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Handwashing and Saline Misuse

Author: Sarah Morgan BSc (Hons), MPhil, MCOptom, FAAO, FBCLA

Introduction

One essential element of successful contact lens wear is compliance. The contact lens aftercare appointment provides the patient, the front-line staff and the eye care professional (ECP) with opportunities to ensure that the wearer is getting the best out of their lenses. Compliance-related behaviours such as replacement schedules and habitual hygiene practices must be checked on, and any deviation from best practice corrected.

So what is the best way to correct non-compliant wearers? In a series of three short videos, everyday contact lens aftercare scenarios are presented illustrating both good and bad interactions with contact lens wearers. The six principles of influence and persuasion are seen being put into practice[1]. It can be challenging to bring contact lens wearers back into line when they have strayed from the initial advice given. Each video provides insight into how small changes to words and behaviours can have a dramatic impact.

Several principles of influence and persuasion come into play when communicating effectively with contact lens wearers:

AUTHORITY	People are more persuaded by individuals they perceive to be legitimate experts (e.g. when staff address the ECP in a professional manner helps to define the authoritative position of the ECP, ECP dressing appropriately, certificates on display)
LIKING	People prefer to say 'yes' to people they like (e.g. ECP talking about a common interest in music)
SOCIAL PROOF	People behave in ways that are similar to others who are like them (e.g. the simple connection of music may have a positive effect when the optometric advice is given)
RECIPROCITY	People feel obligated to repay in kind what has been given to them first (e.g. giving the patient a new case and a starter pack of solutions to try)
SCARCITY	People overvalue things that are rare, dwindling in availability or difficult to acquire (e.g. making a patient aware what they stand to lose if they don't take advice can make them more likely to act on the advice)
CONSISTENCY	People feel a strong pressure to be consistent with their own words and actions (e.g. gain verbal agreement from a patient to do what is asked)

Video 1: Hand washing and lens replacement

Hand washing is a critical hygiene step prior to lens handling[2], and contact lens wearers can be unaware of the risks they take if they choose to avoid this step. Wearers may also drift away from the appropriate lens replacement schedule advised by the ECP. This first video, shows two different practice scenarios; the first where many points are missed, and the second illustrates some ways to approach the wearer attending for aftercare and how to correct this specific area of non-compliant behaviour.

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Scenario 1

Support staff

When staff are not ready to greet a patient, the visit begins not only in an unfriendly manner but potentially one signaling incompetence. Additionally, front-line staff can check whether or not the patient is on-time for their supplies, highlighting any differences to the ECP. The demeanour of the staff contributes to the first impression.

ECP interaction

With experience, it is natural for ECPs to form opinions on certain patient 'types'. However, no individual patient should be pre-judged at the start of an examination as this imparts bias in the consultation which should begin with a neutral stance. The dialogue between the ECP and the patient provides an ideal opportunity to develop rapport and discover common ground. Building a positive relationship also impacts on the chances of the advice being taken. For a patient to 'like' their ECP, one method is to ask the patient about themselves and let the patient do a great deal of the talking – common interests can be discovered whilst allowing the patient to dominate the discussion[3].

The use of closed leading questions (e.g. 'you're on monthly lenses, right?') as opposed to the use of open questions (e.g. 'how often do you replace your lenses?') limits key information during the consultation. Giving clinical feedback to the patient ahead of a full knowledge of compliance is ill-advised, as non-compliance may be unwittingly reinforced. If good hygiene practices are not demonstrated by the ECP, and patients allowed to practise poor hygiene when attending their appointment, it becomes impossible to correct poor behaviours (e.g. hand washing, tops off bottles, untidy sink area).

Whilst record-keeping continues throughout the examination, care must be taken to give full attention to the patient with any questions that arise. Part-listening may lead to incorrect advice being given (e.g. agreeing to extending the replacement schedule). Technical language does not serve to impress the patient (e.g. biomicroscope) and leads to greater disconnect in the consultation. A full account of the exact care practices used by the patient need to be obtained so that the appropriate advice and corrective education can be given. Patients need the opportunity to ask questions and look to their ECP for advice on their next scheduled visit. If patients are to value the aftercare appointment, providing the patient with information on their progress, as well as any new information on lens wear and products, helps to make the visit feel worthwhile. Should follow-up advice be required after the patient has left the practice, contact should be made under the explicit direction of the ECP if support staff are to make the call (e.g. Mr Johnson has asked me to call you...). This serves to give the necessary authority to the information being provided.

Scenario 2:

Support staff

During the second scenario, the front-line staff ooze likeability and in return the patient seems at ease in the practice. A patient 'liking' the people in the practice should not be underestimated, as this makes the patient much more likely to accept the advice given. In medical negligence, patients who like their doctor are much less likely to sue[4]. The use of prior knowledge about the patient, using their name and making the patient feel important to the practice are essential elements in this regard. Smiling is also important. Where there is an obvious mutual connection between the ECP and the patient, using this during the introduction helps to set the consultation off in a warm and friendly manner.

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ECP interaction

The staff immediately connect the patient with the ECP in several ways (use of names, mentioning similar musical interests, addressing the ECP professionally) which utilise the principles of liking, social proof and authority.

During the consultation, the ECP reinforces good hygiene by washing his hands in front of the patient and cleaning the rests on the slit-lamp. The opening dialogue after the pleasantries have been exchanged features clear open questions in order to elicit the full information of the patient's current behaviours. The friendly atmosphere created permits truthful responses from the patient. Even when undesirable answers are given by the patient, the ECP does not immediately interject. Instead he builds the picture of noncompliance so he may craft a tailored corrective strategy at the appropriate moment (e.g. moving the slit-lamp table and inviting the patient to wash his hands).

The ECP offers a new case and solution putting the reciprocity principle into action, whilst simultaneously solving the erroneous use of saline for storage. When advising the patient on hand-washing and lens care, the ECP personalises the need to act by referring to the patient's future career as a pilot. He expands on his advice by explaining that the patient could lose precious vision (using the scarcity principle), should he continue to take risks. The language used by the ECP is similar to that of the patient, which further builds on the liking principle. Offers to replace any lost or torn lenses are made, with the intention that the patient will replace lenses as scheduled (reciprocity). Losing out on better comfort and vision is highlighted as a further reason to change (scarcity). The advice is delivered by asking the patient to carry out the 'new' and correct behaviours, and the ECP waits for the patient to verbally agree (consistency principle).

The outcome of putting the principles of persuasion into practice results in a patient visit that feels worthwhile. The patient has found the ECP approachable and the targeted advice given resonates with clarity.

References:

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