site analysis. Moreover, patients may dismiss the optometrist if the patient is not made aware of the ramification of their eye problem as well as the treatment options available. Both of these situations would prove to be disastrous to the patient's eye health. Furthermore, it does not help that public education often neglects to cover eye health, which means that patients will most likely not know what to do when it comes to ocular problems. Therefore, it is crucial to create a patient communication training program for optometrists so practitioners can successfully convey ocular diseases and treatment options to patients who can then take the necessary steps to save their eyes.

LEARNING OBJECTIVES AND OUTCOMES

By the end of this course…

1. Optometrists will be able to explain complex ocular conditions to patients by simplifying complex jargon into understandable terms.
2. Optometrists will be able to clearly communicate the pros and cons of each possible treatment options and make recommendations to patients in an understandable way.
3. Optometrists will be able to understand the perspective of anxious patients who are afraid to ask too many questions and develop empathy by placing themselves in the patient's position.
4. Optometrists will be able to exercise patience by empathetically listening to patients without demonstrating irritation such as sighs, rolling of eyes, and refusal to repeat.

By completing this course and gaining these skills, optometrists will be able to engage in communicate with clarity, empathy, and patience. Such learning outcomes will empower providers to inform patients of their ocular problems, convey the pros and cons of potential treatment plans, make the best recommendation, all the while communicating in a respectful and soothing manner that the patient can understand. Only when patients and providers see eye-to-eye can the journey toward ocular health succeed.

INSTRUCTIONAL STRATEGIES AND CONTENT

Instructional Strategies

The course will be self-paced and online to accommodate the arduous work schedules of optometrists. To best serve the target audience, an andragogical model will be applied when designing this course for adult learners who are more autonomous and more motivated by practical skills that they can immediately apply to the workforce. The self-paced nature of this course will empower optometrists to take learning into their own hands. Hosting the course online on a Learning Management System allows

for accessibility, but it also means that technology in the form of computers and the Internet must be present for the course to be completed.

The course itself will be divided into six modules with the first serving as introduction and the last acting as conclusion. Multimedia elements in the form of scenario-based videos and interactive quizzes constitute the majority of the course. The optometrist cannot move on to the next segment of the course without completing the previous ones and passing the Final Module Quiz with score of 90% or higher. A certificate of completion can be printed upon finishing all six modules with a satisfactory grade.

Module	**Learning Objective**	**Content Outline**	**Estimated Duration**
Introduction To Effective Patient Communication	-	• Scenario Video that shows an everyday appointment in an optometrist's office where the patient and the provider are unable to communicate effectively. Shows both the provider's and the patient's perspective in a way that directly addresses the audience. Highlight what will happen if the communication gap is not resolved: the patient can suffer long-term eye damage.	15 Minutes

		• Introductory Video on the importance of effective patient communication that emphasizes what is at stake for the patient. • A quick Anonymous Course Survey asking for basic demographics of the user for data collection and future improvement purposes.	
Communicating Ocular Conditions	1	• Scenario-Based Video showing poor patient communication riddled with jargon as the optometrist attempts to explain ocular migraines to a confused patient. • Scenario-Based Video showing effective patient communication with simplification and clarity as the optometrist explains ocular migraines to an understanding patient.	30 Minutes

		• Interactive Quizzes asking the optometrist to explain ocular conditions in simple and detailed terms. • Final Module Quiz. Must pass with a 90% or higher prior to advancing.	
Communicating Treatment Plans	2	• Scenario-Based Video showing poor patient communication riddled with jargon as the optometrist attempts to explain treatment plans to an upset patient. • Scenario-Based Video showing effective patient communication with simplification and clarity as the optometrist conveys treatment plans and involve the patient in decision-making that ultimately leads to a next step of action. • Interactive Quizzes asking the optometrist to explain	30 Minutes

		treatment plans in simple and detailed terms. • Final Module Quiz. Must pass with a 90% or higher prior to advancing.	
Communicating With Empathy	3	• Scenario-Based Video showing the patient's side as a situation plays out where the optometrist grows increasingly impatient. • Interview Video asking patients about their most recent optometry experience and their suggestions on what the provider could've done better in terms of communication. • Interactive Quizzes to ensure content retention. • Final Module Quiz. Must pass with a 90% or higher prior to advancing.	30 Minutes
Communicating With Patience	4	• Scenario-Based Videos paired with Interactive	30 Minutes

		Quizzes where a patient is presented to the optometrist who has to explain either an ocular condition or a treatment plan. Repeat three rounds to build patience. • Final Module Quiz. Must pass with a 90% or higher prior to advancing.	
Conclusion	-	• Video congratulating the optometrist on completing the course and inform them of their printable certificate. Encourage them to practice what they have learned from the course in their work lives. Gently remind them that the course is only the beginning. Thank them for their time and participation.	8 Minutes

ASSESSMENT AND EVALUATION

Assessment Methods

Participants will be assessed using both formative and summative methods. The open-ended interactive quizzes built into each of the four core modules will serve as formative assessments in that participants are free to practice module concepts without affecting their grade or progress. The final module quizzes will serve as summative assessments in that the participant must score 90% or higher before they are allowed to advance to the next module. The final module quizzes will be set up in a style similar to the interactive quizzes and will prompt participants to apply everything they have learned in the module.

Evaluation Plan

The Kirkpatrick Model of Training Evaluation will be used to craft user questionnaires for optometrists and optional surveys for patients. Emails will be sent to registered optometrist who can then fill in the user questionnaire and distribute the optional surveys to patients.

For the optometrists, questions will center around the Kirkpatrick principles of Reaction (how did the optometrist feel about the course and was it helpful), Learning (was the optometrist able to understand the lessons taught by the course), Behavior (has the optometrist been able to apply what they learned in the module in their everyday professional lives), and Results (has patient communication become more effective from the optometrist's viewpoint).

For the patients, questions will mostly center around their feelings during their appointments as to whether they felt heard, whether they understood treatment plans and their condition, and anything they would like for their provider to improve upon.

Based on all the surveys, if 80% or higher of optometrists and patients indicate satisfaction and improved communication, then the learning objectives would have been achieved.

RESOURCES AND BUDGET

All budgetary estimates are made under the assumption that the project will be completed in 9 months by a team of instructional designers working 20 hours a week on this project.

- Human Resources
    - Team of Instructional Designers
        - Can be hired via traditional means or outsourced to freelancers.
        - Can also be turned into a field experience for college students.
        - **Estimated Cost**: $15000
    - Subject-Matter Experts
        - Optometrists can be contacted by calling clinics or via email.
        - Communication Studies Professors can be reached out via LinkedIn or email.
        - **Estimated Cost**: $500
    - Video Crew
        - Scenario-Based videos need actors to convey realism and mirror the workplace.
        - Camerapeople will need to be present to film the footage.
        - Video editors will be helpful to prepare and polish the Scenario-Based Videos.
        - **Estimated Cost**: $2000
- Technological Resources
    - Website Builder
        - If the course is to be hosted on a website, then a website builder such as Wix or WordPress is necessary. A subscription fee is required for these website builders.
        - **Estimated Cost**: $200 yearly
    - Video Editing Software
        - Adobe is a good choice and the industry standard. Subscription fee required.
        - **Estimated Cost**: $400 yearly
    - Video Production Equipment
        - Cameras, lights, and microphones are needed and can be purchased from online retailers. An optometry clinic may also need to be rented as background.
        - **Estimated Cost**: $800

- Computer and Internet
    - Computers with reliable Internet are needed to work on this project. These can be personal laptops or an office space can be rented.
    - **Estimated Cost**: $500
- Graphic Design Software
    - Canva is a free and powerful software to create attractive infographics and certificate. If Canva does not suffice, then Adobe is required with the subscription fee.
    - **Estimated Cost**: Free or $200

Estimated Total Cost: $19600

TIMELINE

Milestone Deadlines	Numbers of Weeks
Assemble the Team, Preliminary Measures	4
Introduction To Effective Patient Communication	3
Communicating Ocular Conditions	3
Communicating Treatment Plans	3
Communicating With Empathy	3
Communicating With Patience	3
Conclusion	3
Usability Testing and Reiterations	6
Marketing and Outreach	8

Total Number of Weeks Required: 36 Weeks / 9 Months

CONCLUSION

By creating this self-paced online course rooted in andragogy and full of scenario-based videos that can be applied to real-life workplace settings immediately, optometrists will be taught to simplify ocular jargon, clarify treatment plans, practice empathy, and embrace patience, all of which will empower patients in their eye recovery. Given the fact that most optometry programs do not offer patient communication courses in their curriculum and the average individual knows little about ocular terminologies, it is paramount for the miscommunication gap to be filled. By combining human and technological resources within a reasonable budget and timeline, this course can be created to help patients and optometrists anywhere. Surveys will be sent out for continuous evaluation that can be used for course improvement. All in all, when patients and providers are able to see eye-to-eye, that is when both parties will succeed in the journey toward ocular recovery.

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